



BY CHOICE HOTELS

Quality Inn (PA403)

330 Commerce Park,
New Columbia, PA 17856
(570) 568-8000
GM.PA403@choicehotels.com

Account: 416184007

Date: 8/21/15

Room: 131 BAR

Arrival Date: 8/20/15

Departure Date: 8/21/15

Check In Time: 8/21/15 12:11 AM

Check Out Time: 8/21/15 9:58 AM

Rewards Program ID:

You were checked out by: mknaue

You were checked in by: mbotts

Total Balance Due: 0.00

Post Date	Description	Comment	Amount
8/20/15	Visa Payment		(162.41)
		XXXXXXXXXXXX7610	
8/20/15	Room Charge	#131 KOLB, JEFFREY	149.00
8/20/15	City / County Tax		4.47
8/20/15	Occupancy Tax		8.94
Folio Summary 8/20/15 - 8/20/15			
	Room Charge		149.00
	City / County Tax		4.47
	Occupancy Tax		8.94
	Visa Payment		(162.41)
Balance Due:			0.00

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

X

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KOLB, JEFFREY
23 KENNEY DR
Cranston, RI 02920

Account: 416166971

Date: 8/21/15

Room: 245 BAR

Arrival Date: 8/19/15

Departure Date: 8/21/15

Check In Time: 8/19/15 10:12 PM

Check Out Time: 8/21/15 9:59 AM

Rewards Program ID:

You were checked out by: mknaue

You were checked in by: clille

Total Balance Due: 0.00

Post Date	Description	Comment	Amount
8/19/15	Visa Payment		(303.02)
		XXXXXXXXXXXX7610	
8/19/15	Room Charge	#245 KOLB, JEFFREY	139.00
8/19/15	City / County Tax		4.17
8/19/15	Occupancy Tax		8.34
8/20/15	Room Charge	#245 KOLB, JEFFREY	139.00
8/20/15	City / County Tax		4.17
8/20/15	Occupancy Tax		8.34
Folio Summary 8/19/15 - 8/20/15			
	Room Charge		278.00
	City / County Tax		8.34
	Occupancy Tax		16.68
	Visa Payment		(303.02)
Balance Due:			0.00

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

X

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**Quality Inn (PA403)**

330 Commerce Park,
New Columbia, PA 17856
(570) 568-8000
GM.PA403@choicehotels.com

Account: 416166970

Date: 8/21/15

Room: 246 BAR

Arrival Date: 8/19/15

Departure Date: 8/21/15

Check In Time: 8/19/15 10:12 PM

Check Out Time: 8/21/15 9:59 AM

Rewards Program ID:

You were checked out by: mknaue

You were checked in by: clille

Total Balance Due: 0.00

Post Date	Description	Comment	Amount
8/19/15	Visa Payment		(303.02)
		XXXXXXXXXXXX7610	
8/19/15	Room Charge	#246 KOLB, JEFFREY	139.00
8/19/15	Occupancy Tax		8.34
8/19/15	City / County Tax		4.17
8/20/15	Room Charge	#246 KOLB, JEFFREY	139.00
8/20/15	Occupancy Tax		8.34
8/20/15	City / County Tax		4.17
Folio Summary 8/19/15 - 8/20/15			
	Room Charge		278.00
	City / County Tax		8.34
	Occupancy Tax		16.68
	Visa Payment		(303.02)
Balance Due:			0.00

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

X

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REWARDS PROGRAM

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Hampton Inn & Suites Williamsport - Faxon Exit
66 Liberty Lane • Williamsport, PA 17701
Phone (570) 601-5800 • Fax (570) 601-5801
www.williamsportfaxonexitsuites.hamptoninn.com



KOLB, JEFF
500 MENDON RD
CUMBERLAND RI 02864
UNITED STATES OF AMERICA

name
address

room number: 424/NKJZ
arrival date: 8/21/2015 1:23:00 PM
departure date: 8/24/2015
adult/child: 1/0
room rate: 249.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Rate Plan: LV0
HH #
AL:
Car:

Confirmation Number: 80042408

8/24/2015

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

signature:

date		reference	description		amount	
8/19/2015		106671	Advance Deposit VS *2426		(\$814.23)	
8/21/2015		107425	GUEST ROOM		\$249.00	
8/21/2015		107425	RM - OCCUPANCY TAX		\$14.94	
8/21/2015		107425	RM - COUNTY OCCUP TAX		\$7.47	
8/22/2015		107689	GUEST ROOM		\$249.00	
8/22/2015		107689	RM - OCCUPANCY TAX		\$14.94	
8/22/2015		107689	RM - COUNTY OCCUP TAX		\$7.47	
8/23/2015		107977	GUEST ROOM		\$249.00	
8/23/2015		107977	RM - OCCUPANCY TAX		\$14.94	
8/23/2015		107977	RM - COUNTY OCCUP TAX		\$7.47	
8/24/2015		106671	Advance Deposit VS *2426		\$814.23	
8/24/2015		108085	VS *7610		(\$814.23)	
			BALANCE		\$0.00	
EXPENSE REPORT SUMMARY						
			8/21/2015	8/22/2015	8/23/2015	STAY TOTAL
ROOM AND TAX			\$271.41	\$271.41	\$271.41	\$814.23
DAILY TOTAL			\$271.41	\$271.41	\$271.41	\$814.23

