**Hotel Receipt**

Guest Name: Conf No:

Address: Room #:

Arr date:

Arr Time:

Dep date:

Company: Deep Time: Guest /Child:

Billing Instruction: **Invoice No:**

Date Description Quantity Amount Total

22/03/20XX Room Charges 1 2000.00 2000.00

Total Charges :

Total Payments: Balance :

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Cashier Guest Signature

PLEASE DEPOSIT YOUR ROOM KEY CARD.