

BILLING ADDRESS
Name: AHMED ALYASIRI
Phone Number :
Bill Ref : HV5011
Date : 02-10-2026

عنوان المستلم
الاسم: AHMED ALYASIRI

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AHMED ALYASIRI	2	06-02-2026	14-02-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1240	\$ 2480
						TOTAL			\$ 2480	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2480	