



Conf No Room #

Invoice No : #

Arriving date Arriving Time Dep date Company

Guest Name

Address

Dep Time Guest / Child :

Billing Instruction:

Date	Description	Qlty	Amount	Total
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			Total Charges:	\$0.00
			Total Payments:	\$0.00
			Balance:	\$0.00

Cashier **Guest Signature**

PLEASE DEPOSIT YOUR ROOM KEY CARD.

141 4545 666









