

# Hotel Stay Invoice

**Hotel Name**

123 Sample Street  
City, State ZIP  
Phone: (000) 123-4567  
Email: hotel@email.com

**Invoice #:**

Date:  
Reservation #:

**Guest Information**

Name:  
Address:  
Email:  
Phone:  
Check-in Date:  
Check-out Date:  
Room #:  
Number of Guests:

**Stay Details**

Date	Description	Nights	Rate	Amount
	Room Charge			
	Extra Services			

**Payment Method:**

**Notes:** Subtotal

Thank you for staying with us! Taxes & Fees

Other Charges

**Total**

Amount Paid

Balance Due