

Guest Invoice - Room Services

Invoice No.

Date

Guest Name

Room Number

Check-In Date

Check-Out Date

| Description | Date | Qty | Unit Price | Amount |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Subtotal

Tax / Service

Total

Guest Signature

Received By

