# REGISTRE DU LOGEUR
# COMMUNAUTE DE COMMUNES DU HAUT-LIGNON
# PERIODE N° 2 : DU 1ER SEPTEMBRE AU 31 DECEMBRE 2020
# MOIS DE : .....

Etablissement :..... Classement :.....

| Référence client ou n° de chambre | Dates du Séjour | | Durée du séjour (= nombre de nuitées) (A) | Nombre de personnes assujetties (B) | Tarif ou Taux TDS (C) | Montant TDS à encaisser en € |
|---|---|---|---|---|---|---|
| | du ... | au ... | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **TOTAUX** | | | | | | |