

THE GILDED ROSE

BOUTIQUE HOTEL & SPA

INVOICE

GUEST DETAILS

[Guest Full Name]

[Mailing Address]

[City, Country]

[Email/Phone]

BOOKING REFERENCE

#[Invoice Number]

Date of Issue: [DD/MM/YYYY]

Stay: [Check-in] to [Check-out]

Room: [Suite Name/Number]

Description	Rate/Price	Qty/Nights	Amount
Accommodation: [Suite Category]	[\$[0.00]]	[0]	[\$[0.00]]
Dining & Room Service	[\$[0.00]]	-	[\$[0.00]]
Spa & Wellness Services	[\$[0.00]]	-	[\$[0.00]]
Subtotal	[\$[0.00]]		[\$[0.00]]
Taxes (VAT)	[\$[0.00]]		[\$[0.00]]
Total	[\$[0.00]]		[\$[0.00]]

Thank you for choosing The Gilded Rose. We look forward to welcoming you back.

[Hotel Website] | [Contact Number] | [Physical Address]