

Hotel Invoice

Hotel Name:

Address:

Email ID:

Phone No.:

Billing To:

Name:

Address:

Phone No.:

Email ID:

Date:

Bill No.:

PAN No.:

Aadhar No.:

Room No.	Name	Check in	Check out	No. of Day	Price /Day	Amount

Note:

1

2

3

Sub Total


Tax Rate

Tax value

Total

Cashier Signature

Guest's Signature

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