|  |  |  |  |
| --- | --- | --- | --- |
| Page No.  |  | **Hotel Bill** | Original Copy |
| Add Logo | **Hotel Name -****Address -****Mobile:** +91 7533067890 | **Email:** mymail@gmail.com**GSTIN** - xxxxxxxxxxxxxxx | **PAN -** xxxxxxxxxxx |
| **Billing Details** **Name –** **Address** – **Phone No –** **Email ID –** **Aadhar No -****Pan No -** | **Invoice Number - 0004/25-26****Invoice Date - 15-07-2025****Due date - 15-07-2025**  |
| **Room No** | **Name** | **HSN/SAC** | **Check In**  | **Check Out** | **No of Days** | **Price/Day** | **Tax %** | **Amount (₹)** |
| 1 | Name 01 |  |  13-03-2025 | 14-03-2025 |  1 | 123123120140 | 0.00 | 200.00 |
| 2 | Name 02 |  13-03-2025 | 15-03-2025 |  2 | 0.00 | 0.00 |
| 3 | Name 03 |  13-03-2025 | 15-03-2025 |  2 | 0.00 | 0.00 |
| 4 | Name 04 |  13-03-2025 | 15-03-2025 |  2 | 0.00 | 0.00 |
|  | Rounded Off (+) |  |  |  |  |  |  |  |  | + 0.00 |
| Total |  |  |  |  |  |  |  |  | 200.00 |
| **In Words - Rs. Two Hundred Only** |
| **Please Note –**1. **Deposited your Key card at the receptionist**
2. **Note 2 if Any**
3. **Note 3 If Any**
 | Billing Officer’s Signature | Guest's Signature |
| **THANK YOU FOR YOUR VISIT, PLEASE VISIT US AGAIN !!!!** |