

**Invoice**

**Guest Name**

**Conf No.**

**Guest(s)**

**Room No**.

**Company**

**Address**

**Arrival Date**

**Arrival time**

**Departure date**

**Departure time**

**Billing Instruction** : / Full bill Direct / Breakfast included

**Invoice No. / Page : 1 / 1**

**Date**

**Description**

**Quantity**

1

1

1

1

Total Amount:

Payment Received:

Balance Due:

**Amount**

9,734.62

1.72

19.12

-2,000.00

**Total Amount (INR)**

9,734.62

1.72

19.12

0.00

9,755.46

-2,000.00

7,755.46

24/02/11 Room Charge 24/02/11/Rm. 102

24/02/11 Cess 1 %

24/02/11 VAT 12.5 %

24/02/11 Cash Payment Advance deposit

..........................................

Cashier's Signature

..............................................

Guest's Signature

[ I agree that my liability for this bill is not waived

and agree to be held personally liable in the

event that the indicated person, company or

association fails to pay for any part or the full

amount of the these charges ]

PLEASE DEPOSIT YOUR ROOM KEY CARD.

(Please collect receipt when paying by cash)