

BILLING ADDRESS
Name: MUSTAFA IBRAHIM
Phone Number :
Bill Ref : HV5115
Date : 30-07-2026

عنوان المستلم
MUSTAFA IBRAHIM: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MUSTAFA IBRAHIM	1	20-03-2026	28-03-2026	KUL PHU	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1712	\$ 1712
						TOTAL			\$ 1712	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1712	