Sallie Pagnani **8 Tapered Oak Ln.** **ADDRESS2** **ADDRESS3**	Membership No. A/R Number Group Code Folio/Invoice No. 42743 /

Room No.	**9001**	Page No.	1 of 1
Arrival	06-16-08	Cashier No.	109
Departure	06-16-08	User ID	CHRIS

Date	Description		Charges	Credits
06-16-08	Accommodation - Adj		-133.00	
06-16-08	State Tax - Room - Adj		-7.98	
06-16-08	County Room Tax - Adj		-3.99	
06-16-08	Visa	XXXXXXXXXXXX4890		-144.97
		Total	**-144.97**	**-144.97**
		Balance	**0.00**	

Guest Signature: _____

I have received the goods and / or services in the amount shown herein. 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. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

HIExpress Langhorne-Oxford-Valley
3101West Cabot Blvd
Langhorne, PA 19047
Telephone: (215) 757-4500 Fax: (215) 757-1061