

Hotel Invoice

Invoice # _____

Date: _____

Hotel Name

Street Address

City, State, ZIP

Phone: _____

Email: _____

Billed To

Guest Name

Address

City, State, ZIP

Phone: _____

Stay Details

Check-in: _____

Check-out: _____

Room Type: _____

Room Number: _____

Description	Nights	Rate	Amount
Room Accommodation	—	—	—
Extra Bed	—	—	—
Subtotal			—
Tax			—
Total			—

Payment Method: _____

Notes: _____

Authorized Signature