

Hotel Accommodation Payment Receipt

Receipt No.:

Date:

Hotel Name:

Hotel Address:

Phone:

Email:

Guest Information

Name:

Contact Number:

Check-in Date:

Check-out Date:

Room No.:

Payment Details

Description	Rate	Nights/Units	Amount
Room Charge			
Additional Services			
Other Charges			
		Subtotal	
		Taxes	
		Total Paid	

Payment Method:

Transaction Reference:

Guest Signature

Authorized Signature
