

Hotel Stay Expense Bill

[Sample Hotel Name]

Bill No: **HSB-1056**

Date: **2024-06-25**

Hotel Address: 456 Avenue Road, City, State, 123456

Phone: +1 234-567-8910

Email: info@samplehotel.com

Guest Name	John Doe
Room No.	203
Stay Period	2024-06-20 to 2024-06-24
No. of Guests	2
Booking Ref	SR-848393

Description	Rate	No. of Days	Amount
Room Rent (Deluxe Room)	â,¹ 3,000	4	â,¹ 12,000
Breakfast (Complimentary)	â,¹ 0	4	â,¹ 0
Laundry	â,¹ 250	1	â,¹ 250
In-room Dining	â,¹ 850	2	â,¹ 1,700
Taxes & Service Charges	â€"	â€"	â,¹ 1,490
Total Amount			â,¹ 15,440
Paid			â,¹ 15,440
Balance Due			â,¹ 0

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Guest Signature

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Authorized Signatory

Important Notes:

- This expense bill is valid only if signed by authorized hotel staff.
- Please check all entries carefully; discrepancies must be reported before departure.
- Keep this bill safe for reimbursement or audit purposes.
- All taxes are included unless stated otherwise.