**HOTEL NAME**

 Date / RECEIPT COPY

Room No :

Arrival :

Departure :

C/I Time :

User Name :

Pax : /

Page No. : 1

**Folio No. : 22**

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DATE DESCRIPTION DEBIT CREDIT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17/01 Cash FO 5,500.00

23/01 Cash FO -5,500.00

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Balance: 0.00**

"I agree that my liability for this bill is not waived and agree to be held

personally liable in the event that the indicated person,company or

association fails to pay for any part or the full amount of these charges.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guest Signature