

Hotel Customer Invoice Sheet

Hotel Info

Hotel Name: _____

Address: _____

Contact: _____

Invoice

Invoice No: _____

Date: _____

Check-Out Time: _____

Customer

Name: _____

Room No: _____

Stay Duration: _____

Charges

Description	Unit	Qty	Unit Price	Total
Room Charge	Night	_____	_____	_____
Room Service	Order	_____	_____	_____
Laundry	Item	_____	_____	_____
Mini Bar	Item	_____	_____	_____
Other	_____	_____	_____	_____

Subtotal _____

Tax _____

Other Fees _____

Total Amount Due	_____
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Amount Paid _____

Balance Due _____

Customer Signature

Front Desk Signature