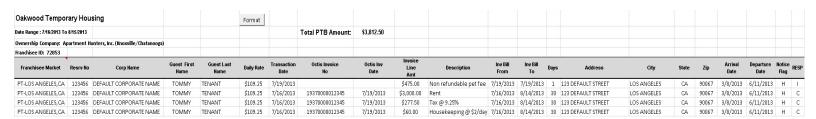
New Franchisee Monthly PTB Payment Process

Introduction

This tutorial is intended to introduce you to the new monthly OSCAR PTB reporting procedure and the processes in place for remitting franchisee payments each month.

The date range of each monthly payment cycle will remain the same, specifically the 16th of the previous month through the 15th of the current month. At the close of each monthly invoicing cycle, a comprehensive PTB report will be downloaded from OW OSCAR. This report will include all reservation invoices that were generated within the specified date range. This monthly PTB report will serve as a master database and will include reservations for all 36 franchisee markets.

A member of the Accounts Payable team will filter this master report by individual franchisee markets and create payment reports unique to each franchisee payment. Below is a screen shot example of a completed payment report. For improved visibility, an Excel worksheet example of a completed payment report has been included with this tutorial.



Kindly refer to the Header Definition List on Page 2 for clarifying information regarding each column header appearing on the franchisee PTB payment report.

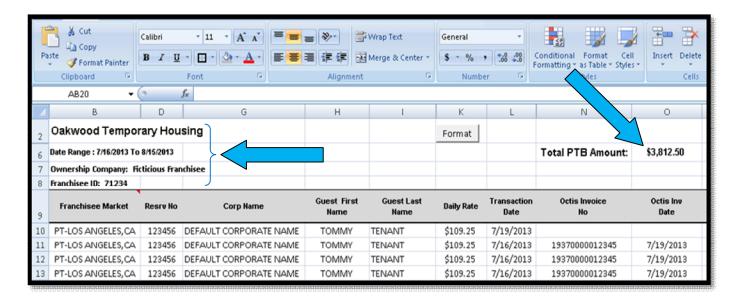
Header Definition List

| Franchisee Market | The Franchisee Market(s) receiving PTB Payment | | |
|--|--|--|--|
| Resrv No | The reservation number associated with the reservation | | |
| Corp Name | The name of the Corporate Client associated with the reservation | | |
| Guest First Name | | | |
| Guest Last Name | | | |
| Daily Rate | The total daily rate of the reservation (this may or may not include additional fees, for example housekeeping or cable upgrades, depending on the invoicing requirements stipulated by the client and/or franchisee) | | |
| Transaction Date | The date of the invoice to the client or the date of the bill to the guest (depending on whether the particular line item is the responsibility of the client or the guest). | | |
| Octis Invoice No | The invoice number associated with the line item in the payment report (for line items that are the responsibility of the guest, there will be no associated OCTIS invoice number and this field will be blank). | | |
| Octis Inv Date | The date of the invoice to the client associated with the line item in the payment report (for line items that are the responsibility of the guest, there will be no associated OCTIS invoice date and this field will be blank). | | |
| Invoice Line Amt | The dollar amount associated with the item mentioned in the "Description" section. This amount will be paid to the franchisee for the particular line item. | | |
| Description | The explanation of what comprises the amount being paid to the franchisee in the "Invoice Line Amt" section. | | |
| Inv Bill From | The starting date of the range being invoiced for a reservation | | |
| Inv Bill To | The ending date of the range being invoiced for a reservation | | |
| Days | The amount of days that comprise the date range being invoiced for a reservation. | | |
| Address | The unit address associated with a reservation | | |
| City | The city where the unit associated with the reservation is located | | |
| State | The state where the unit associated with the reservation is located | | |
| Zip | The zip code corresponding to the location of the unit | | |
| Arrival Date The arrival date of the guest associated with the reservation | | | |
| Departure Date | The departure date of the guest associated with the reservation | | |
| Notice Flag | A descriptor to indicate the status of the guest's intended move-out date. An "H" represents a hard notice and indicates the reported move out date for the guest is firm. An "S" represents a soft notice and indicates the reported move out date of the guest may change. | | |
| RESP | A descriptor to indicate the financially responsible party for a particular line item. A "C" indicates the client is financially responsible, whereas an "I" indicates the guest is financially responsible. | | |

Individual Franchisee Payment Reports

Twenty one master templates unique to each franchisee payment have been created to help streamline the payment process. Each template includes a header which identifies the date range corresponding to the particular payment cycle, the Franchisee Ownership Company, and the Franchisee ID (see screen shot below).

