**HOTEL INVOICE TEMPLATE **

|  |  |  |  |
| --- | --- | --- | --- |
| **GUEST NAME** |  | **RECEIPT NO.** |  |
| **STREET ADDRESS** |  | **ROOM NO.** |  |
| **CITY, STATE & ZIP** |  | **DISCOUNT CODE** |  |
| **PHONE** |  | **COMPANY** |  |
| **EMAIL** |  | **CONFERENCE NO.** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ARRIVAL DATE** |  | **DEPARTURE DATE** |  |
| **ARRIVAL TIME** |  | **DEPARTURE TIME** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NUMBER OF GUESTS** | **ADULTS** |  | **CHILDREN** |  |
| **ADDITIONAL ROOMS** | **GUEST** |  | **CONFERENCE** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE OF CHARGE** | **DESCRIPTION** | **QTY** | **AMOUNT** | **TOTAL** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **SUBTOTAL** |  |
| **ATTENDANT NAME** |  |  | **TAX** |  |
|  |  |  | **TOTAL** |  |
| **GUEST SIGNATURE** |  |  | **AMOUNT PAID** |  |
|  |  |  | **AMOUNT DUE** |  |

HOTEL NAME

HOTEL ADDRESS, CITY, STATE & ZIP

tel: 321-456-7890 | email: reservations@hotelname.com | web: hotelname.com

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