Hotel Bill						
11.4.181	1					
Hotel N	lame:					
Address:						
Email ID:						
Phone No).;					
Billing To: Name: Address: Phone No.: Email ID:				Date: Bill No.: PAN No.: Aadhar No.:		
Room	Name	Check in	Check out	No.of	Price	Amount
No.				Day	/Day	
NI-4					0.17.1	
Note:					SubTotal	
1					Tax Rate Tax value	
2 3						
4					Total	
7						
*Please	Deposite your Key car	d to the Rece	eptionists			
		_				
(Cashier Signature		Guest's S	ignature		