

Hotel Receipt

Hotel Name: _____

Receipt No.: _____

Hotel Address: _____

Date: _____

Guest Name: _____

Room No.: _____

Check-in Date: _____

Check-out Date: _____

Description	Qty / Nights	Rate	Total
Room Charge	—	\$____	\$____
Service (e.g., meals, spa)	—	\$____	\$____
Other Charges	—	\$____	\$____

Subtotal	\$____
Tax Type 1 (e.g., GST 5%)	\$____
Tax Type 2 (e.g., State Tax 8%)	\$____
Total Tax	\$____
Grand Total (Including Taxes)	\$____
Amount Paid	\$____
Balance Due	\$____

Payment Method: _____ | Transaction ID: _____

Authorized by: _____ | Date: _____

Thank you for staying with us! For questions about this receipt, please contact us at [Hotel Contact].