



05-17-18

<b>Mr. Thomas R Burke</b>	Folio No. :	Room No. : <b>1607</b>
<b>United States</b>	A/R Number :	Arrival : <b>05-16-18</b>
	Group Code :	Departure : <b>05-17-18</b>
	Company : <b>ADELMAN PREFERRED HOTEL CO</b>	Conf. No. : <b>CI2L811R</b>
	Membership No. :	Rate Code : <b>ADELMAN</b>
	Invoice No. :	Page No. : <b>1 of 1</b>

Date	Description	Charges	Credits
05-16-18	American Express XXXXXXXXXXXX1007		585.29
05-16-18	Room Rate	507.00	
05-16-18	NY State Room Sales Tax	45.00	
05-16-18	NY CITY Occ Tax	29.79	
05-16-18	Per Room Occupancy Tax	2.00	
05-16-18	Hotel Unit Fee	1.50	
<b>Total</b>		<b>585.29</b>	<b>585.29</b>
<b>Balance</b>		<b>0.00</b>	

**Guest Signature:**

I have received the goods and / or services in the amount shown herein. 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.

Viceroy New York Hotel  
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