

CASH BILL

Logo

No.

**Address, Phone
no. email, website**

Name of Hotel

Name of the Guest _____

Date of Arrival _____ **Time** _____ **Date of Departure** _____ **Time** _____

L. F. No. _____ **Room No.** _____ **No. of Persons** _____ **Nationality** _____

Particulars	Tariff per day	No. of days	Rs.	Ps.
<u>Meal Plan</u>				
American Plan				
Modified American Plan				
Continental Plan				
European Plan				
Miscellaneous				
GRAND TOTAL				
Advance Received	Receipt No.			
BALANCE DUE/REFUND				

Rupees _____

Signature of guest

Proprietor