

OFFICIAL ACCOMMODATION RECEIPT

[Name of Hotel/Accommodation Provider]

[Hotel Address Here]
Contact: [Phone Number] | Email: [Email Address]

Receipt No. : RCP-2024-00123 **Date Issued** : 2024-06-29
Booking Reference : BK-78542 **Check-In Date** : 2024-06-25
Check-Out Date : 2024-06-29 **Number of Nights** : 4

Guest Name : John Doe
Address : 123 Sample Street, City, Country
Contact : +1234567890

Description	Rate/Night	Nights	Amount
Deluxe Room	USD 80.00	4	USD 320.00
Room Service Charges	-	-	USD 40.00
Tax (10%)	-	-	USD 36.00
Total			USD 396.00
Amount Paid			USD 396.00
Balance			USD 0.00

Mode of Payment : Credit Card
Processed By : Jane Smith

Authorized Signature

Guest Signature

Important Notes:

- This receipt is valid only after full payment is received.
- Keep this document for reimbursement and record purposes.
- All details should reflect accurate guest and transaction information.
- Contact the accommodation provider for any discrepancies.
- This receipt is system-generated and does not require a stamp.