**HOTEL BILL RECEIPT**

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| **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----------------** |