

Disc Payment #
Acct. 08662

Colloquium
Speaker
TA # 172437

HAMPTON INN LONG ISLAND/BROOKH
2000 NORTH OCEAN AVE
FARMINGVILLE, NY 11738

INVOICE

ORIGINAL

BROOKHAVEN NATIONAL LABORATORY
ATTN: NICOLE KELLY
BLDG. 510 A
UPTON, NY 11973

INVOICE # 37731
INVOICE DATE 12/11/14
YOUR ACCOUNT # B35
YOUR P/O #

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| DATE | FOLIO | DESCRIPTION | AMOUNT |
|----------|----------|--|--------|
| 12/10/14 | 373563 A | # Rm 501 [RTD FR REDDY, SANJAY:RCPT A] | 198.00 |

Approved: Robert Egan
Business Operations Manager, Physics

PAYMENT DUE UPON RECEIPT 198.00

THANK YOU FOR YOUR BUSINESS!

QUESTIONS CONCERNING THIS INVOICE?
CALL: KEVIN RAYNOR
631-732-7300



2000 NORTH OCEAN AVE
 FARMINGVILLE, NY 11738
 TELEPHONE 631-732-7300 FAX 6317325522



REDDY, SANJAY
 BROOKHAVE NATIONAL LAB
 BROOKHAVEN, NY 11973
 US

name
 address

room number: 501/KXTD
 arrival date: 12/8/2014 9:04:00AM
 departure date: 12/10/2014 8:26:00AM
 adult/child: 1/0
 room rate: 99.00

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 L-T2X
 HH#
 AL:
 CAR:

CONFIRMATION NUMBER : 83854062

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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 |
|------------|-----------|--|------------|
| 12/8/2014 | 1257943 | GUEST ROOM EXEMPT | \$99.00 |
| 12/9/2014 | 1258169 | GUEST ROOM EXEMPT | \$99.00 |
| 12/10/2014 | 1258271 | DIRECT BILL-BROOKHAVEN NATIONAL LABORATORY | (\$198.00) |
| | | ** BALANCE ** | \$0.00 |

for reservations call 1.800.hampton or visit us online at hampton.com

thanks.

| | | |
|--|----------------------|---------------------|
| account no. | date of charge | folio/check no. |
| card member name | authorization | 373563 A initial |
| establishment no. and location <small>establishment agrees to transmit to card holder for payment</small> | purchases & services | |
| | taxes | |
| | tips & misc. | |
| signature of card member X | total amount | -198.00 |

