

Lodging Expense Invoice

Issued By:

Hotel/Property Name
Address Line 1
Address Line 2
City, State ZIP
Phone: (123) 456-7890
Email: hotel@example.com

Invoice To:

Guest/Company Name
Address Line 1
Address Line 2
City, State ZIP
Phone: (987) 654-3210
Email: guest@example.com

Invoice No: 0012345

Date: 2024-06-20

Check-in: 2024-06-15

Check-out: 2024-06-19

Room No: 101

Expense Details

Description	Nights	Unit Price	Amount
Lodging Accommodation (Room Type: Deluxe)	4	\$120.00	\$480.00
Room Service Charges	—	—	\$60.00
Taxes & Fees	—	—	\$40.00

Subtotal: \$580.00
Total Amount Due: \$580.00

Authorized Signature

Guest Signature

- This invoice serves as an official record of payment for lodging expenses.
- Please retain a copy for your records and reimbursement purposes.
- Ensure all details are accurate before submission or payment.
- Contact the lodging provider for any discrepancies or queries regarding this invoice.