

JE 82,224

\$2,470.00

\$ 148.20

The Mason Inn

JE 82,224

\$ 441.00

Nats Game



THE MASON INN

The Mason Inn

4352 Mason Pond Drive Fairfax, Virginia United States 22030
Phone: (703) 865-5705 - Fax: (703) 865-4375

Banquet Check

Page 1 of 1
BEO#: 6412

Organization: Robinson Secondary School	Event Date: 7/23/2013
Post As: Administrator Retreat	Contact: Debbie Duncan
Address: 5035 Sideburn Road Fairfax, VA 22030	Fax:
	On-Site:
Dept. Rev: Local Catering	Method of Payment:
	Res Id #: XXXXXXXXXX Folio #:

NO.	FOOD	PRICE	SUBTOTAL	TOTAL
13	Group will be having Continuous Break at the Break Station 4		0.00	
13	Group will be having Lunch in the Boxwoods Dining Room		0.00	
	TOTAL FOOD		0.00	
	SERVICE CHARGE %	22.00	0.00	
	TAX %	6.00	0.00	
				0.00
NO.	MISCELLANEOUS	PRICE	SUBTOTAL	TOTAL
13	Half Day Meeting Package w/ Lunch	95.00	1,235.00	
	TOTAL MISCELLANEOUS		1,235.00	
	SERVICE CHARGE %	0.00	0.00	
	TAX %	6.00	74.10	
				1,309.10

	ROOM RENTAL	PRICE	SUBTOTAL	TOTAL
Room:	Meeting 5			
Function:	MTG			
Room:	Break Station 4			
Function:	BRK			
Room:	Boxwoods			
Function:	BOLU			
	TOTAL		0.00	
	SERVICE CHARGE %	22.00	0.00	
	ROOM RENTAL TAX ON SERVICE CHARGE %	6.00	0.00	
				0.00

Grand Total: 1,309.10

Balance Due: 1,309.10

Client Signature

Date:

Initials:



THE MASON INN

The Mason Inn

4352 Mason Pond Drive Fairfax, Virginia United States 22030
Phone: (703) 805-5705 - Fax: (703) 865-4375

Banquet Check

Page 1 of 1
BEO#: 6413

Organization: Robinson Secondary School	Event Date: 7/24/2013
Post As: Administrator Retreat	Contact: Debbie Duncan
Address: 5035 Sideburn Road Fairfax, VA 22030	Fax:
	On-Site:
Dept. Rev: Local Catering	Method of Payment:
	Res Id #: XXXXXXXXXX Folio #:

NO.	FOOD	PRICE	SUBTOTAL	TOTAL
13	Group will be having Continuous Break at the Break Station 4		0.00	
16	Group will be having Lunch in the Boxwoods Dining Room		0.00	
	TOTAL FOOD		0.00	
	SERVICE CHARGE %	22.00	0.00	
	TAX %	6.00	0.00	
				0.00
NO.	MISCELLANEOUS	PRICE	SUBTOTAL	TOTAL
13	Half Day Meeting Package w/ Lunch	95.00	1,235.00	
	TOTAL MISCELLANEOUS		1,235.00	
	SERVICE CHARGE %	0.00	0.00	
	TAX %	6.00	74.10	
				1,309.10

	ROOM RENTAL	PRICE	SUBTOTAL	TOTAL
Room:	Meeting 5			
Room:	Break Station 4			
Room:	Boxwoods			
	Function: MTG			
	Function: BRK			
	Function: BOLU			
	TOTAL		0.00	
	SERVICE CHARGE %	22.00	0.00	
	ROOM RENTAL TAX ON SERVICE CHARGE %	6.00	0.00	
				0.00

Grand Total: 1,309.10

Balance Due: 1,309.10

Client Signature

Date:

Initials:



THE MASON INN
CONFERENCE CENTER & HOTEL

BANQUET EVENT ORDER TERMS & CONDITIONS

ADMINISTRATOR RETREAT
JULY 23 AND 24, 2013

These Terms and Conditions govern all aspects of the signed Banquet Event Order ("BEO") prepared for your group. This form along with your signed BEO(s) is due by no later than July 17, 2013.

