# HOTEL MAX

# INVOICE

[Street Address]
[City, ST ZIP Code]
[Phone] [Fax]
[e-mail]

INVOICE NO. [100]
DATE April 27, 2016
CUSTOMER ID [ABC12345]

format: mm/dd/yyyy

| | | | | | |
|---|---|---|---|---|---|
| Arrival Date | 8/31/2017 | No. of Rooms | 3 | BILL TO | [Name] |
| Departure Date | 9/5/2017 | Room No.s | 181A | | [Company Name] |
| Total No. of days | 5 | | 182A | | [Street Address] |
| Rate per Day/room | 175 | | | | [City, ST ZIP Code] |
| No. of Adults | 2 | | | | [Phone] |
| No.of Children | 4 | | | | |
| Other | 0 | | | | |

| DATE | SERVICES | CHARGED AMOUNT | DISCOUNT | LINE TOTAL |
|---|---|---|---|---|
| 8/31/2017 | Special Menu | $ 200.00 | $ 50.00 | 150.00 |
| 9/1/2017 | Service | $ 350.00 | $ 25.00 | 325.00 |