Hotel Bill

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
102	Name 01	12-03-2010	13-03-2010	1	200	200
103	Name 02	12-03-2010	14-03-2010	2	200	400
104	Name 03	12-03-2010	13-03-2010	1	200	200
105	Name 04	12-03-2010	13-03-2010	1	200	200
106	Name 05	12-03-2010	13-03-2010	1	200	200
107	Name 06	12-03-2010	13-03-2010	1	200	200
108	Name 07	12-03-2010	13-03-2010	1	200	200
109	Name 08	12-03-2010	13-03-2010	1	200	200

Note:

1

2

3

4

Sub Total	1800
Tax Rate	10%
Tax value	180
Total	**1980**

***Please Deposited your Key card to the Receptionists**

Cashier Signature

Guest's Signature

THANK YOU FOR YOUR VISIT, PLEASE VISIT US AGAIN !!!!