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
2	Name 02	13-03-2025	15-03-2025	2	0.00	0.00	0.00
3	Name 03	13-03-2025	15-03-2025	3	0.00	0.00	0.00
4	Name 04	13-03-2025	15-03-2025	4	0.00	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 !!!!