



# INVOICE

**Invoice Number** 2083  
**Date of Issue** 2021-08-20  
**Guest Name** Holly Thompson  
**Guest Address** 914 David Avenue  
Apt. 891 Port  
Stephentown, FL  
99078

No.	DATE	DESCRIPTION		AMOUNT
1	2021-08-20	Guest room		\$180
2	2021-08-20	Breakfast		\$30
Subtotal				\$210
Discounts				\$28
Taxes				\$16.2
Total				\$198.2