

# Itemized Lodging Receipt

## For Reimbursement

**Guest Name:**

John Doe

**Hotel Name:**

City Central Hotel

**Receipt No.:**

001245

**Check-in Date:**

2024-05-25

**Check-out Date:**

2024-05-27

**Room Number:**

312

**Payment Method:**

Credit Card (VISA)

**Company/Organization:**

ABC Research, Inc.

Date	Description	Qty/Nights	Rate	Amount
2024-05-25	Room Charge - King Suite	1	\$120.00	\$120.00
2024-05-26	Room Charge - King Suite	1	\$120.00	\$120.00
2024-05-25	City Tax	1	\$9.00	\$9.00
2024-05-25	Tourism Fee	1	\$2.50	\$2.50
2024-05-26	Breakfast	1	\$15.00	\$15.00
2024-05-27	Parking	2	\$8.00	\$16.00
				<b>Total</b> <b>\$282.50</b>

**Prepared by:** Hotel Front Desk

**Date Issued:** 2024-05-27

**Important Notes:**

- All expenses listed must be actual charges paid and supported by this itemized receipt.
- Receipts should clearly indicate guest name, hotel details, and period of stay.
- Personal expenses (e.g., movies, mini-bar, etc.) are not eligible for reimbursement.
- Handwritten or altered receipts may not be accepted.
- Contact your organization's finance department for specific reimbursement guidelines.