



03-27-09

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|--|------------------|---------------|---------------|------------|-------------|-----------------|
| Lincoln Hay 2252 Shadow Lakes Dr Sarasota Florida Sarasota, FL 34240 US | Folio No. : | 222861 | Cashier No. : | 189 | Room No. : | 0333 |
| | A/R Number : | | | | Arrival : | 03-25-09 |
| | Group Code : | FDA | | | Departure : | 03-27-09 |
| | Company : | | | | Conf. No. : | 61846704 |
| | Membership No. : | | | | Rate Code : | |
| | Invoice No. : | | | | Page No. : | 1 of 1 |

| Date | Description | Charges | Credits |
|----------------|--------------------------|---------------|---------------|
| 03-25-09 | *Room Charge | 99.00 | |
| 03-25-09 | State Tax | 5.94 | |
| 03-25-09 | Local Tax | 4.95 | |
| 03-26-09 | *Room Charge | 99.00 | |
| 03-26-09 | State Tax | 5.94 | |
| 03-26-09 | Local Tax | 4.95 | |
| 03-27-09 | Visa XXXXXXXXXXXXXXX4861 | | 219.78 |
| Total | | 219.78 | 219.78 |
| Balance | | 0.00 | |

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. 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 associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.