



Account Services

Monthly Statement

FAIRFIELD INN BY MARRIOTT
1515 Wilmington Dr
DUPONT, WA 98327

Invoice Number: FAI2022-04
Invoice Month: APRIL
Billing Date: 03/15/2022
Payment Due Date: 03/31/2022

PLAN	COVERAGE	QTY	PRICE	TOTAL
VSP	Employee Only	1	\$8.75	\$8.75
			GRAND TOTAL	\$8.75

** Prices vary in PRISM.
Individual prices shown in census.

FAIRFIELD INN BY MARRIOTT
1515 Wilmington Dr
DUPONT, WA 98327

CURRENT MONTH ENROLLMENT

MEMBER NAME	EFF DATE	PLAN	COVERAGE	PRICE
WATRIN, LAUREN	2022-01-01	VSP	EE	\$8.75

MEDICAL PLAN COUNTS

Employee Only	0
Employee & Spouse	0
Employee & Children	0
Family	0