

[RESORT NAME]

[Street Address]
[City, State, Zip]
[Phone Number]

Invoice #: _____

Date: _____

Guest Details:

[Guest Name]
[Guest Email]
[Guest Phone]

Stay Details:

Check-in: _____
Check-out: _____
Room Type: _____

Description	Rate/Price	Qty/Nights	Amount
Accommodation	\$		\$
Dining & Room Service	\$		\$
Spa & Activities	\$		\$

Subtotal: \$ _____

Tax (___%): \$ _____

Total Amount: \$ _____

Thank you for choosing [Resort Name]. We look forward to your stay.

Policy: Cancellations must be made 48 hours prior to check-in.