

BILLING ADDRESS
Name: MOHAMMED AL RAWE
Phone Number :
Bill Ref : HV5044
Date : 30-07-2026

عنوان المستلم
MOHAMMED AL RAWE: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED AL RAWE	2	30-01-2026	07-02-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 525	\$ 1050
						TOTAL			\$ 1050	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1050	