

# INVOICE

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

Guest  
-

Invoice No:33  
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)