

INVOICE

YOUR COMPANY NAME

Demiren Hotel & Restaurant

Address: —

Phone: —

Email: —

BILLED TO

Guest

-

Invoice No29

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)