

# INVOICE

YOUR COMPANY NAME

Demiren Hotel & Restaurant

Address: —

Phone: —

Email: —

BILLED TO

Guest

-

Invoice No25

Account NoREF20251024034145558

Issue Date10/24/2025

Due Date10/26/2025

ITEMS DESCRIPTION	UNIT PRICE	QTY	TOTAL
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Room — Family Room C (Room 12)	7,300.00	1	7,300.00
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**SUBTOTAL**

Tax/VAT

**TOTAL**

\$ 7,300.00  
\$ 876.00  
**\$ 8,176.00**

THANK YOU FOR YOUR BUSINESS

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