Sunset Inn & Suites

10 First Ave South, Sioux Lookout, Ontario, P8T 1A1, Canada Phone: 807-737-7177; Fax: 807-373-3586 E-mail: reservations@sunsetinnandsuites.ca; Website: www.sunsetinnandsuites.ca

Name	Cheryl Suggashie					_Folio No.	9092		
Address Canada						_			
Phone #	Phone # 8076329051					 Room	316 (QQI)		
ID Type Credit Card (Visa)		ID #	4510-XXXX->	XXX-9691	# Of Guests	2			
ID State	D State		ID Count	ry		Date In	Mar/12/2024 06:00:00 PM		
Vehicle Info.	ehicle Info.					Date Out	Mar/13/2024 12:47:00 PM		
Company	nan leg	al				Sys. Date Ou	Mar/13/2024 12:4	17:08 PM	
Rental Charges			Total	Other Cha	Other Charges		Payments		
Mar/12/2024		175.00	175.00			VI # 9691	Mar/12/2024	205.66	
Occupancy Tax									
Accomodation Tax 7.00									
Harmonized Sales Tax 22.75									
HST on Accomodation.		0.91	30.66						
			205.66		0.00			205.66	
						Тс	otal Charges:	205.66	
^ Authorize Payr	nent								
						т	otal Deposit:	0.00	
						(Authorized	l Payments):	0.00	
							(Payments):	205.66	

NOTICE TO GUESTS: This property is privately owned and the management reserves the right to refuse service to anyone. Management will not be responsible for accidents or injury to guests or for loss of money, jewelry or valuables of any kind. Management will not be responsible for any item left in the room.

Balance:

0.00

CHECKOUT TIME: 11:00 AM SELF REGISTRATION ONLY

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 or company failed to pay for any part or full amount of these charges including any missing/damaged items, etc.. I agree that if an attorney is retained to collect these charges, I will pay all reasonable attorney's fees and costs incurred. If payment is by credit card you are authorized to charge my account for all charges incurred, including any and all damages/missing items, etc.. I agree that the sole purpose of renting this room is for my own residency only.

Date _____