



HALIFAX MARRIOTT HARBOURFRONT

GUEST FOLIO

491	SEBALJ/K	295.00	05/10/25	11:00	10229	50119
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
OBST			05/03/25	18:17		
TYPE			ARRIVE	TIME		
90						
ROOM					MBV#:	XXXXX7653
CLERK	ADDRESS	PAYMENT				
DATE	REFERENCES		CHARGES	CREDITS	BALANCES DUE	
05/03	GP ROOM	491, 1	295.00			
05/03	ROOM TAX	491, 1	42.54	A		
05/03	OCC LEVY	491, 1	8.85	B		
05/04	GP ROOM	491, 1	295.00			
05/04	ROOM TAX	491, 1	42.54	A		
05/04	OCC LEVY	491, 1	8.85	B		
05/05	GP ROOM	491, 1	295.00			
05/05	ROOM TAX	491, 1	42.54	A		
05/05	OCC LEVY	491, 1	8.85	B		
05/06	GP ROOM	491, 1	295.00			
05/06	ROOM TAX	491, 1	42.54	A		
05/06	OCC LEVY	491, 1	8.85	B		
05/07	GP ROOM	491, 1	295.00			
05/07	ROOM TAX	491, 1	42.54	A		
05/07	OCC LEVY	491, 1	8.85	B		
05/08	GP ROOM	491, 1	295.00			
05/08	ROOM TAX	491, 1	42.54	A		
05/08	OCC LEVY	491, 1	8.85	B		
05/09	GP ROOM	491, 1	295.00			
05/09	ROOM TAX	491, 1	42.54	A		
05/09	OCC LEVY	491, 1	8.85	B		
05/10	VS CARD				\$2424.73	

TO BE SETTLED TO: VISA CURRENT BALANCE .00

THANK YOU FOR CHOOSING MARRIOTT! TO EXPEDITE YOUR CHECK-OUT,
PLEASE CALL THE FRONT DESK, OR PRESS "MENU" ON YOUR
TV REMOTE CONTROL TO ACCESS VIDEO CHECK-OUT.

===== SUMMARY OF TAXES =====			
	DESCRIPTION	TAXED AMOUNT	TAX
A	14.42% HST	.00	297.78
B	3% OCCUPANCY LEVY	.00	61.95
C	14% HST	.00	.00
D	14% HST	.00	.00
E	14% INCLUDED HST	.00	.00
F	14% ADDED HST	.00	.00
G	14% HST	.00	.00
H	14% PHONE TAX	.00	.00
	NET CHARGES	TAX	FOLIO
	2065.00	359.73	2424.73

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Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy Account Statement for updated activity. See members.marriott.com for new Marriott Bonvoy benefits.

*May 3 covered by CAMPUT. Kristi covered
May 9. AUC to reimburse May 4-8.

$\$2,424.73/7*5 = \$1,731.95$



HALIFAX MARRIOTT HARBOURFRONT
1919 UPPER WATER ST
HALIFAX NS B3J3J5
902-421-1700 HST VENDOR # 822964748

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X