

INVOICE

[Bed & Breakfast Name]
[Street Address]
[City, State, Zip]
[Phone/Email]

Invoice #: _____
Date: _____

GUEST INFORMATION:

[Guest Name]
[Guest Address]
[Phone Number]

STAY DETAILS:

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

Description	Quantity/Nights	Rate	Amount
Room Accommodation			
Additional Meals/Services			
Other Charges			

Subtotal: \$0.00
Tax (___%): \$0.00

Total Amount: \$0.00

Notes/Terms:

Thank you for choosing [Bed & Breakfast Name]. Please make checks payable to the name above.
Payment is due upon receipt.