

# Business Hotel Expense Receipt

Hotel Name

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Hotel Address

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Phone

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Receipt No.

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Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Guest Name

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## Room Details

Check-in Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Check-out Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Room Number

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Nights Stayed

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Description	Date	Amount
Room Charge	____ / ____ / ____	_____
Meals	____ / ____ / ____	_____
Other Services	____ / ____ / ____	_____
<b>Total</b>		_____

Payment Method: \_\_\_\_\_

Notes / Comments:

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Authorized Signature