Hotel Bill Receipt PDF

Hotel Contact • Name: _____ • Address: _____ **Customer Information** • Full Name: _____ Room Number: _______ • Stay Period: _____ **Detailed Charges** Room Cost: ______ Additional Services: ________ **Total Cost** • Subtotal: _____ • Tax Applied: ____ • Final Total: ______ **Payment Breakdown** • Method: _____ • Amount Paid: _____

Itemization Table

Service	Cost	Date	Paid (\$)
Accommodation			
Food			
Spa Services			
Transportation			
Accommodation			
Food			
Spa Services			
Transportation			

•	Customer Signature:	
•	Date:	