Hotel Bill

Hotel Name:						
Address:						
Email ID:						
Phone No.:						
				1		
Billing To:						
Name:				Date:		
Address:				Bill No.:		
				PAN No.:		
Phone No.:				Aadhar No.:		
Email ID:						
Room				No.of	Price	
No.	Name	Check in	Check out	Day	/Day	Amount
NO.				Day	/Day	
NI - 4					0 I T / I	
Note:					SubTotal	
1					Tax Rate	
1 2 3					Tax value	
3 4					Total	
4						
*Please Deposite your Key card to the Receptionists						
Cashier Signature Guest's Signat					ignature	

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