		Hote	l Bill			
Hotel N	amo:					
Address:	aille.					
Address.			_			
Email ID:						
Phone No	:					
110110 110		_				
Billing	To:					
Name:			Date:			
Address:			Bill No.:			
			PAN No.:			
Phone No			Aadhar No.:			
Email ID:						
Room No.	Name	Check in	Check out	No.of Day	Price /Day	Amount
		-				
Note:				SubTotal		
1					Tax Rate	
2					Tax value	
3				Total		
4				Iotai		
<u> </u>						
*Please l	Deposite your Key care	d to the Rece	eptionists			
	Caphiar Cianatura	Curatla Cianati				
	Cashier Signature	Guest's Signature				
	THANK YOU FOR	R YOUR VISIT	PLEASE VIS	SIT US AGA	IN !!!!	
THANK YOU FOR YOUR VISIT, PLEASE VISIT US AGAIN !!!!						

