

# Hotel Receipt

Hotel Name:

Address:

Contact:

Receipt Number:

Date Issued:

Group Name/Organization:

Contact Person:

Contact Information:

Check-in Date:

Check-out Date:

Number of Rooms:

Room Details & Charges:

Room Type	Rooms	Guests	Rate/Night	Nights	Subtotal

Other Charges (Specify):

Description	Amount

Payment Method:

Received By:

Subtotal:

Tax/Service Charges:

Total Amount:

Amount Paid:

Balance Due:

**Note:** This receipt is valid only when signed and stamped by the authorized personnel.  
Thank you for choosing our hotel!