

Name & Address

TIDWELL-, LESLIE JACKSON

EMBASSY SUITES HOTELS.

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Arrival Date Departure Date

704/TQBN 8/12/2014 2:38:00 PM 8/13/2014

Adult/Child Suite Rate

1/0 179.99

Rate Plan: HH # AL: Car:

CON

PAYMENT DUE UPON RECEIPT

Confirmation Number: 84397807

8/13/2014

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DATE	TE REFERENCE DESCRIPTION			AMOUNT	
8/12/2014 8/12/2014 8/12/2014 8/12/2014 8/13/2014	1314140 1314140 1314140 1314140 1314395	GUEST ROOM RM- STATE TAX RM- CITY RM-TAX COUNTY CASH **BALANCE**		\$179.99 \$17.55 \$4.50 \$4.50 (\$206.54) \$0.00	WALDORF ASTORIA POLIANDARY CONRAD
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					Sarden Inn
					Hampton,
ACCOUNT NO.			DATE OF CHARGE	FOLIO NO./CHECK NO. 328204 A	
CARD MEMBER NAME ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT			AUTHORIZATION PURCHASES & SERV	INITIAL	HOMEWOOD SUITES
			TAXES TIPS & MISC.		HOME
CARD MEMBER'S SIGNATURE X			TOTAL AMOUNT	-206.54	® Hilton Grand Vacations



