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| **Hotel Invoice** |
|  **Hotel Name:**Address:  Email ID:Phone No.: |  |
|   |
| **Billing To:** |   |
| **Name:** | Date: |
| Address: | Bill No.: |
|   | PAN No.: |
| Phone No.: | Aadhar No.: |
| Email ID: |   |
| **Room No.** | **Name** | **Check in** | **Check out** | **No. of Day** | **Price /Day** | **Amount** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|   |
| **Note:** |   | Sub Total |  |
| 1 | Tax Rate |  |
| 2 | Tax value |  |
| 3 | **Total** |  |
|  |  |  |
| Cashier Signature |   | Guest's Signature |
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