Hotel Bill						
Hotel N	ame:	OTEL				
Address:		IOIEL				
Email ID:						
Phone No	.:					
Billing To: Name: Address: Phone No.:				Date: Bill No.: PAN No.: Aadhar No.:		
Email ID:						
Room No.	Name	Check in	Check out	No.of Day	Price /Day	Amount
Note:					SubTotal	
1					Tax Rate	
					Tax value	
2 3				•	Total	
4						
*Please I	Deposite your Key card	I to the Rece	eptionists			
		_				
(Cashier Signature			Guest's S	ignature	
	THANK YOU FOR	YOUR VISIT	, PLEASE VIS	SIT US AGA	IN !!!!	

