

Hotel Stay Receipt

Name of Hotel
Address Line 1, City, COUNTRY
Phone: (____) ____ - ____ | Email: info@hotel.com

Receipt No:

Date of Issue:

____/____/____

Guest Name:

Contact Number:

Address:

Check-in Date:

____/____/____

Check-out Date:

____/____/____

Room No / Type:

Total Nights:

| Description | Rate | Qty | Amount |
|----------------|-------|-------|--------|
| Room Charge | _____ | _____ | _____ |
| Taxes & Fees | _____ | _____ | _____ |
| Other Services | _____ | _____ | _____ |

Total Amount: _____

Amount Paid: _____

Balance Due: _____

Authorized Signature