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thanks.

account no.	date of charge	folio/check no.
VS *2426	8/24/2015	54834 A
card member name	authorization	initial
KOLB, JEFF	01597B	
establishment no. and location	purchases & services	
establishment agrees to transmit to card holder for payment	taxes	
	tips & misc.	
signature of card member	total amount	-814.23
X		



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www.williamsportfaxonexitshamptoninn.com



WATSON, JOHN
500 MENDON RD
CUMBERLAND RI 02864
UNITED STATES OF AMERICA

name
address

room number: 420/NKRU
arrival date: 8/21/2015 1:23:00 PM
departure date: 8/24/2015 9:27:00 AM

adult/child: 1/0
room rate: 249.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.


Rate Plan: LVO
HH #
AL:
Car:

Confirmation Number: 80042408

8/24/2015

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

signature:

date		reference	description				amount	
8/21/2015		107421	GUEST ROOM				\$249.00	
8/21/2015		107421	RM - OCCUPANCY TAX				\$14.94	
8/21/2015		107421	RM - COUNTY OCCUP TAX				\$7.47	
8/22/2015		107685	GUEST ROOM				\$249.00	
8/22/2015		107685	RM - OCCUPANCY TAX				\$14.94	
8/22/2015		107685	RM - COUNTY OCCUP TAX				\$7.47	
8/23/2015		107973	GUEST ROOM				\$249.00	
8/23/2015		107973	RM - OCCUPANCY TAX				\$14.94	
8/23/2015		107973	RM - COUNTY OCCUP TAX				\$7.47	
8/24/2015		108084	VS *7610				(\$814.23)	
			BALANCE				\$0.00	
EXPENSE REPORT SUMMARY								
			8/21/2015	8/22/2015	8/23/2015	STAY TOTAL		
ROOM AND TAX			\$271.41	\$271.41	\$271.41	\$814.23		
DAILY TOTAL			\$271.41	\$271.41	\$271.41	\$814.23		

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thanks.

account no. VS *7610	date of charge 8/24/2015	folio/check no. 54833 A
card member name WATSON, JOHN	authorization 02050D	initial
establishment no. and location establishment agrees to transmit to card holder for payment	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	-814.23



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Official Sponsor

FARRELL, BOB
500 MENDON RD
CUMBERLAND RI 02864
UNITED STATES OF AMERICA

name
address

room number: 225/NKJZ
arrival date: 8/21/2015 2:00:00 AM
departure date: 8/24/2015

adult/child: 1/0
room rate: 249.00

Rate Plan: LVO

HH #
AL:
Car:


If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated Incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

Confirmation Number: 80042408

8/24/2015

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. In the event of an emergency, I, or someone in my party require special evacuation assistance due to a physical disability. Please indicate yes by checking here: ☐

signature:

date		reference	description		amount	
8/21/2015		107372	GUEST ROOM		\$249.00	
8/21/2015		107372	RM - OCCUPANCY TAX		\$14.94	
8/21/2015		107372	RM - COUNTY OCCUP TAX		\$7.47	
8/22/2015		107637	GUEST ROOM		\$249.00	
8/22/2015		107637	RM - OCCUPANCY TAX		\$14.94	
8/22/2015		107637	RM - COUNTY OCCUP TAX		\$7.47	
8/23/2015		107931	GUEST ROOM		\$249.00	
8/23/2015		107931	RM - OCCUPANCY TAX		\$14.94	
8/23/2015		107931	RM - COUNTY OCCUP TAX		\$7.47	
8/24/2015		108083	VS *7610		(\$814.23)	
			BALANCE		\$0.00	
EXPENSE REPORT SUMMARY						
			8/21/2015	8/22/2015	8/23/2015	STAY TOTAL
ROOM AND TAX			\$271.41	\$271.41	\$271.41	\$814.23
DAILY TOTAL			\$271.41	\$271.41	\$271.41	\$814.23

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thanks.

account no. VS *7610	date of charge 8/24/2015	folio/check no. 54835 A
card member name FARRELL, BOB	authorization 00739D	initial
establishment no. and location establishment agrees to transmit to card holder for payment	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	-814.23