Taxes and Service Charges: Food and beverage purchases are subject to a 22% service charge and taxes of 6%. The service charge and tax rate are standard and non-negotiable. Groups claiming tax-exempt status must provide the required supporting documentation prior to the event and be approved by the Hotel.

Guaranteed Attendance: Your guaranteed minimum guest count ("Guaranteed Attendance") for your event is based on your anticipated attendance. Final attendance must be received by the Catering Office no later than 11:00am three business days, 72 business hours, prior to the event. This is considered the final guarantee for billing purposes and is not subject to reduction. You will be charged for the Guaranteed Attendance or the actual number attending, whichever is greater. If the final attendance is not given by the specified deadline, the Guaranteed Attendance will be used. The Hotel cannot be responsible for service for more than five percent over the Guaranteed Attendance.

Billing Minimum: Based on the Guaranteed Attendance and Space Requested, a minimum of \$2,470 in Food and Beverage and/or Room Rental will be guaranteed by Group for its function ("Billing Minimum"). This Billing Minimum does not include service charges, applicable sales tax, labor charges, audio-visual or any other miscellaneous additional charges incurred. Should the Billing Minimum drop below the dollar amount set forth above due to a reduction in the Guaranteed Attendance, the Hotel will advise the Group of additional alternatives for food and beverage or room setup fee which will enable Group to meet the Billing Minimum for its function.

Payments: A non-refundable deposit in the amount of \$2,470 is due with the return of the banquet event order and terms and conditions page. Final balance due three (3) business days prior to the Event Date in the form of a Cashier's Check, Money Order, Credit Card or Cash Payment.

Room Assignments and Set-Up: Final room assignments are not guaranteed and are subject to change. The hotel reserves the right to move or reassign function space contingent upon the space being adequate in dimension and maximum capacity to accommodate the event/function. Room set-up and diagram revisions are subject to time and guarantee parameters.

Reset Charge: A change in the confirmed room set-up outlined in the BEO received after 2:00 pm the day prior to the function will be subject to a re-set fee equal to 50% of the contracted set-up charge with a minimum charge of \$150.00. On-site changes may result in a charge of up to \$500.00 per room/event.

Guests' Property Damage or Loss: The Hotel shall not assume responsibility for damages to, or loss of, merchandise or articles left in the hotel prior, during, or following the function. The Hotel accepts no responsibility for any personal items, rental items, or vendor equipment left in the room. Please remove all belongings from the room by the end of your meeting.

Compliance with Law: This Agreement is subject to all applicable federal, state and local laws, including health and safety codes, alcoholic beverage control laws, disability laws and the like. Hotel and Group agree to cooperate with each other to ensure compliance with such laws.

Changes, Additions And Other Modifications: Any changes, additions, addenda, stipulations or deletions including corrective lining out by either Hotel or Group will not be considered agreed upon or binding unless such modifications have been initiated or otherwise approved in writing by both parties.

Cancellation: Group agrees to provide Hotel with written notice of any decision to cancel its Event ("Cancellation") within five (5) days of such decision. If Group cancels the Event or moves the Event to another city or facility, such decision shall constitute a breach of its obligation to the Hotel and the Hotel will be harmed. If a Cancellation occurs, the parties agree that: (i) it would be difficult to determine the actual harm suffered by the Hotel; (ii) the sooner Hotel receives notice of Cancellation, the lower the actual harm is likely to be because the probability of mitigating the harm by reselling space and functions is higher; and (iii) the highest dollar amount in the chart (the "Chart") set forth below reasonably estimates Hotel's harm for a last-minute Cancellation and, through its use of a sliding scale that reduces damages for earlier Cancellations, the Chart also reasonably estimates Hotel's ability to lessen its harm by reselling Group's space and functions.



