[Hospitality Name/Hotel Group]

[Address Line 1]
[City, State, Zip]
[Phone Number]
[Email/Website]

PROFORMA INVOICE

Date: [Date]
Ref #: [Booking ID]

GUEST / CLIENT DETAILS

[Guest Name]
[Organization Name]
[Billing Address]
[Contact Number]

RESERVATION DETAILS

Check-in: [Date]
Check-out: [Date]
Rooms: [Quantity/Type]
Guests: [Adults/Children]

Description of Services	Rate	Qty/Nights	Total
Accommodation Service - [Room Type]	0.00	0	0.00
Food & Beverage - [Plan Name]	0.00	0	0.00
Event Space / Equipment Rental	0.00	0	0.00

Description of Services	Rate	Qty/Nights	Total
Additional Services (Transport/Spa)	0.00	0	0.00

Subtotal: 0.00
Tax / VAT ([%]): 0.00
Service Charge: 0.00
Total Amount: 0.00 [Currency]

Payment Terms: This is a proforma invoice for quotation purposes only. Full payment is required by [Date] to guarantee the reservation.

Bank Details: [Bank Name] | **Account:** [Number] | **SWIFT/IBAN:** [Code]

Cancellation Policy: [Policy Summary]