Atop each franchisee payment report is a section for **Total PTB Amount**, the dollar value that comprises the total amount being paid to the franchisee for that particular payment cycle. The Total PTB Amount represents the sum of all the individual line item amounts included in the franchisee payment report.



Each franchisee owner will receive their payment report on the 16th of the month. Once received, it is the responsibility of the franchisee to thoroughly review the payment report for accuracy and completeness. A member of the Accounts Payable team will remit payment to each franchisee by the 23rd of the month.

Note that there is no longer a section on the worksheet for the franchisee to make comments on each line item. In an attempt to automate the PTB payment process and to encourage timely and thorough communication from all parties involved regarding reservations, the franchisee payment amount will match the Total PTB Amount as reported by OW OSCAR.

Submitting Inquiries Related to PTB Payments

Understandably, there will be instances when client invoicing and the correlating payment to the franchisee will need to be adjusted. In order to most effectively address these instances, a PTB Franchisee Inquiry Sheet has been created. A template of this form is shown below on Page 5. This template includes reference numbers (formatted in red) in each active cell. A clarifying definition and guidelines for each cell corresponding to these reference numbers can be found on Page 6. An example of what the form might look like after being filled out by a franchisee is included on Page 7.

A blank Excel template of the PTB Franchisee Inquiry sheet will be provided to each franchisee. This Inquiry sheet is only to be used for PTB reservations.

After completing the PTB Inquiry sheet, the franchisee is responsible for emailing the form to APcustomerservice@oakwood.com. Care must be taken to fill out at least all required fields in this form (notated with an asterik and highlighted in red until text is entered). These fields are required in order to accurately locate a reservation in OW systems. Forms missing required information will be returned to the franchisee which may delay the review process. If the franchisee chooses not to populate the fields related to contact information, communication regarding the inquiry will be directed to the General Manager. The OW reviewer will research the inquiry and perform any actions necessary to resolve the inquiry. At the conclusion of the review process, the OW reviewer will communicate the final decision to the franchisee as well as any actions performed to resolve the inquiry.

The review process may take up to 30 days to complete. If it is determined that an additional amount is due to the franchisee, the amount will appear on a future payment cycle. If the inquiry involves invoicing that has not yet been issued to the client, the invoicing must first be issued to the client before payment will be made to the franchisee.

| Franchisee Information | | | | | |
|--|--------|---|----------------------|----------|--|
| Date of Inquiry: | 1 | Fran. Contact Name: | 6 | | |
| Franchisee ID: | 2 | Fran. Contact Phone: | 7 | | |
| Franchisee Market: | 3 | Fran. Contact Email: | 8 | | |
| Market Name: | 4 | Pref. Mode of Response: | Email Phone | 9 | |
| Ownership Company: | 5 | | | | |
| Reservation Information | ation | | | | |
| Oppty No.: | 10 | Arrival (Move in) Date: | 15 | | |
| Reservation No.: | 11 | Departure (Move out) Date: | 16 | | |
| Client Name: | 12 | Daily Base Rate: | 17 | | |
| Guest First Name: | 13 | Tax % (if applicable): | 18 | | |
| Guest Last Name: | 14 | Total Daily Rate (excluding additional fees): | \$0.00 | 19 | |
| Inquiry Information | | | | | |
| | | 1 | | | |
| Nature of Inquiry: | 20 | (please select from dropdow | n menu) | | |
| If Other, please specify: | 21 | | | | |
| Amount in Question: | 22 | | | | |
| Date Range of Payment Period in Question: | 23 | (example : April PTB paymer | nt, 3/16/13-4/15/13) | | |
| Please discuss your inquiry in detail below and attach all necessary documentation when submitting your request: | | | | | |
| 24 | | | | | |
| | | | | | |
| | | | | | |
| | | | | <u> </u> | |
| | | | | 1 | |
| <u>For internal use only</u> | | | | | |
| Decision | Reason | Received by | Date Received | | |
| 25 | 26 | 27 | 28 | ! | |

Communicated to franchisee?

