[Hotel Name]

[Hotel Address Line 1]
[City, State ZIP] • [Phone Number]

Accommodation Receipt

Receipt No.: [#000123]

Date of Issue: [2024-06-10]

Guest Name: [John Doe]

Room Number: [205]

Check-in: [2024-06-08]

Check-out: [2024-06-10]

Description	Nights	Rate/Night	Amount
Standard Room	2	$100.00	$200.00
Breakfast Included	2	$15.00	$30.00

Subtotal$230.00

Tax (10%)$23.00

Total**$253.00**

Payment Method[Credit Card]

Thank you for staying with us!

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Authorized Signature