

INVOICE

YOUR COMPANY NAME
Demiren Hotel & Restaurant
Address: —
Phone: —
Email: —
BILLED TO

Guest
-

Invoice No:35
Account No:REF20251024034145558
Issue Date:10/24/2025
Due Date:10/26/2025

ITEM DESCRIPTION	UNIT PRICE	QTY	TOTAL
Room — Family Room C (Room 12)	? 7,300.00	1	? 7,300.00

Subtotal? 7,300.00

Tax (12%)? 876.00

Total? 8,176.00

Balance Due? 4,526.00

THANK YOU FOR YOUR BUSINESS

Invoice Terms: E.g Payment Instructions (Account Number, Bank and Bank Account Holder)