Bill Number :

|  |
| --- |
| **Hotel Bill** |
| Name Of The Hotel :Address :  Hotel Phone No : Email Id : |   |
| Billing To |

Customer Name : Checkin Date : To

Address : Check in Time :

Aadar No :

Phone No :

Pancard Number :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Room No | Particulars | No.Of Days | Price Per Day | Amount |
|  |  |  |  |  |
| Amount in Words | Total : |  |
| GST : |  |
| Grand Total : |  |

Note :

Customer Signature Checked By Manager

