

Mrs Diane MacKay
 5917-45 St. Cres
 Innisfail AB T4G1L4
 Canada

Room Number : 0515
 Arrival Date : 01-21-14
 Departure Date : 01-22-14
 Page : 1 of 1
 Folio Number : 336641
 Confirmation : 17817810
 Cashier : 319

INFORMATION INVOICE

Group Code : ED140119ALB
 Company Name : Alberta School Boards Assn

GST No: 121767065 RT 0001 02-01-14

Date	Description	Charges	Credits
01-21-14	Room Charge	139.00	
01-21-14	Room Alberta Tourism Levy	5.56	
01-21-14	Room D.M.F.	4.17	
01-21-14	Room GST	6.95	
01-21-14	Room D.M.F. GST	0.21	
01-22-14	Mastercard XXXXXXXXXXXXXXX4220 XX/XX		155.89

Total 155.89 155.89

Balance 0.00 CAD

Room GST 6.95
 F&B GST 0.00
 Misc GST 0.21
 Total 7.16

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Sutton Place Hotel and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.

Guest Signature: _____

A MEMBER OF THE SUTTON PLACE HOTELS GROUP - CHICAGO, EDMONTON, TORONTO, VANCOUVER

10235-101 Street, Edmonton, AB Canada T5J 3E9 Tel 780.428.7111 * Fax 780.441.3098 * 1.866.3.SUTTON (1.866.378.8866)
 email: info_edmonton@suttonplace.com website: www.edmonton.suttonplace.com

HOTEL Arts

Ms Diane MacKay

/
Innisfail, AB
Canada

INVOICE

Company Name : Alberta Education Information
Group : 1402ALBERT
A/R Number :

Room Number : 0410
Arrival Date : 18-02-14
Departure Date : 19-02-14
Page : 1 of 1
Folio Number : 220040
Confirmation : 2163329
Cashier : 1167

GST No. : 861182947 19-02-14

Date	Description	Charges	Credits
18-02-14	Room - Breakfast - 10.00	10.00	
Room# 0410 - CHECK# 1341			
18-02-14	Room	229.00	
18-02-14	Destination Marketing Fee 3%	6.87	
18-02-14	Tourism Levy 4%	9.43	
18-02-14	GST 5% - Room	11.79	
19-02-14	Mastercard - Rooms XXXXXXXXXXXXX4220 XXIXX		288.50
Total		257.09 288.50	288.50
Balance		0.00 CAD	

0 *
229 * 00 +
6 * 87 +
9 * 43 +
11 * 79 +
257 * 09 * +

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Hotel Arts and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents. In the event of damage to the Hotel due to the Guest's action or negligence, the Guest shall be liable to the Hotel for compensation of damages.

Guest Signature: _____



The Coast Edmonton East Hotel

2100 Premier Way, Sherwood Park, Alberta T8H 2G4
Phone (780) 464-4900, Fax (780) 464-4796

Reservations 1-866-564-4780, reserve@CoastEdmontonEast.com
www.coasthotels.com

Diane MacKay
5917 45 Street Cress
Innisfail AB
INNISFAIL AB T4G 1L4

Invoice date 2/22/2014
Invoice number 1078367
Invoice folio CEE-F72082 /A

Invoice

Guest	Diane MacKay		Arrival	2/21/2014	Departure	2/22/2014	Room	376
Date	Description	Quantity	Price	Total (CAD)				
2/21/2014	Best Available Rate	1	129.00	129.00				
2/21/2014	GST Room Tax	1	6.45	6.45				
2/21/2014	Tourism Levy	1	5.16	5.16				
			Total invoice	140.61				
2/22/2014	Eurocard/Mastercard			-140.61				
			Total Paid	-140.61				
			Total Due	0.00				

Signature:

WESTIN EDMONTON

10135 -100TH STREET
EDMONTON, ALBERTA T5J ON7
780-426-3636 fax 780-428-1454

Invoice No. 832730 ✓

INVOICE

Customer

Name Diane Mackay
Address _____
City _____ State _____ ZIP _____
Phone _____

Date Dec 5, 2013 ✓
Order No. _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
1	November 15- 19, 2013 parking charges	\$120.00	\$120.00
1	5% GST # 361336493	\$6.00	\$6.00 ✓
1	MASTERCARD PAYMENT	(\$126.00)	(\$126.00) ✓

Payment Details

- Cash
 Check
 Credit Card #VALUE!

Name _____
CC # _____
Expires _____

SubTotal	\$0.00
Shipping & Handling	_____
Taxes State	_____
TOTAL	\$0.00 ✓

Office Use Only