



Logo
Name

YOUR COMPANY

Address

Street

Phone

Email

Date:

To:

Subject:

SAMPLE

RESERVATION VOUCHER



Logo
Name

DATE
Date

VOUCHER
Number

YOUR COMPANY
Address
Street
Phone
Email

Description:

Reservation Number:	
Guest Name:	
Nationality	
Passport Number:	
Facility Name:	
Location:	
Address:	
Number of Guests:	
Check-In Date / Time:	
Check-Out Date / Time	
Flight Details	

Authorized Signature

FREE INDIVIDUAL VOUCHER (FIT)



Logo
Name

DATE
Date

VOUCHER
Number

YOUR COMPANY
Address
Street
Phone
Email

Description:

Reservation Number:	
Guest Name:	
Nationality	
Passport Number:	
Facility Name:	
Location:	
Address:	
Number of Guests:	
Check-In Date / Time:	
Check-Out Date / Time	
Flight Details	

Authorized Signature

INVOICE



Logo
Name

DATE

Date

INVOICE NO

Number

YOUR COMPANY

Street Address
City, ST ZIP Code
Phone
Fax
Email

INVOICE TO

Name of the Guest
Nationality
Contact Number

FACILITY DETAILS	ROOM DETAILS	MEAL PLAN	PAX	DAYS	RATE	TOTAL
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Description	Description	Description	0	0	0	0
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Subtotal	<input type="text"/>
Sales Tax	<input type="text"/>
Total	<input type="text"/>

Authorized Signature



Logo
Name

PAYMENT VOUCHER

YOUR COMPANY

Address:

Street:

Phone:

Email:

Voucher Number: _____

Date: _____

Paid To:

Payment Details: _____

Mode of Payment: _____

Transaction No: _____

Date of Payment: _____

NO.	DESCRIPTION	AMOUNT (USD)	AMOUNT (MVR)

Total: _____

Prepared By:

Checked By:

Authorized By: