## 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-43624 **Check In:** Mar/11/2022 01:57:00 PM

**Guest Details** 

Guest: John Stephen Room Type: NK1

P.O. # 000

Canada

Phone:

**Email:** bmacdonald@nanlegal.on.ca

Payment Details Billing Details

Payment Method : Address :

Card Type:

Credit Card No.: Phone:

Card Expiry :

Name On Card:

| Room Type      | Adult/Child/       | Pets Price(CAD)       | Tax(CAD)  | Total(CAD) |
|----------------|--------------------|-----------------------|-----------|------------|
| NK1            | 2/0/0              | 500.00                | 85.00     | 585.00     |
| Rental Details | Rate Type          | Check In Date         |           | Rate(CAD)  |
|                | RACK               | Mar/11/2022-Mar/11/20 | )22       | 100.00     |
|                | RACK               | Mar/12/2022-Mar/12/20 | )22       | 100.00     |
|                | RACK               | Mar/13/2022-Mar/13/20 | )22       | 100.00     |
|                | RACK               | Mar/14/2022-Mar/14/20 | )22       | 100.00     |
|                | RACK               | Mar/15/2022-Mar/15/20 | )22       | 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): 585.00

 Payment:
 0.00

 Balance:
 585.00

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

bill is not waived I AGREE that my liability for this and agree to be held personally liable in the event that 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 including any and all damages/missing items, etc.. I agree that the for all charges incurred, sole purpose of renting this room is for my own residency only.

Printed By: Nathalie

**Printed Date:** 3/11/2022 2:02 PM