

# HOTEL BILLING TEMPLATE

Hotel Name

Hotel Address

Phone

Email

Billing Date

Invoice Number

GSTIN / Tax ID

Guest Name

Guest Address

Contact Number

Check-in Date

Check-out Date

Room Number

Payment Method

Booking Reference

Sl. No.	Description	Room Type	Number of Nights	Rate per Night	Amount

Subtotal

Tax (%)

Other Charges

**Total Amount**

## Notes / Terms & Conditions

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Authorized Signature

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