

Blank Hotel Billing Receipt

For Overnight Guests

Hotel Name : _____

Address : _____

Phone : _____

Receipt No. : _____

Date : _____

Guest Name : _____

Room No. : _____

Check-in Date : _____

Check-out Date : _____

Number of Nights : _____

Number of Guests : _____

Description	Rate	Qty	Amount

Subtotal _____

Guest Signature _____ Taxes / VAT _____

Authorized Signature _____ Discount _____

Total _____

Payment Method _____