

# INVOICE

YOUR COMPANY NAME

Demiren Hotel & Restaurant

Address: —

Phone: —

Email: —

BILLED TO

Guest

-

Invoice No21

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 |

Sub Total\$ 7,300.00

10% Tax/VAT\$ 876.00

**TOTAL\$ 8,176.00**

**DEPOSIT\$ 3,650.00**

THANK YOU FOR YOUR BUSINESS

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