1140 HWY 2 WEST
KALISPELL, MT 59901
TELEPHONE 406-755-7900 FAX (406) 755-5056

HILTON HHONORS
Official Hotel Partner

CIRIAN, MICHAEL

Personal Matters / Ex. 6

room number:	345/KXTD
arrival date:	11/12/2015 9:18:00PM
departure date:	11/13/2015
adult/child:	1/0
room rate:	$89.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

RATE PLAN LV4
HH# 398729622 SILVER
AL AS #09844763
BONUS AL CAR

Confirmation: 81982582

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Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. 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. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here: ☐

signature:

date	reference	description	amount
11/12/2015	1193978	GUEST ROOM	$89.00
11/12/2015	1193978	LODGING TAX	$3.56
11/12/2015	1193978	SALES USE TAX	$2.67
11/12/2015	1193978	CITY FEE	$2.00
		WILL BE SETTLED TO MC *2449	$97.23
		EFFECTIVE BALANCE OF	$0.00

ESTIMATED CURRENCY TOTAL

You have earned approximately 1468 Hilton HHonors points for this stay. Hilton HHonors(R) stays are posted within 72 hours of checkout. To check your earnings or book your next stay at more than 3,900 hotels and resorts in 91 countries, please visit HHono

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account no.	date of charge	folio/check no. 394926 A
card member name	authorization	initial
establishment no. and location (establishment agrees to transmit to card issuer for payment)	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	**total** amount	0.00

Hilton CONRAD canopy CURIO HOME2