Hotel Name _____

Hotel Invoice

Address: _____
City, State, Zip: _____

Tel: _____
Fax: _____
Website: _____

Billing Party

Company: _____
Name: _____
Address Line 1: _____
Address Line 2: _____
City, State ZIP _____
Tel: _____
Fax: _____

Room Type	Number of Nights	Nightly Rate	Total
		$	$
		Subtotal	$
		Late Fees	$
		Taxes ____%	$
		Total Due	$

Thank You for Staying With Us!

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