|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | 0.00  0.00  0.00  0.00  0.00 | | 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 !!!!** | | | | | | | | | | | | |