

HOTEL RECEIPT

Guest Folio & Payment Receipt

Receipt No. _____

Hotel Name: _____

Guest Name: _____ Date: _____

Room Number: _____ Room Number: _____

Check-in Date: _____ Check-out Date: _____

Number of Nights: _____

Room Rate: \$ _____ \$ _____

Taxes & Fees: \$ _____

Additional Charges: \$ _____

Total Amount: \$ _____

Payment Method: ☐ Cash ☐ Card ☐ Transfer ☐ Other

Reference No: _____

Status: PAID

Remarks: _____

Cashier Signature: _____

Guest Signature: _____

Thank you for staying with us. Please retain this receipt for your records.