

Trip Hotel

One Sheraton Drive
Ithaca, NY 14850
Phone: 1-607-257-2000
Fax: 1-607-257-3998
www.triphotelithaca.com
Email: triphotelithaca@yahoo.com

Guest Folio

Arrival Date: 29 Nov 2016

Departure Date: 01 Dec 2016

Room Type: DD2

Anne Bonze

1668 Trumansburg Rd
Ithaca, NY
14850
United States

Folio: 16666-1

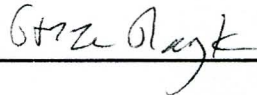
Room: 111

CC Number: *****1148

Date	Folio	Reference	Amount	Tax	Total
29 Nov 2016	1	Room Charge	\$93.46	\$12.15	\$105.61
29 Nov 2016	1	Room Charge 11/28/16	\$93.46	\$12.15	\$105.61
1 Dec 2016	1	MasterCard - Check-Out (Payment: MC)	\$-211.22	\$0.00	\$-211.22
Room Charges			\$186.92	\$24.30	\$211.22
Other Charges			\$0.00	\$0.00	\$0.00
Credits			\$-211.22	\$0.00	\$-211.22
Balance					\$0.00

Occupancy Tax	\$5.00	%	\$186.92	\$9.34
Sales Tax	\$8.00	%	\$186.92	\$14.96

Signature



This is the Guest Folio Note

Room: 243	Stay: 12/02-12/04	Weekday
Name: BLAYK, BONZE		Weekend 79.00

Meadow Court Inn
529 S. Meadow St
Ithaca, NY 14850

GUEST INFORMATION

Full Name

BONZE BLAYK

Address

668 Transburg Rd.
Ithaca, NY 14850

STAY INFORMATION

Check In

12/02/2016 Fri

Check Out

12/04/2016 Sun

Adults/Child

1/0

Weekday

Weekend

Tax Exempt

79.00

No

Folio #

29613

Room/Room Type

243 (Standard 2 Doubles)

OTHER INFORMATION

Payment Information

CCD XXXXXXXXXXXX1148

XX/XX

Key Deposit:

Phone Deposit:

Room Deposit:

of keys:

TOTAL STAY INFORMATION

Total Room:	158.00
Other Charges:	0.00
Total Tax:	20.54
Total Stay:	178.54
Payments:	-178.54
Balance Due:	0.00

PLEASE NOTE that all guestrooms at the Meadow Court Inn are non-smoking. By signing this registration form you acknowledge that if you, or anyone in your guest room smokes, there will be up to a \$250.00 cleaning fee billed to your account.

If there are any damages to the furniture, or items are missing from your guestroom, you will be held liable and billed for the repair and/or replacement of these items.

The hotel does allow pets in the building with an exterior entrance to the guestrooms so advise the Front Desk Agent if this applies to you so we can ensure all procedures are followed properly to ensure the safety of your pet.

Thank you and enjoy your stay.

X

Signature:

Bonze Blayk

Printed: 12/02/2016 at 09:47 PM



337 Elmira Road • Ithaca, NY 14850
Phone (607) 277-5500 • Fax (607) 277-5700



Official Sponsor

name address BLAYK, BONZE ANNE ROSE 1668 TRUMANSBURG RD ITHACA NY 14850 UNITED STATES OF AMERICA	room number: 402/SXQL arrival date: 12/5/2016 5:00:00 AM departure date: 12/12/2016 11:01:00 AM adult/child: 1/0 room rate: 119.00	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: LV4 HH # AL: Car:	
Confirmation Number: 88356800 12/12/2016		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: <input type="checkbox"/> signature:

date	reference	description	amount	
12/5/2016	657703	GUEST ROOM	\$119.00	
12/5/2016	657703	OCCUPANCY TAX	\$5.95	
12/5/2016	657703	STATE TAX	\$9.52	
12/6/2016	657807	GUEST ROOM	\$119.00	
12/6/2016	657807	OCCUPANCY TAX	\$5.95	
12/6/2016	657807	STATE TAX	\$9.52	
12/7/2016	657935	GUEST ROOM	\$119.00	
12/7/2016	657935	OCCUPANCY TAX	\$5.95	
12/7/2016	657935	STATE TAX	\$9.52	
12/8/2016	658044	GUEST ROOM	\$119.00	
12/8/2016	658044	OCCUPANCY TAX	\$5.95	
12/8/2016	658044	STATE TAX	\$9.52	
12/9/2016	658153	GUEST ROOM	\$119.00	
12/9/2016	658153	OCCUPANCY TAX	\$5.95	
12/9/2016	658153	STATE TAX	\$9.52	
12/10/2016	658260	GUEST ROOM	\$119.00	
12/10/2016	658260	OCCUPANCY TAX	\$5.95	
12/10/2016	658260	STATE TAX	\$9.52	
12/11/2016	658348	GUEST ROOM	\$119.00	
12/11/2016	658348	OCCUPANCY TAX	\$5.95	
12/11/2016	658348	STATE TAX	\$9.52	
12/12/2016	658383	MC *1148	(\$941.29)	
		BALANCE	\$0.00	

for reservations call **1.800.hampton** or visit us online at **hampton.com**

thanks.

