



CARD \*\*\*\*\*7102  
CARD TYPE INTERAC  
ACCOUNT TYPE  
FLASH DEFAULT  
DATE 2023/01/06  
TIME 0977 19:30:20  
RECEIPT NUMBER  
H85025927-001-003-701-0

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PURCHASE  
TOTAL

\$50.25  
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*Parking  
at T Bay  
Airport*

INTERAC  
A0000002771010  
B2767B7BFE563CE5  
8080008000-

**APPROVED**

AUTH# 702198 00-001  
THANK YOU

CARDHOLDER COPY

HAMPTON INN & SUITES  
760 ARTHUR ST NW  
THUNDER BAY ON

CARD \*\*\*\*\*4298  
CARD TYPE INTERAC  
ACCOUNT TYPE CHEQUING  
DATE 2023/01/03  
TIME 4929 18:45:32  
RECEIPT NUMBER  
C84045291-001-846-001-0

PURCHASE  
TOTAL

\$222.11

Interac  
A000002771010  
CAB2AFF9B44D29FF  
008008000-E800  
55C60D4C6CD8566A

APPROVED

AUTH# 234532 00-001  
THANK YOU

CARDHOLDER COPY

10 PM  
0 AM

If the debit/credit card you are using for check-out 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.

AL:  
Car:

Confirmation Number: 54695547

1/4/2023

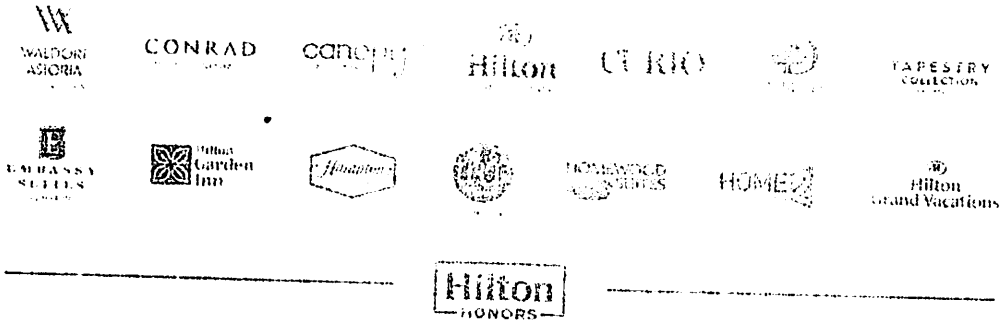
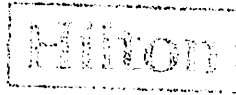
Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. A fee of up to 250 CAD will be assessed for smoking in a non-smoking room. Please ask the Front Desk for locations of designated outdoor smoking areas.

| date | reference | description | amount |
|------|-----------|-------------|--------|
|------|-----------|-------------|--------|

\*\*BALANCE\*\*

\$0.00

Municipal Accommodation Tax \$0.00 \$0.00  
Total Invoice Amount \$0.00 \$0.00



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

thanks.

|  |                      |                     |
|--|----------------------|---------------------|
| account no.  | date of charge       | folio/check no.     |
| card member name   | authorization        | 178373 A<br>initial |
| establishment no. and location<br><small>establishment agrees to transmit to card holder for payment</small> | purchases & services |                     |
|  | taxes                |                     |
|  | tips & misc.         |                     |
| signature of card member<br><b>X</b>   | total amount         |                     |

Hampton Inn & Suites by Hilton Thunder Bay  
 760 Arthur Street West • Thunder Bay, ON P7E5R9  
 Phone (807) 577-5000 • Fax (807) 577-5200

|   |   |  |
|---|---|--|
| SHWETZ, COLLETTE<br>XX<br>XX -- XX<br>CANADA  | name address<br>room number: 511/NQRU<br>arrival date: 1/3/2023 6:46:00 PM<br>departure date: 1/4/2023 3:45:00 AM<br>adult/child: 2/0<br>room rate: 189.00<br>Rate Plan: LVO<br>HH #<br>AL:<br>Car:   | If the debit/credit card you are using for is attached to a bank or checking account will be placed on the account for the full dollar amount to be owed to the hotel, estimated incidentals, through your date of and such funds will not be released for 72 hours from the date of check-out or long discretion of your financial institution. |
| Confirmation Number: 54695547<br><br>1/4/2023 | Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for it not waived and agree to be held personally liable in the event that the indicated person, company or associate to pay for any part or the full amount of these charges. A fee of up to 250 CAD will be assessed for smoking non-smoking room. Please ask the Front Desk for locations of designated outdoor smoking areas. |  |

| date | reference | description                 | amount |
|------|-----------|-----------------------------|--------|
|      |           | **BALANCE**                 | \$0.00 |
|      |           | Municipal Accommodation Tax | \$0.00 |
|      |           | Total Invoice Amount        | \$0.00 |

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

thank

|  |                      |                             |
|--|----------------------|-----------------------------|
| account no.  | date of charge       | folio/check no.<br>178373 A |
| card member name   | authorization        | initial                     |
| establishment no. and location<br><small>establishment agrees to transmit to card holder for payment</small> | purchases & services |                             |
|  | taxes                |                             |
|  | tips & misc.         |                             |
| signature of card member<br><b>X</b>   | total amount         |                             |