

Hotel Bill

Hotel Name:

Address:

Email ID:

Phone No.:

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:

1

2

3

4

SubTotal

Tax Rate

Tax value

Total

***Please Deposit your Key card to the Receptionists**

Cashier Signature

Guest's Signature

THANK YOU FOR YOUR VISIT, PLEASE VISIT US AGAIN !!!!