account no. MC *1148	date of charge 12/12/2016	folio/check no. 235570 A
card member name BLAYK, BONZE ANNE ROSE	authorization 264269	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	-941.29





337 Elmira Road • Ithaca, NY 14850
Phone (607) 277-5500 • Fax (607) 277-5700



Official Sponsor

BLAYK, BONZE ANNE ROSE
1668 TRUMANSBURG RD
ITHACA NY 14850
UNITED STATES OF AMERICA

name
address

room number: 402/SXQL
arrival date: 12/5/2016 5:00:00 AM
departure date: 12/12/2016 11:01:00 AM
adult/child: 1/0
room rate: 119.00

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: LV4
HH #
AL:
Car:

Confirmation Number: 88356800

12/12/2016

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
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EXPENSE REPORT SUMMARY

	12/5/2016	12/6/2016	12/7/2016	12/8/2016
ROOM AND TAX	\$134.47	\$134.47	\$134.47	\$134.47
DAILY TOTAL	\$134.47	\$134.47	\$134.47	\$134.47

EXPENSE REPORT SUMMARY

	12/9/2016	12/10/2016	12/11/2016	STAY TOTAL
ROOM AND TAX	\$134.47	\$134.47	\$134.47	\$941.29
DAILY TOTAL	\$134.47	\$134.47	\$134.47	\$941.29

for reservations call **1.800.hampton** or visit us online at **hampton.com**

thanks.

account no.

MC *1148

date of charge

12/12/2016

folio/check no.

235570 A

card member name

BLAYK, BONZE ANNE ROSE

authorization

264269

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

-941.29



CONRAD
HOTELS & RESORTS



Hilton Garden Inn



HOMEWOOD
SUITES

HOME2
SUITES BY HILTON





Hilton Garden Inn®

Ithaca

130 East Seneca Street • Ithaca, NY 14850
 Phone (607) 277-8900 • Fax (607) 277-8910
 Reservations
 www.ithaca.gardeninn.com or 1 877 STAY HGI

Name & Address

BLAYK, BONZE

Room 634/Q2
 Arrival Date 12/12/2016 2:09:00 PM
 Departure Date 12/18/2016

Adult/Child 0/0
 Room Rate 169.00

Rate Plan: LV8
 HH #
 AL:
 Car:

Confirmation Number: *****

12/17/2016

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
12/12/2016	GUEST ROOM	XBODINE	1257558	\$169.00		
12/12/2016	STATE TAX	XBODINE	1257558	\$6.76		
12/12/2016	LOCAL TAX	XBODINE	1257558	\$6.76		
12/12/2016	OCCUPANCY TAX	XBODINE	1257558	\$8.45		
12/13/2016	juice	XBODINE	1257679	\$1.85		
12/13/2016	MISC -STATE AND LOCAL TAX	XBODINE	1257679	\$0.15		
12/13/2016	jucie	XBODINE	1257680	\$1.85		
12/13/2016	MISC -STATE AND LOCAL TAX	XBODINE	1257680	\$0.15		
12/13/2016	stouffers	XBODINE	1257681	\$5.00		
12/13/2016	GUEST ROOM	IMB	1257843	\$169.00		
12/13/2016	STATE TAX	IMB	1257843	\$6.76		
12/13/2016	LOCAL TAX	IMB	1257843	\$6.76		
12/13/2016	OCCUPANCY TAX	IMB	1257843	\$8.45		
12/14/2016	2 Snapple	MSTONE	1258079	\$1.85		
12/14/2016	MISC -STATE AND LOCAL TAX	MSTONE	1258079	\$0.15		
12/14/2016	2 Juice	MSTONE	1258080	\$3.70		
12/14/2016	MISC -STATE AND LOCAL TAX	MSTONE	1258080	\$0.30		
12/14/2016	3 K-cups	MSTONE	1258081	\$1.25		
12/14/2016	GUEST ROOM	IMB	1258112	\$169.00		
12/14/2016	STATE TAX	IMB	1258112	\$6.76		
12/14/2016	LOCAL TAX	IMB	1258112	\$6.76		

ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION
 THANK YOU FOR STAYING AT THE HILTON GARDEN INN
 DOWNTOWN ITHACA. THIS RECIEPT IS FOR YOU TO KEEP AND ZIP OUT!

