

**Hotel Name Here**

**HOTEL INVOICE**

*Hotel Street*

*City, State, ZIP Code*

*Hotel Email*

*Hotel Phone*

|  |  |
| --- | --- |
| Invoice Number: | Name: |
| Date: | Street: |
| Phone: | City, State, ZIP Code: |

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| --- | --- | --- | --- | --- | --- |
| Room # | Room Style | | Nights | $ / Night | Amount |
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|  |  | |  |  |  |
| Comments or Special Instructions: | |  | | Subtotal |  |
|  | | | | Sales Tax |  |
| **TOTAL** |  |
| Payment is due within # \_\_\_ of days. | | | | | |

*FAX Number*

**Bill To:**

*Hotel Website*