

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 _____

Amount Paid _____

Balance Due _____

Customer Signature

Front Desk Signature