

NAME AND ADDRESS:

ARLINGTON TX ,76006  
INVOICE

ORIGINAL

UTA 2016  
ATTN :  
PO BOX 19136  
  
ARLINGTON

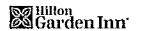
# INVOICE

INVOICE# 42073  
INVOICE DATE 12/16/2016  
CURRENT DATE 12/16/2016  
YOUR ACCOUNT # U5106  
YOUR P/O #



Page: 1

DATE	Folio #	TAX INVOICE #	DESCRIPTION	AMOUNT
12/14/2016	675749 A		Rm 402 [RTD FR HARRISON, DEBORAH:RCPT A]	\$141.99



*Debrah@UTA.EDU*

PAYMENT DUE UPON RECEIPT \$141.99

QUESTIONS CONCERNING THIS INVOICE?  
CALL: LESLIE SAMRA  
817-640-3322

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT



HILTON ARLINGTON  
 2401 East Lamar | Arlington, TX | 76006  
 T: 817 640 3322 | F: 817 633 1430  
 W: hilton.com

NAME AND ADDRESS:

UTA 2016  
 PO BOX 19136  
 ARLINGTON

Room: 402/K1J  
 Arrival Date: 12/13/2016 1:38:00 PM  
 Departure Date: 12/14/2016 5:04:00 PM  
 Adult/Child: 1/0  
 Room Rate: 126.00  
 Rate Plan: J0  
 HH #  
 AL:  
 Car:

Confirmation Number: 3296457927  
 HARRISON, DEBORAH  
 12/16/2016

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/13/2016	3290479	GUEST ROOM EXEMPT	\$126.00
12/13/2016	3290479	CITY OCCUPANCY TAX	\$11.57
12/13/2016	3290479	ARLINGTON TOURISM PID FEE 2%	\$2.52
12/13/2016	3290479	ENTERTAINMENT DISTRICT FEE	\$1.90
12/14/2016	3290806	Direct Bill - UTA 2016	(\$141.99)
		**BALANCE**	\$0.00



ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

675749 A

CARD MEMBER NAME

AUTHORIZATION

INITIAL

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

PURCHASES & SERVICES

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.

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT

-141.99

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT