Hotel Receipt

Date: _____

Receipt #: _____

Hotel Information:

Name: _____

Address: _____

City: _____

State:_____

Zip Code: _____

Email: _____

Phone: _____

Guest Information:

Name: _____

Address: _____

City: _____

State/Country:_____

Zip Code: _____

Phone: _____

Reservation Information:

Reservation #: _____

Check-in Date: _____

Check-out Date: _____

Number of Guests: _____

Number of Nights: _____

Room Type: _____

Rate per Night: $_____

Subtotal: $_____

Taxes: $_____

Additional Charges (if applicable):

_____

_____

_____

Total Amount Due: $_____

Payment Information:
Payment Method: _____
Payment Status: _____
Transaction ID (if applicable): _____

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____