

Hotel Receipt

Hotel Name: _____
Hotel Address: _____
Contact Number: _____
Receipt No: _____
Date of Issue: ____/____/____

Client Information
Company Name: _____
Guest Name: _____
Company Address: _____
Contact Email/Phone: _____

Stay & Charges

| Date (Check-in) | Date (Check-out) | Room Type | Rate/Night | No. of Nights | Subtotal |
|-----------------|------------------|-----------|------------|---------------|----------|
| ____/____/____ | ____/____/____ | _____ | \$ _____ | ____ | \$ _____ |

Additional Charges

| Description | Amount |
|-------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

| | |
|----------------|----------|
| Subtotal | \$ _____ |
| Taxes/Fees | \$ _____ |
| Total | \$ _____ |
| Payment Method | _____ |

Authorized Signature: _____
Date: ____/____/____

Our customizable hotel receipt form sample is designed specifically for corporate clients, ensuring all essential details are clearly documented. It enables streamlined expense tracking and seamless integration with company accounting systems. Tailor the form to suit your business needs for efficient and professional transaction records.