

Hotel Lodging Receipt

Hotel Name: _____

Address: _____

Phone: _____ Email: _____

Guest Name: _____

Receipt Number: _____

Date of Issue: _____

Check-in Date: _____

Check-out Date: _____

Room Number: _____

Number of Guests: _____

Description	Rate	Qty/Nights	Amount
Room Charge	_____	_____	_____
Taxes & Fees	_____	_____	_____
Other Services	_____	_____	_____

Subtotal: _____

Total Tax: _____

Total Amount: _____

Amount Paid: _____

Balance Due: _____

Payment Method: _____

Processed By: _____

Guest Signature: _____

Date: _____

Thank you for choosing our hotel!