

Page No.		Hotel Bill						Original Copy		
Add Logo		Hotel Name - Address - Mobile: +91 7533067890   Email: mymail@gmail.com GSTIN - xxxxxxxxxxxxxxxx   PAN - xxxxxxxxxxxx								
Billing Details						Invoice Number -			0004/25-26	
Name -						Invoice Date -			15-07-2025	
Address -						Due date -			15-07-2025	
Phone No -										
Email ID -										
Aadhar No -										
Pan No -										
Room No	Name	HSN/SAC	Check In	Check Out	No of Days	Price/Day	Tax %	Amount (₹)		
1	Name 01		13-03-2025	14-03-2025	1	123	0.00	200.00		
2	Name 02		13-03-2025	15-03-2025	2	123	0.00	0.00		
3	Name 03		13-03-2025	15-03-2025	2	120	0.00	0.00		
4	Name 04		13-03-2025	15-03-2025	2	140	0.00	0.00		
Rounded Off (+)									+ 0.00	
Total								200.00		
In Words - Rs. Two Hundred Only										
Please Note -  1. Deposited your Key card at the receptionist 2. Note 2 if Any 3. Note 3 If Any					Billing Officer's Signature		Guest's Signature			
THANK YOU FOR YOUR VISIT, PLEASE VISIT US AGAIN !!!!										