

GUEST FOLIO

Registration No.

Page No.

NAME & ADDRESS	ARRIVAL	FOLIO NUMBER
	DEPARTURE	ROOM
	NO OF PERSONS	RATE

Cashier No.

DATE	REFERENCE	DESCRIPTION	AMOUNT

I agree that I am personally liable for the payment of charges described in this statement and that my liability is not waived if the person, company or association indicated by me as being responsible for the payment of the same fails to pay any part or the full amount of these charges.

XYZ Hotels & Resorts

Street Name, District Name

P.O.Box 000000 City 11111 Country

Tel : +xx-x-xxx xxx Fax : +xx-x-xxx xxx

Guest's Signature :