

# INVOICE

YOUR COMPANY NAME

Demiren Hotel & Restaurant

Address: —

Phone: —

Email: —

BILLED TO

Guest

-

Invoice No31

Account NoREF20251024034145558

Issue Date10/24/2025

Due Date10/26/2025

ITEMS 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)