

HOTEL CROWN INN

Opp.Civil Hospital,Subhash Road
 Rohtak 124001
 GSTIN:06BAGPP4605R2Z6

INVOICE #	DATE
659	30/07/2021

BILL TO
NAME: Mr. Amarjeet Singh
Company:
Address:

Room No	Pax
202	2
GST No:	

Arrival Date	Arrival Time
30/7/21	8:30:00
Departure Date	Dep Time:
31/7/21	9:20

DESCRIPTION	Rate	Days	Room Qty	AMOUNT
Room Charges	999	1	1	999

<i>Thank you for your business!</i>		SUB TOTAL	999.00
		TOTAL	999.00

Regardless of the billing instruction I agree to be held personally liable for payment of the total amount of this bill.
 This is a computer generated advance voucher & does not require Signature/Stamp.

THANKYOU FOR CHOOSING HOTEL CROWN INN
CONTACT NO: 7027671636