

# RESORT NAME

123 Paradise Lane  
Coastal City, ST 00000  
contact@resort.com

## AMENITY INVOICE

Invoice #: \_\_\_\_\_

Date: \_\_\_\_\_

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### GUEST INFORMATION

Guest Name: \_\_\_\_\_

Room/Suite: \_\_\_\_\_

Check-in: \_\_\_\_\_

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### ACCOUNT SUMMARY

Folio ID: \_\_\_\_\_

Payment Method: \_\_\_\_\_

Status:  Pending  Paid

Date	Amenity Service Description	Qty/Hrs	Unit Price	Total

Date	Amenity Service Description	Qty/Hrs	Unit Price	Total

Subtotal: \$ \_\_\_\_\_  
 Tax/VAT: \$ \_\_\_\_\_  
 Service Fee: \$ \_\_\_\_\_  
 Amount Due: \$ \_\_\_\_\_

Thank you for choosing our resort. Amenity usage is subject to house rules and safety guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_