GUEST FOLIO



			FOLIO#	<u>‡.</u>		
			ROOM #	‡ .		
		ARRIVAL DA	ARRIVAL DATE:		DEPARTURE DATE:	
NAME	AME					
COMPANY						
ADDRESS		TIME:		TIME:		
TIN#			PAX		TARRIF RATE	
MOBILE #		17/	I AV		TAKKII IVATE	
WODILE #						
MODE OF PAYMENT						
WODE OF LATMENT						
DATE	DESCRIPTION	AMOUNT	DR	CR	BALANCE	
DITTE	BEGGIAII TIGIA	711100111		Ort	D/ (L/ (IVOL	
TERMS AND CONDITIONS	·					
	PM and check-out time is 12:00 int and several liability for all services.		loment of hill	c		
	_					
3. Guest will be held responsible for any lost or damage to THE GREENHIVE HOTEL caused by themselves.4. Hotel management is not responsible for your belongings and valuables.						
5. Early check-in time and late check- out will be charged Php 500.00/hour respectively.						
6. Extra bed will be charged Php 800.00 with breakfast.						
7. Children below 4 feet in height will be free of charged.						
-	e charged Php 500.00 with breakt					
10. A security deposit of Php1,000.00-3,000.00 depending on the room type will be collected upon check-in. Refundable upon check out.						
11. Awareness of the HOUS						
	ge has corresponding charges.					
stay at THE GREENHIV						
13. Strictly NO SMOKING in:	side the room.					
14. NO PETS are allowed wi						
15 I acknowledged that I am personally liable for the payment of all charges incurred by me during my						
Hotel Attendant/Front D		Guest				
DATF.						