

Hotel Bill

Hotel Name:

Address:

Email ID:

Phone No.:

Billing To:**Name:**

Address:

Phone No.:

Email ID:

Date:

Bill No.:

PAN No.:**Aadhar No.:**

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 !!!!