

The Senator Hotel & Conference Centre

14 Mountjoy Street South, Timmins ON, Ontario, P4N 1S4, Canada

Phone: 705-267-6211; Fax: 705-264-6742

E-mail: frontdesk@senatorhoteltimmins.ca; Website: <http://senatorhoteltimmins.ca/>

Reservation Detail

| | | | |
|-------------------------|-------------------------|--------------------|-------------------------|
| Reservation No | R-61425 | Check In : | May/27/2023 03:00:00 PM |
| Reservation Date | May/26/2023 02:20:00 PM | Check Out : | May/28/2023 11:00:00 AM |

Guest Details

| | | | |
|----------------|-------------|--------------------|-----|
| Guest : | John Friday | Room Type : | NQ1 |
| | P.O. # 00 | | |

Canada

Phone :

Email : bmacdonald@nanlegal.on.ca

Payment Details

Payment Method :

Card Type :

Credit Card No. :

Card Expiry :

Name On Card :

Billing Details

Address :

Phone :

| Room Type | Adult/Child/Pets | Price(CAD) | Tax(CAD) | Total(CAD) |
|-----------|------------------|------------|----------|------------|
| NQ1 | 1 / 0 / 0 | 100.00 | 17.00 | 117.00 |

| Rental Details | Rate Type | Check In Date | Rate(CAD) |
|----------------|-----------|-------------------------|-----------|
| | RACK | May/27/2023-May/27/2023 | 100.00 |

| | | | | | | | |
|-------------------|------|----------------------|------|-----------------|------|-------------------|------|
| Discount : | 0.00 | Other Charge: | 0.00 | Tax(CAD) | 0.00 | Total(CAD) | 0.00 |
|-------------------|------|----------------------|------|-----------------|------|-------------------|------|

Tax Detail: Occupancy Tax: 17.00%

Grand Total(CAD): 117.00

Payment: 0.00

Balance: 117.00

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.

CHECKOUT TIME: 11 A.M. 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.

Printed By: Joanne

Printed Date: 5/26/2023 2:20 PM