

INVOICE

GUEST DETAIL

GUEST NAME	NAME	MOBILE NUMBER	PHONE NUMBER
ADDRESS	STREET ADDRESS,DISTRICT NAME,STATE NAME,COUNTRY NAME,PINCODE NAME		

ROOM DETAIL

ROOM NO			
ROOM NUMBER			
CHECK IN	DATE: CHECK-IN DATE TIME:TIME	CHECK OUT	DATE:8/13/2018 TIME:15
NO.OF NIGHTS	0	PLAN	CP
NO.OF PERSONS	NO.OF PERSONS	ROOM RENT	ROOM AMOUNT
ADVANCE PAID	1000	KOT AMOUNT	0
NC KOT		POST CHARGES	POST CHARGES

PAYMENT DETAIL

PAYMENT MODE	PAYMENT MODE	TRANSACTION ID	TRANSACTION ID
DISCOUNT	DISCOUNT	GST	0.18
		TOTAL AMOUNT	TOTAL AMOUNT

prepared by	guest signature
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