Yes

Pending 30

29

Action to be taken

Date of Communication

31

| 1 | The date the franchisee is completing/submitting the inquiry form | | | |
|------|---|--|--|--|
| | | | | |
| | The identifying 5-digit number unique to the franchisee (drop down menu) | | | |
| | The Franchisee Market as it appears in OW systems (drop down menu) | | | |
| | The Market associated with the reservation in question (drop down menu) | | | |
| | The official name of the franchisee | | | |
| | The name of the best person to contact regarding the inquiry | | | |
| | The best phone number to reach the contact person | | | |
| 8 | The email address of the contact person | | | |
| | The option to select whether to receive communication regarding the inquiry via phone or email | | | |
| | The oppty number of the reservation in question | | | |
| | The reservation number of the reservation in question | | | |
| | The full client name associated with the reservation | | | |
| | The first name of the guest associated with the reservation | | | |
| | The last name of the guest associated with the reservation | | | |
| 15 | The move in date of the reservation | | | |
| 16 | The move-out date of the reservation | | | |
| 17 | The base rate (excluding additional fees unless they are rolled up into the daily rate) | | | |
| 18 | The tax rate associated with the reservation | | | |
| | The total daily rate including tax (this cell will calculate automatically based on populated information in cells 17 and 18) | | | |
| | The reason for submitting an inquiry on the reservation. If the option "Other" is selected, a reason must be entered into the "If Other, please specify" section (cell 21 on the numbered template) | | | |
| | Additional space to specify the reason for the inquiry if it is not listed in the "Nature of Inquiry" drop down menu (to be populated if "Other" is selected in the "Nature of Inquiry" section) | | | |
| | The amount that the franchisee feels is discrepant (in other words, the variance between the total that appears on the payment report and the amount the franchisee believes is due) | | | |
| 23 i | The date range of the OW payment report on which the invoiced line item appeared. It is also helpful to indicate the month the PTB payment is processed (for example, April PTB payment, 3/16/13-4/15/13. Do NOT indicate the date range of the individual reservation in question. This information is not helpful in locating the invoice line item in question. | | | |
| 24 H | A detailed description of the reason for the inquiry is required to investigate any potential discrepancy. Kindly be thorough, specific, and include all relevant information related to the inquiry. The reconciliation process will be significantly delayed if insufficient information is provided in this section. | | | |
| | The decision rendered by the OW reviewer after the inquiry has been thoroughly researched (either agree or disagree) | | | |
| 26 | The justification for the decision made by the OW reviewer | | | |
| 27 | The OW individual who received and reviewed the inquiry | | | |
| 28 | The date the inquiry was received by the OW reviewer | | | |
| 29 | The action that will be taken on the inquiry. Note that if an amount is found to be owed to the franchisee which has already been invoiced to the client/guest, the amount will be included in the current payment cycle. If an amount is found to be due to the franchisee but the client/guest has not yet been invoiced, the client/guest will be invoiced first and the franchisee will be paid on the corresponding payment cycle. | | | |
| 30 | Status of communication from the OW reviewer to the franchisee | | | |
| 31 I | Date communication was made by OW reviewer to franchisee | | | |

| Franchisee Information | | | | |
|--|---|--|--------------------------|--|
| | | | | |
| Date of Inquiry: | 8/7/2013 | Fran. Contact Name: | Clark Contact | |
| Franchisee ID: | 12345 | Fran. Contact Phone: | 310-333-3333 | |
| Franchisee Market: | PT-Los Angeles, CA | Fran. Contact Email: | clark@franchisee.com | |
| Market Name: | Los Angeles | Pref. Mode of Response: | ☐ Email ✔ Phone | |
| Ownership Company: | Ficticious Franchisee | | | |
| Reservation Infor | mation | | | |
| | | | | |
| Oppty No.: | 1-11111 | Arrival (Move in) Date: | 7/1/2013 | |
| Reservation No.: | 1234567 | Departure (Move out) Date: | 7/31/2013 | |
| Client Name: | Ficticious Corporate Client | Daily Base Rate: | \$100.00 | |
| Guest First Name: | Tommy | Tax % (if applicable): | 9.00% | |
| Guest Last Name: | Tenant | Total Daily Rate (excluding additional fees): | \$109.00 | |
| Inquiry Information | n | | | |
| | | | | |
| Nature of Inquiry: | M/O date in question | (please select from dropdov | wn menu) | |
| If Other, please specify: | | | | |
| Amount in Question: | \$109.00 | | | |
| Date Range of Payment Period in Question: | July PTB Payment, 6/16/13 - 7/15/13 | 13 (example: April PTB payment, 3/16/13-4/15/13) | | |
| · | | | | |
| Please discuss your inquir | y in detail below and attach all necessar | y documentation when submitt | ing your request: | |
| Our records indicate ques | t M/O date of 7/31/13. OW records indi | cate M/O date of 7/30/13 on P | TB report. Please update | |
| move out date to reflect 7/ | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| For internal use only | | | | |
| Decision | Reason | Received by | Date Received | |
| | | | | |
| Action to be taken | | Communicated to franchisee? | Date of Communication | |
| | | Yes Pending | | |

