

# 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.