THE MASON INN
CONFERENCE CENTER & HOTEL

Group therefore agrees to pay Hotel, within thirty (30) days after any Cancellation, as liquidated damages and not as a penalty, the amount listed in the Chart below. Liquidated damages are calculated as a percentage of the Billing Minimum and any additional revenue and fees due Hotel as specified on the BEO. All cancellations must be submitted to hotel in writing. If your catering events are part of a Group Sales Agreement, the cancellation clause in this GSA supersedes the Chart listed below.

Cancellation Notice is Received By Hotel	Amount of Liquidated Damages
From 180 days to 90 days prior to event	Billing Minimum minus 40%
From 89 days to 30 days prior to event	Billing Minimum minus 10%
From 29 days to date of event	Billing Minimum plus 20%

Banquet Checks: All itemized food and beverage checks must be reviewed and signed at the conclusion of your function. Any discrepancies or concerns about the checks can be discussed and resolved with the Banquet Manager/Captain or your Catering Manager on the day of the function. If the individual designated as the Contact is not available, or chooses not to sign, he or she accepts the billing count of the Hotel.

Shipping and Receiving: Small packages for meetings may be delivered to the hotel no more than three (3) days prior to the program. This is due to a minimal amount of storage space. Please request shipping labels from your Catering Sales Manager to ensure that your name, the event name and the date of your function are included on the shipping label. Please notify your Catering Sales Manager of all such mailings or deliveries. The Hotel will not assume any responsibility for damage to or loss of packages sent to the Hotel. Arrangements must be made to ship packages within 48 hours after the event ends. The Hotel is not responsible for the packaging or shipping of any packages. A handling/storage fee of \$3.00 per box per day shall apply.

Engineering and Audio Visual: Special engineering requirements must be specified to our Catering/Conference Planning Department at least 2 weeks prior to the function. Charges will be based on labor and service requirements. A complete line of audio-visual equipment is available. Orders may be placed with your Catering Manager or Conference Planner. Any outside vendors supplying audiovisual equipment is subject to a Patch Fee of \$125.00 per day. Fog machines and similar devices are not allowed on premises due to the sensitivity of our smoke detectors.

Outside Vendors: If Group wishes to hire outside vendors to provide any goods or services at Hotel during the Event, any such vendors are subject to Hotel's prior written approval. Group will be fully responsible for the actions of any outside vendor and shall contract directly with vendor for the performance and payment of the vendor's services. Additionally, Group and any such third-party vendor shall provide Hotel with a separate agreement in form and content satisfactory to Hotel to be attached as an exhibit to this Agreement and made a part hereof containing (i) appropriate waivers and releases of liability for the benefit of Hotel in consideration of Hotel permitting vendor's performance of services on the Hotel premises, and (ii) obligations of vendor to provide proper indemnifications and proof of adequate insurance in a form and amount reasonably satisfactory to Hotel naming Hotel Owner, Hotel Manager and Group as additional insureds, before vendor is permitted to provide any services on Group's behalf at the Hotel. There shall be no reduction in rates if outside vendors are utilized for the Event.

Signature: [Signature] Date: 4/12/13
Group Authorized Representative

Print Name: Matthew W. Elvine Title: Principal

Group: Robinson Secondary School

Signature: [Signature] Date: 7/16/13
Hotel Authorized Representative

Print Name: LW Locke Title: Director

CRESTLINE HOTELS & RESORTS
RE: THE MASON INN
Conference Center & Hotel
4352 Mason Pond Drive
Fairfax, VA. 22030
(703) 865-5705

\$2470
Total



THE MASON INN

CONFERENCE CENTER & HOTEL

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Signature: [Signature] Date: 4/12/13
Group Authorized Representative
Print Name: Matthew W. Elise Title: Principal

