**HOTEL BILL RECEIPT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Hotel:** | | | |
| **Address:** | | | |
| **Contact number:** | | | |
|  | | | |
| Bill No: [specify an unique number] | |  | |
| Number of hotel rooms booked | |  | |
| Room rate | |  | |
| Room Number | |  | |
| Check in Time and date: | | [specify time in \_\_\_\_\_: \_\_\_\_\_\_pm/am and date in dd-mm-yy] | |
| Check out Time and date: | | [specify time in \_\_\_\_\_: \_\_\_\_\_\_pm/am and date in dd-mm-yy] | |
| Room boarded by: | | | |
| Address: | | | |
| Phone number: | | | |
| Name of the food services | Quantity per unit | | Total amount |
|  |  | |  |
| Miscellaneous or other hotel services | Rate of each service | | Total amount |
|  |  | |  |
| Percentage of sales tax: | | | |
| Grand total amount: | | | |
| Discount offered: | | | |
| Payment Mode:   * Cash / Cheque * Debit/ Credit Cards | | | |
| Signature of the hotel in-charge /manager: | | | |
| Signature of the customer: | | | |
| **----------------THANK YOU FOR YOUR VISIT----------------** | | | |