

Hotel Booking Receipt Template Example

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Hotel Refund Invoice

Hotel Name	Starlight Resort Hotel
Address Line 1	123 Oceanview Drive
Address Line 2	City, State, ZIP
Phone	(555)-123-4567
Email	
Website	



Guest Information

Guest Name	Hazel Christensen
Contact Details	Hazel.christensen@example.com

Booking Details

Booking Reference Number	98765XYZ
Booking Date	12/01/20XX
Check-In Date	12/15/20XX
Check-Out Date	12/20/20XX
Room Type	Deluxe Ocean View Suite
Number of Guests	2

Payment Information

Deposit Amount Paid	\$300.00
Balance Due	\$1,200.00
Payment Method	Credit Card

Cancellation Policy

Cancellations made within 48 hours of check-in are subject to a one-night charge.

Notes

For any inquiries or changes to your booking, please contact us at (555)-123-4567 or reservations@starlightresort.com.

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Notes

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