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

