



CROWNE PLAZA®

HARRISBURG - HERSHEY

29

03-21-17

Tom Kopania
add
United States

Folio No. : **379961**
A/R Number :
Group Code :
Company :
Membership No. :
Invoice No. :

Room No. :
Arrival : **03-20-17**
Departure : **03-22-17**
Conf. No. : **68301875**
Rate Code : **IGCOR**
Page No. : **1 of 1**

Date	Description	Charges	Credits
03-21-17	No-Show	149.00	
03-21-17	State Occupancy Tax (6%)	8.94	
03-21-17	County Occupancy Tax (5%)	7.45	
03-21-17	American Express XXXXXXXXXXXXX1004		165.39
03-21-17	No-Show-Adj	-149.00	
03-21-17	State Occupancy Tax (6%)-Adj	-8.94	
03-21-17	County Occupancy Tax (5%)-Adj	-7.45	
03-21-17	American Express XXXXXXXXXXXXX1004		-165.39
	Sharing room with Matt V-only needed one room-TR		
Total		0.00	0.00
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. 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 associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.