

Hotel Name
123 Street Address
City, Country
Phone: (123) 456-7890
Email: info@hotel.com

INVOICE

Guest Name:
Room Number:
Address:
Email:
Phone:

Invoice No:
Date of Issue:
Check-in Date:
Check-out Date:

Description	Qty/Nights	Unit Price	Total
Room Charge			
Room Service			
Laundry			
Other			

Subtotal:

Taxes & Fees:

Total Amount:

Payment Method: _____

Signature: _____