Hotel Bill						
Hotel N	ame:	HOTE				
Address:						
Email ID:						
Phone No	u:					
Billing	То:					
Name:				Date:		
Address:				Bill No.:		
Phone No				PAN No.: Aadhar No.:		
Email ID:				Aauriai No	· ·	
Email 18.						
Room No.	Name	Check in	Check out	No.of Day	Price /Day	Amount
Note:					SubTotal	
1					Tax Rate	
2					Tax value	
2 3 4					Total	
4						
*Please	Deposite your Key card	to the Rece	eptionists			
(Cashier Signature			Guest's S	ignature	
	THANK VOLLEGE	VOUR VOOR	DI EAGE VOI	MT US ASS	INI III	
	THANK YOU FOR	YOUR VISIT	, PLEASE VIS	OII US AGA	IN !!!!	Powered by
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