

ROOM LAST NAME FIRST CODE RATE CHECK OUT ARRIVAL DATE ARRIV TIME NO NIGHTS
 415565
 CODE FIRM 03R CHECK IN NO PERSONS MADE BY RM TYPE RATE QUOTED
 1/20 hb/r1 tw 50.00
 STREET ADDRESS R NR CR SHARING WITH REMARKS
 CITY STATE ZIP GROUP OR CONVENTION CHG BY DATE RES AGT
 I PLAN TO SETTLE MY ACCOUNT BY:
☐ CASH ☒ CREDIT CARD ☐ PERSONAL CHECK ☐ OTHER
 ADDRESS
 CITY STATE ZIP
 COMPANY OR TRAVEL AGENCY
 GUEST SIGNATURE X *As John*

MEMO	DATE	REFERENCE	CHARGES	CREDITS	BALANCE	PICK-UP
1						
2	FEB 12	ROOM 50%	B* 50.00			
3	FEB 12	DC TAX 50%	B* 4.00		* 54.00 *	
4	FEB 13	DREST. 50%	B* 3.87			
5	FEB 13	DREST. 50%	B* 3.73		* 61.60	
6	FEB 13	ROOM 50%	B* 50.00			
7	FEB 13	DC TAX 50%	B* 4.00		* 115.60 *	
8	FEB 14	DREST. 50%	B* 7.02		* 122.62	
9	FEB 14	L'DIST 50%	B* 3.07		* 125.69	
10	FEB 14	DREST. 50%	B* 1.03		* 126.72	
11	FEB 14	ROOM 50%	B* 50.00			
12	FEB 14	DC TAX 50%	B* 4.00		* 180.72 *	
13	FEB 15	DREST. 50%	B* 3.25		* 183.97	
14	FEB 15	ROOM 50%	B* 50.00			
15	FEB 15	DC TAX 50%	B* 4.00		* 237.97 *	
16	FEB 15	DREST. 50%	B* 11.55		* 249.52	
17	FEB 16	DREST. 50%	B* 2.31		* 251.83	
18					3.07	
19					248.76	
20						

Guest's Signature

Approved

10% balance & amount due unless otherwise indicated. 60% are payable when presented.

Charge To

Address

City

State

Zip

KEY:
 D. PAYMENT ROOM
 E. CHICKEN CHEESE
 F. BANQUET
 G. ROOM SERVICE
 H. COCKTAIL LOUNGE
 I. OTHER

Remarks:



SHERATON
 & WARD

REGARDLESS OF INSTRUCTIONS. GUEST IS ALSO LIABLE UNTIL BALANCE HAS BEEN PAID.