

## Itemized Hotel Receipt Form

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

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

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

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

Reservation/Confirmation #: \_\_\_\_\_

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

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

Date	Description	Qty/Nights	Rate	Amount (USD)
____ / ____ / ____	Room Charge	____	\$ ____	\$ ____
____ / ____ / ____	Taxes & Fees	____	\$ ____	\$ ____
____ / ____ / ____	Room Service	____	\$ ____	\$ ____
____ / ____ / ____	Laundry	____	\$ ____	\$ ____
____ / ____ / ____	Other (Specify: _____)	____	\$ ____	\$ ____
<b>Total Amount:</b>				<b>\$ ____</b>

Payment Method: \_\_\_\_\_

Paid By: \_\_\_\_\_

Hotel Representative (Signature): \_\_\_\_\_

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

*This itemized hotel receipt form is provided for insurance claim purposes. Please ensure all fields are completed and receipts are attached where applicable.*