INVOICE

Guest Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conf. No:\_\_\_\_\_\_\_\_\_\_\_

Company address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room No:\_\_\_\_\_\_\_\_\_\_\_ Arrival Date:\_\_\_\_\_\_\_\_\_

Arrival Time:\_\_\_\_\_\_\_\_\_

Departure Date:\_\_\_\_\_\_

Departure Time:\_\_\_\_\_\_

Billing Instruction: …/Full bill direct/Breakfast included

Invoice No:

Date Description Quantity Amount Total Amount

24/02/19 Room Charge 24/02/11/Rm. 102 1 000000 0000000

24/02/19 Service Charge 10% 1 000000 0000000

24/02/19 Tax 10 % 1 000000 0000000

24/02/19 Cash Payment Advance deposit 1 -000000 -0000000

Total Amoun: 0000000

Payment Received: 0000000

Balance Due: 0000000

Cashier's Signature Guest's Signature

[ I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of the these charges ]

PLEASE DEPOSIT YOUR ROOM KEY CARD (Please collect receipt when paying by cash)