

Hospitality Invoice Form

Room Bookings

Invoice Number

Invoice Date

Guest Name

Address

Contact Number

Email

Room Booking Details

Check-in Date

Check-out Date

Room Type

Room Number

Charges

Description	Unit Price	Quantity	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"/>
Subtotal			<input type="text"/>
Tax			<input type="text"/>
Total			<input type="text"/>

Notes / Terms

Guest Signature

Hotel Representative Signature

