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| --- | --- | --- |
| Page No. 1 of 1 |  |  **Hotel Bill** Original Copy |
| **Hotel Name** **Address –**  **Phone No**: +91 xxxxxxxxxx | **Email**: your mail id **GSTIN** - XXXXXXXXXXXX | **PAN** - XXXXXXXXXXXXX | **Invoice Number**0004/25-26 | **Invoice Date**13-07-2025 |
| **Place of Supply**07 - Delhi | **Due date**28-07-2025 |
| **Reverse Charge**No |
| **Bill To****Name –** **Address** – **Phone No –** **Email ID –** **Aadhar No -****Pan No -** |
| **Room No** | **Name** | **Check In** | **Check Out** | **No of Days** | **Price/Day** | **Tax %** | **Amount (₹)** |
| 1 | Name 01 | 13-03-2025 | 14-03-2025 | 1 |  0.000.000.000.000.00 | 0.00 | 0.00 |
| 2 | Name 02 | 13-03-2025 | 15-03-2025 | 2 | 0.00 | 0.00 |
| 3 | Name 03 | 13-03-2025 | 15-03-2025 |  3 | 0.00 | 0.00 |
| 4 | Name 04 | 13-03-2025 | 15-03-2025 |  4 | 0.00 | 0.00 |
|  | Rounded Off (+) |  | + 0.00 |
|  **Total** |  | 00.00 |
| **Rs. Two Hundred Only** |
| **Terms and Conditions** |  |  |
| 1. **Deposited your Key card at the receptionist**
2. **Add If Any**
3. **Add If Any**
 | **Billing Officer’s Signature** | **Guest's Signature** |
| **THANK YOU FOR YOUR VISIT, PLEASE VISIT US AGAIN !!!!** |