YOUR HOTEL NAME

123, Hotel Street, City, State – 000000
Phone: +91-XXXXXXXXXX | Email: billing@yourhotel.com
GSTIN: 29XXXXX0000X1ZX | www.yourhotel.com

HOTEL BILL

Invoice No: INV-2026-001
Date: 1 June 2026

BILLED TO

Guest Name: _____
Address: _____
_____
Phone: _____
Email: _____
ID Proof: _____

STAY DETAILS

Room Number: _____
Room Type: _____
Check-In: _____
Check-Out: _____
No. of Nights: _____
No. of Guests: _____

#	Description	Rate / Night	Nights / Qty	GST %	Amount (₹)
1	Room Charges	₹ _____	_____	5% / 18%	₹ _____
2	Extra Bed	₹ _____	_____	5% / 18%	₹ _____
3	Room Service / Food	₹ _____	_____	5%	₹ _____
4	Laundry Services	₹ _____	_____	18%	₹ _____
5	Telephone / Internet	₹ _____	_____	18%	₹ _____
6	Minibar / Other	₹ _____	_____	18%	₹ _____

Subtotal (Room + Services): ₹ _____

CGST @ _____%:	₹ _____
SGST @ _____%:	₹ _____
Discount:	(₹ _____)
Advance Paid:	(₹ _____)
TOTAL PAYABLE:	**₹ _____**

PAYMENT DETAILS

Mode: ☐ Cash ☐ Card ☐ UPI ☐ Bank Transfer

Transaction / Ref No: _____

Amount Paid: ₹ _____

Amount in Words:

_____

_____

_____

REMARKS / SPECIAL REQUESTS

_____

_____

_____

_____

_____

_____

GST Note: SAC Code 9963 applies to accommodation services.

GST charged on declared tariff, not discounted amount.

Guest Signature

Authorised Signatory

Date: _____

For: _____ Hotel

Thank you for staying with us! We look forward to welcoming you again.