DATE OF CHARGE

FOLIO NO./CHECK NO.
 294447 A

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

PAYMENT DUE UPON RECEIPT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

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Hilton Garden Inn®

Ithaca

130 East Seneca Street • Ithaca, NY 14850
 Phone (607) 277-8900 • Fax (607) 277-8910
 Reservations
 www.ithaca.gardeninn.com or 1 877 STAY HGI

Name & Address

BLAYK, BONZE

Room 634/Q2
 Arrival Date 12/12/2016 2:09:00 PM
 Departure Date 12/18/2016

Adult/Child 0/0
 Room Rate 169.00

Rate Plan: LV8
 HH #
 AL:
 Car:

Confirmation Number: *****

12/17/2016

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
12/14/2016	OCCUPANCY TAX	IMB	1258112	\$8.45		
12/15/2016	GUEST ROOM	IMB	1258362	\$169.00		
12/15/2016	STATE TAX	IMB	1258362	\$6.76		
12/15/2016	LOCAL TAX	IMB	1258362	\$6.76		
12/15/2016	OCCUPANCY TAX	IMB	1258362	\$8.45		
12/16/2016	*GREAT AMERICAN GRILL	LINTR	1258472	\$12.25		
12/16/2016	GUEST ROOM	IMB	1258596	\$169.00		
12/16/2016	STATE TAX	IMB	1258596	\$6.76		
12/16/2016	LOCAL TAX	IMB	1258596	\$6.76		
12/16/2016	OCCUPANCY TAX	IMB	1258596	\$8.45		
12/17/2016	*GREAT AMERICAN GRILL	LINTR	1258745	\$7.50		
12/17/2016	juice	MIKAELAST OREY	1258785	\$3.70		
12/17/2016	MISC -STATE AND LOCAL TAX	MIKAELAST OREY	1258785	\$0.30		
12/17/2016	soda	MIKAELAST OREY	1258786	\$1.85		
12/17/2016	MISC -STATE AND LOCAL TAX	MIKAELAST OREY	1258786	\$0.15		
12/17/2016	ice cream	MIKAELAST OREY	1258787	\$3.00		
12/17/2016	stouffers	MIKAELAST OREY	1258788	\$4.00		

ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT
 THANK YOU FOR STAYING AT THE HILTON GARDEN INN
 DOWNTOWN ITHACA. THIS RECIEPT IS FOR YOU TO KEEP AND ZIP OUT!

DATE OF CHARGE

FOLIO NO./CHECK NO.
 294447 A

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

PAYMENT DUE UPON RECEIPT

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Name & Address

BLAYK, BONZE

Room 634/Q2
 Arrival Date 12/12/2016 2:09:00 PM
 Departure Date 12/18/2016

Adult/Child 0/0
 Room Rate 169.00

Rate Plan: LV8
 HH #
 AL:
 Car:

Confirmation Number: *****

12/17/2016

DATE	DESCRIPTION	ID	REF. NO	CHARGES	CREDITS	BALANCE
12/17/2016	snapple	VFIGUEROA	1258828	\$1.85		
		3				
12/17/2016	MISC -STATE AND LOCAL TAX	VFIGUEROA	1258828	\$0.15		
		3				
12/17/2016	GUEST ROOM	IMB	1258839	\$169.00		
12/17/2016	STATE TAX	IMB	1258839	\$6.76		
12/17/2016	LOCAL TAX	IMB	1258839	\$6.76		
12/17/2016	OCCUPANCY TAX	IMB	1258839	\$8.45		
	WILL BE SETTLED TO MC*1148					\$1,196.82
	EFFECTIVE BALANCE OF					\$0.00
ACCOUNT NO.				DATE OF CHARGE FOLIO NO./CHECK NO. 294447 A		
CARD MEMBER NAME						
ESTABLISHMENT NO. & LOCATION THANK YOU FOR STAYING AT THE HILTON GARDEN INN DOWNTOWN ITHACA. THIS RECIEPT IS FOR YOU TO KEEP AND ZIP OUT!						
				AUTHORIZATION		INITIAL
				PURCHASES & SERVICES		
				TAXES		
				TIPS & MISC.		
				TOTAL AMOUNT		

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

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Acct. Name	Blayk, Bonze Anne Rose
Acct. No.	IN 108289
Room No.:	390



