

Hotel Invoice

Extended Stay Guest

Hotel Name: _____

Invoice #: _____

Hotel Address: _____

Date: _____

Phone: _____

Due Date: _____

Guest Name: _____

Room Number: _____

Check-in Date: _____

Check-out 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!