

Hotel Receipt

Hotel Name: _____

Address: _____

Phone: _____

Receipt No.: _____

Date: _____

Guest Name: _____

Room Number: _____

Check-in Date: _____

Check-out Date: _____

Room Service Charges

Description	Date	Qty	Unit Price	Total
Subtotal				
Taxes				
Total				

Payment Method: _____

Notes: _____

Authorized Signature

Guest Signature