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| --- | --- |
| **HOTEL RECEIPT**  |  **Invoice#** |
| **DATE OF ISSUE**mm/dd/yyyy |  |
| Billed To Client NameStreet AddressCity, State CountryZip Code |  | 123 Your StreetCity, State, Country, Zip Code564-555-1234Your@Email.ComYourwebsite.Com |
| **DESCRIPTION** | **UNIT COST** | **QTY/HR RATE** | **AMOUNT** |
| Your item name | $0 | 1 | $0 |
| Your item name | $0 | 1 | $0 |
| Your item name | $0 | 1 | $0 |
| Your item name | $0 | 1 | $0 |
| Your item name | $0 | 1 | $0 |
| Your item name | $0 | 1 | $0 |
| Your item name | $0 | 1 | $0 |
|  |
| **Invoice Total**$2000 |  Subtotal | $0 |
|  |  | Discount | $0 |
|  |  |  | (Tax Rate) | 0% |
|  |  |  | Tax | $0 |
|  |  |  | Total | $0 |