Ensuring Accurate Client Invoicing and Franchisee Payment

In order to maximize the success of this new PTB payment process, it is imperative that OW systems reflect current, accurate, and complete information regarding PTB reservations. Accurate information in OW systems results in accurate invoicing to the client, which in turn results in accurate payment to the franchisee.

To best accomplish this goal, kindly notify the PhxNAL team of any changes or updates to a reservation **immediately**. There will of course be instances when a guest unexpectedly moves out early or some degree of miscommunication arises. The majority of invoicing adjustments are avoidable with timely communication of information and the provision of all supporting documentation (including effective date(s), client approval, etc). **OW is unable to invoice for a service or fee that is not communicated to the PhxNAL team.**

The following is a list of several examples regarding reservation updates that would need to be communicated to the PhxNAL team as soon as they are discovered. These instances include but are not limited to:

- A delayed or revised move-in date
- An extension beyond a communicated move-out date
- A change in daily rate
- Tax exemption status
- Addition of services such as cable, housekeeping, garage, delivery fees or furniture upgrades
- Addition of a pet fee
- Client/guest preference to bundle or unbundle reservation charges on invoicing
- A change in financial responsibility

When providing updates to the PhxNAL team, it is important to be as thorough as possible. There are 36 unique franchisee markets with 36 potentially unique sets of regulations regarding extended stays, taxes and services. The PhxNAL team handles reservation details for all these 36 markets.

In the best interest of all parties involved, the PhxNAL team will not make assumptions such as the financial responsibility of a guest extension or fees, whether a service fee is taxable or whether a reservation is tax exempt after a certain amount of time. The team will also not assume unique circumstances such as certain services being tax exempt in a specific area or the taxability of every fee within certain city limits. It is up to the franchisee to clearly communicate the information at the time of booking and throughout the duration of the tenancy as needed.

PTB Booking/Confirmation Template

In order to better address the necessity for complete and accurate information from the inception of a PTB reservation, a Booking/Confirmation template has been created for franchisee use (a screen shot of the template may be found below). This form is to be submitted by the franchisee as an attachment when an oppty is pushed to Co. 937 in Siebel. The PhxNAL team will in turn use this form to ensure all current information pertaining to a reservation is entered into OW systems during the booking process.

| 948/937 Booking/Confirmation Template | | | |
|--|-----------------|----------------------------|------------------|
| Housing Supplier Name: | | | |
| Oppty Number (if known): | | | |
| Client Name: | | | |
| Guest First Name: | | | |
| Guest Last Name (Surname): | | | |
| Arrival Date: | | | |
| Departure Date (confirmed or tentative): | | Confirmed or Tentative? | |
| Total number of days approved by client: | | | |
| Total Daily Rate (excluding tax): | | | |
| Tax percentage: | | | |
| Begin date of Tax Exempt Status | | | |
| Refund ALL taxes once exempt? | | | |
| Pet fee amount (if applicable): | | | |
| Is Pet Fee taxable? | | | |
| Additional fees – not included in daily rate | Additional Item | Taxable? Yes or No | Frequency of Fee |
| (note if taxable): | | | |
| | | | |
| A | Street Address | City, State | Zip Code |
| Apartment address: | | | |
| Building and apartment/unit number: | | ' | |
| Apartment size | | If Other, please | |
| (1 bedroom, 2 bedroom, etc): | | specify: | |
| *ExecuStay Franchise booking only* – | | | |
| Select Name of Franchise Market: | | | |
| Additional information or comments: | | | |
| Form Completed By: | | Date Form Completed: | |

Attachments:

| 1. | Example of Individual Franchisee Payment Report (to accompany franchisee tutorial) |
|----|--|
| | (Excel worksheet) |

| 2 | Franchisee | Inquir | , Sheet for DTR | (Excel worksheet) |
|----|--------------|--------|-----------------|-------------------|
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