

Business Hotel Expense Receipt

Hotel Name

Hotel Address

Phone

Receipt No.

Date
____ / ____ / ____
Guest Name

Room Details

Check-in Date
____ / ____ / ____
Check-out Date
____ / ____ / ____
Room Number

Nights Stayed

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

Payment Method: _____
Notes / Comments:

Authorized Signature