[RESORT NAME]

[Address Line 1]
[Address Line 2]
[Contact Email/Phone]

INVOICE

 # [Invoice-Number]
Date: [Date]
Due Date: [Date]

BILL TO

[Client Name/Company]
[Billing Address]
[Tax ID/VAT Number]

STAY / EVENT DETAILS

Folio: [Folio ID]
Period: [Start Date] - [End Date]
Units: [Room Numbers/Category]

Description	Units/Nights	Rate (Avg)	Tax %	Amount
Room Revenue - [Category]	[Qty]	[0.00]	[0%]	[0.00]
Food & Beverage - [Outlet]	[Qty]	[0.00]	[0%]	[0.00]

Description	Units/Nights	Rate (Avg)	Tax %	Amount
Spa & Wellness Services	[Qty]	[0.00]	[0%]	[0.00]
Ancillary Fees / Resort Fees	[Qty]	[0.00]	[0%]	[0.00]

Subtotal: [0.00]
Service Charge: [0.00]
Total Tax: [0.00]
Total Due: [0.00] [Currency]

PAYMENT INSTRUCTIONS

Bank: [Bank Name] | Account: [Number] | Swift/BIC: [Code]
Please include Invoice Number as payment reference.

Thank you for your business.