

## 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: _____)	____	\$____	\$____
Total Amount:				\$____

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.*