

LOGO

Folio No./Res No.: /

Date:

Guest Name:

Travel Agent:

Company Name:

Payment Method:

Nationality	No of Guest	Adult / Child /	G.R. Card No	Room No	Night(s)
Date of Arrival		Date of Departure		Daily Rate	
Time Of Arrival		Time of Departure		Rate Type	

Grand Total:				
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Thank you for your stay with us. Please visit us again.

ვეთანხმები, რომ ინვოისის მიხედვით გადასახდელი თანხა გადმოვა ჩემს პირად პასუხისმგებლობაში. იმ შემთხვევაში, თუ მითითებული პიროვნება ან კომპანია ვერ გადაიხდის მის ნაწილს ან მთლიან საფასურს.

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Bill To:

Signature: -----

Reserved By:	Checked In By:	Checked Out By:	Of
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Reserved By:

Checked In By:

Checked Out By:

Of

Reserved By:

Checked In By:

Checked Out By:

Of