

The Liberty, A Luxury Collection Hotel THE LIBERTY

215 Charles Street Boston, MA 02114 United States

Tel: 617-224-4000 Fax: 617-224-4001

Carol Jasinski

Page Number: 1 Invoice Nbr: 273519

Guest Number: 643761 Arrive Date: 02-SEP-17 12:30

Folio ID : A Depart Date: 03-SEP-17 11:36

No. Of Guest: 1

Room Number: 310

Club Account:

Copy Invoice

Tax ID:

The Liberty Hotel 13-SEP-17 15:16 CROJAS

| Date | Reference | Description | า | Charges | Credits | | | |
|-----------|---|--------------------------|-------------------------------|---|---------|--|--|--|
| 02-SEP-17 | RT310 | Room Charge | e | 305.00 | | | | |
| 02-SEP-17 | RT310 | State Tax | | 17.39 | | | | |
| 02-SEP-17 | RT310 | City Tax | | 18.30 | | | | |
| 02-SEP-17 | RT310 | Convention | Center Tax | 8.39 | | | | |
| 02-SEP-17 | RT310 | Facility Fe | ee | 20.00 | | | | |
| 02-SEP-17 | RT310 | State Tax | | 1.14 | | | | |
| 02-SEP-17 | RT310 | City Tax | | 1.20 | | | | |
| 02-SEP-17 | RT310 | Convention | Center Tax | 0.55 | | | | |
| 03-SEP-17 | 00025377 | CLINK. | | 55.08 | | | | |
| 03-SEP-17 | VI | Visa-2959 | | | -427.05 | | | |
| | ***For Authorization Purpose Only*** xxxxxx2959 | | | | | | | |
| | Date 02-SEP-17 03-SEP-17 | Code 08380C 08099C | Authorized 381.25 45.80 | Merchant ID 0010600008029552356640 0010600008029552356640 | | | | |

| Continued | | | |
|-----------|--|--|--|
| | | | |
| | | | |
| | | | |

I agree to remain personally liable for the payment of this account if the corporation or other _______
third party billed fails to pay part or all of these charges.

SIGNATURE



The Liberty, A Luxury Collection Hotel THELIBERTY

215 Charles Street Boston, MA 02114 United States

Tel: 617-224-4000 Fax: 617-224-4001

Carol Jasinski

G

Guest Number: 2 Invoice Nbr: 273519

Guest Number: 643761 Arrive Date: 02-SEP-17 12:30

Folio ID : A Depart Date: 03-SEP-17 11:36

No. Of Guest: 1

Room Number: 310

Club Account:

Approve EMV Receipt for VI - 2959: no CVM

TC:9D676B95E503F6EF TVR:0080008000 AID:A000000031010

Application Label: CHASE VISA

** Total 427.05 -427.05

*** Balance -0.00

I agree to remain personally liable for the payment of this account if the corporation or other third party billed fails to pay part or all of these charges.

SIGNATURE