Arrival	12/18/16
Departure	12/24/16
No. Guests	1
Folio Type	Current

GUEST FOLIO

Bonze Anne Rose Blayk
BAR
1668 Trumansburg Rd
Ithaca, NY
14850, USA

SEQ	DATE	TRANSACTION DESCRIPTION	REF/COMMENTS	ROOM #	Q	AMOUNT	TX	S/F
1	12/18/16	Visa	Aut#: 651204/4635 92XX XXXX 6194	121	1	(168.37)	i	B
2	12/18/16	Visa	Refund/4635 92XX XXXX 6194	121	1	168.37	i	B
3	12/18/16	Room	Re: 390/Blayk, Bonze Anne Rose	390	1	149.00	N	A
		Sales Tax				11.92		
		County Tax				7.45		
4	12/19/16	Visa	Aut#: 651268/4635 92XX XXXX 6194	390	1	(168.37)	i	A
5	12/19/16	Room	Re: 390/Blayk, Bonze Anne Rose	390	1	149.00	N	A
		Sales Tax				11.92		
		County Tax				7.45		
6	12/20/16	POS Room Charge	Inv:10172-47742/47742/1/Wtr:18 Time:08:48 P	390	1	24.97	i	A
7	12/20/16	POS Room Charge		390	1	2.00	i	A
8	12/20/16	POS Gratuity	Inv:10172-47742/47742/1/Wtr:18 Time:08:48 P	390	1	5.00	i	A
9	12/20/16	Room	Re: 390/Blayk, Bonze Anne Rose	390	1	149.00	N	A
		Sales Tax				11.92		
		County Tax				7.45		
10	12/21/16	POS Room Charge	Inv:10178-47751/47751/1/Wtr:12 Time:10:46 A	390	1	11.97	i	A
11	12/21/16	POS Room Charge		390	1	0.96	i	A
12	12/21/16	POS Gratuity	Inv:10178-47751/47751/1/Wtr:12 Time:10:46 A	390	1	2.07	i	A
13	12/21/16	Room	Re: 390/Blayk, Bonze Anne Rose	390	1	149.00	N	A
		Sales Tax				11.92		
		County Tax				7.45		
14	12/22/16	POS Room Charge	Inv:10179-47776/47776/1/Wtr:18 Time:07:35 A	390	1	10.98	i	A
15	12/22/16	POS Room Charge		390	1	0.88	i	A
16	12/22/16	POS Gratuity	Inv:10179-47776/47776/1/Wtr:18 Time:07:35 A	390	1	2.14	i	A
17	12/22/16	Visa	Aut#: 672175/4635 92XX XXXX 6194	390	1	(566.08)	i	A
18	12/22/16	POS Room Charge	Inv:10181-47799/47799/1/Wtr:4 Time:09:44 P	390	1	11.38	i	A
19	12/22/16	POS Room Charge		390	1	0.92	i	A
20	12/22/16	POS Gratuity	Inv:10181-47799/47799/1/Wtr:4 Time:09:44 P	390	1	2.70	i	A
21	12/22/16	Room	Re: 390/Blayk, Bonze Anne Rose	390	1	149.00	N	A
		Sales Tax				11.92		
		County Tax				7.45		
22	12/23/16	POS Room Charge	Inv:10184-47806/47806/1/Wtr:12 Time:11:03 A	390	1	12.98	i	A
23	12/23/16	POS Room Charge		390	1	1.04	i	A
24	12/23/16	POS Gratuity	Inv:10184-47806/47806/1/Wtr:12 Time:11:03 A	390	1	2.10	i	A
25	12/23/16	Visa	Aut#: 775884/4635 92XX XXXX 6194	390	1	(199.49)	i	A
26	12/23/16	Room	Re: 390/Blayk, Bonze Anne Rose	390	1	149.00	N	A

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 of 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.

X

GUEST SIGNATURE

Acct. Name	Blayk, Bonze Anne Rose
Acct. No.	IN 108289
Room No.:	390



Arrival	12/18/16
Departure	12/24/16
No. Guests	1
Folio Type	Current

GUEST FOLIO

Bonze Anne Rose Blayk
BAR
1668 Trumansburg Rd
Ithaca, NY
14850, USA

SEQ	DATE	TRANSACTION DESCRIPTION	REF/COMMENTS	ROOM #	Q	AMOUNT	TX	S/F
		Sales Tax				11.92		
		County Tax				7.45		
27	12/24/16	Visa	Aut#: 887716/4635 92XX XXXX 6194	390	1	(168.37)	I	A
28	12/24/16	POS Room Charge	Inv:10191-47825/47825/1/Wtr:18 Time:08:09 A	390	1	17.61	I	A
29	12/24/16	POS Room Charge		390	1	1.41	I	A
30	12/24/16	POS Gratuity	Inv:10191-47825/47825/1/Wtr:18 Time:08:09 A	390	1	3.00	I	A
TOTAL						22.02		

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 of 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.

X

GUEST SIGNATURE