**Invoice**

Guest Name

Conf No.

Guest(s)

Room No.

Company

Adress

Arrival Date

Arrival time

Departure date

Departure time

Billing Instruction : /

**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)