HOTEL RECEIPT

Receipt Number: _____

Date: _____

Hotel Name: _____

Hotel Phone Number: _____

Hotel Street Address: _____

City/State/ZIP: _____

Bill to:

Name: _____

Company Name: _____

Street Address: _____

City/State/ZIP: _____

Country: _____

Phone Number: _____

Subtotal: _____

Sales Tax: _____

Total: _____

Room Number	Price/Night	# of Nights	Additional Charges	Line Total

Payment Method: _____

Card/Check No. _____