

# Hotel Invoice

## Extended Stay Guest

Hotel Name: \_\_\_\_\_

Hotel Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Guest Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Check-in Date: \_\_\_\_\_

Check-out Date: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

Due Date: \_\_\_\_\_

| Description             | Unit Price | Quantity | Amount   |
|-------------------------|------------|----------|----------|
| Room Charge (per night) | \$ _____   | _____    | \$ _____ |
| Cleaning Service        | \$ _____   | _____    | \$ _____ |
| Food & Beverage         | \$ _____   | _____    | \$ _____ |
| Laundry Service         | \$ _____   | _____    | \$ _____ |
| Other Services          | \$ _____   | _____    | \$ _____ |
| Subtotal                |            |          | \$ _____ |
| Tax (%)                 |            |          | \$ _____ |
| Total                   |            |          | \$ _____ |

### Notes:

- This invoice covers the entire extended stay period.
- All services and additional charges are itemized above.
- Please review before making payment. Direct any questions to the front desk.

Thank you for staying with us!