

BILLING ADDRESS
Name: IBRAHIM ABOALHOAA
Phone Number :
Bill Ref : HV5027
Date : 02-10-2026

عنوان المستلم
IBRAHIM ABOALHOAA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
IBRAHIM ABOALHOAA	2	06-02-2026	14-02-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1214	\$ 2428
						TOTAL			\$ 2428	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2428	