

Podistration

TRAVELODGE KENORA 800 HWY 17 EAST KENORA ON P9N1L9 CA Phone: 8074683155 Fax: 8074684780 Email: travelodgefrontdesk@kmts.ca Printed: 2/27/2023 2:55:40 PM

Name:	QUILL, NIKKI				Con	firmation Number:227-707564 Account Number:227-707564	-
Room: Rate Plan: Arrival:	RACK 2/27/2023 (Mon)	Room Type: Daily Rate: Departure:	\$139.009 \$24.3 2/28/2023 (Tue)		Nights: GTD:	-	
Notice: This facility is independently owned and operated under license from Travelodge. This facility is 100% NON-SMOKING. There will be a \$250.00 fee added to your bill if you smoke in guestroom or for extra cleaning. We reserve the right to charge guest for the costs of disturbing other guests with loud noise during quiet time(after 10 pm).							
Room Rate							
2/27/2023 (Mon) - 2/27/2023 (Mon) Total Estimated Stay Amount:			\$139.00 + \$24.3 \$163.35	00 + \$24.35 Tax per night. 3.35			
				License Pl	ate #:		
				Model:			
Guest Signature:							
	Email Address:		_				
	Phone Number:		_				

Check-in time: 3:00 PM

Check-out time: 11:00 AM

TERMS AND CONDITIONS (1) I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any or part of the full amount of these charges and I shall be responsible for any loss or damage to the premises or contents. (2) The property is privately owned and management reserves the right to refuse service to any one, and will not be responsible for injury or accidents to guests or loss of money, jewelry or any personal valuables of any kind.