

# Detailed Hotel Receipt Form

**Purpose:** This detailed hotel receipt form is tailored for conference attendees, ensuring accurate billing and transparent expense documentation. Please complete all sections upon check-out.

## Attendee Information

Full Name	_____
Conference Name	_____
Organization	_____
Contact Number	_____
Email Address	_____

## Stay Details

Hotel Name	_____
Check-In Date	____/____/____
Check-Out Date	____/____/____
Room Number	_____

## Charges Summary

Description	Amount (USD)
Room Rate (per night)	\$ _____
Number of Nights	_____
Room Charges (Subtotal)	\$ _____
Taxes & Fees	\$ _____
Breakfast/Meals	\$ _____
Wi-Fi/Internet	\$ _____
Laundry	\$ _____
Parking	\$ _____
Other Services (Specify): _____	\$ _____
<b>Total Amount Due</b>	\$ _____
Payment Method	â–ï Cash    â–ï Credit Card    â–ï Other: _____
Payment Date	____/____/____

## Authorization

<b>Attendee Signature</b>	_____
<b>Date</b>	_____/_____/_____
<b>Hotel Representative Signature</b>	_____
<b>Date</b>	_____/_____/_____

*Note: Please retain this receipt for your records and reimbursement claims.*