**Invoice**

Guest Name : Conf No :

Address : Room # :

Arr date :

Arr Time :

Dep date :

Company : Dep Time : Guest /Chld:

Billing Instruction : **Invoice No :**

Date Description Quantity Amount Total

22/03/2011 Room Charges 1 2000.00 2000.00

Total Charges :

Total Payments: Balance :

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Cashier Guest Signature

PLEASE DEPOSIT YOUR ROOM KEY CARD.