Group: Robinson Secondary School
Signature: [Signature] Date: 7/16/13
Hotel Authorized Representative
Print Name: Lyn Locke Title: Director

CRESTLINE HOTELS & RESORTS
RE: THE MASON INN
Conference Center & Hotel
4352 Mason Pond Drive
Fairfax, VA, 22030
(703) 865-5705



THE MASON INN
CONFERENCE CENTER & HOTEL

BANQUET EVENT ORDER TERMS & CONDITIONS

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JULY 23 AND 24, 2013

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THE MASON INN
CONFERENCE CENTER & HOTEL

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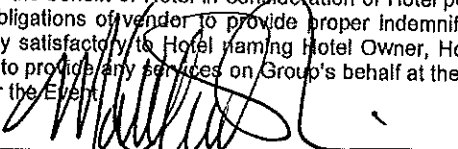
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Signature:  Date: 4/12/13
Group Authorized Representative

Print Name: Matthew W. Elvine Title: Principal

Group: Robinson Secondary School

Signature: _____ Date: _____
Hotel Authorized Representative

Print Name: _____ Title: _____

CRESTLINE HOTELS & RESORTS
RE: THE MASON INN
Conference Center & Hotel
4352 Mason Pond Drive
Fairfax, VA. 22030
(703) 865-5705



The Mason Inn

4352 Mason Pond Drive Fairfax, Virginia United States 22030
Phone: (703) 865-5705 - Fax: (703) 865-4375

Page: 1 of 1
Issued: 7/11/2013
BEO #: 6,412

THE MASON INN

BANQUET EVENT ORDER

Account: Robinson Secondary School Post As: Administrator Retreat Address: 5035 Sideburn Road Fairfax, VA 22030	Event Date: Tuesday, July 23, 2013 Contact: Debbie Duncan Phone: 703-426-2551 Fax: Onsite:
Booked By: Morgan Paugh Catering Src:	Deposit: Folio #: Billing: Res Id #: Dept. Rev:

TIME	EVENT	ROOM	SET-UP	AGR	GTD	SET	RENTAL
8:00 am - 12:00 pm	Conference Meeting	Meeting 5	CONF	13			
8:00 am - 12:00 pm	AM Break	Break Station 4	EXIS	13			
12:00 pm - 1:00 pm	Lunch	Boxwoods	EXIS	13			

Menu Selections

Event: 8:00 am to 12:00 pm

13 Group will be having Continuous Break at the Break Station 4
Hot coffee to be included with break station

Event: 12:00 pm to 1:00 pm

13 Group will be having Lunch in the Boxwoods Dining Room

Miscellaneous

13 Half Day Meeting Package w/ Lunch @ \$95.00 Person

On-site changes to Room Set Up, Menus or Timelines may result in additional charges of up to \$500.00.

Parking: Please be advised that attendees of your event are only permitted to park in the Mason Inn Guest Parking Lot directly behind our hotel. Hotel will advise Group Contact of any changes to permitted parking areas at least 24 hours prior to event. Attendees that park outside of permitted areas are subject to ticketing.

All third party vendors will be required to fill out and return a waiver form for the hotel to keep on file. Third party vendors include, but are not limited to, DJ's, Decorators and Bakers.

Beverage Selections

No Beverage Service requested

Setup Requirements

Start Time: 8:00 am

Room: Meeting 5

Set one round table for 13 people

A/V Requirements

Start Time: 8:00 am

Room: Meeting 5

LCD Projector w/ Screen

White Board w/ Markers

The above is included in the cost of the meeting package

All food, beverage, room rental and audio-visual prices are subject to a 22% service charge and a 6% sales tax. Please advise the Conference Planning/Catering Department of the exact number of guests, three (3) working days (Mon-Fri) prior to the function date. If we do not receive a guaranteed number, you will be charged for the original number stated on this agreement. Please sign below and return a copy to your Conference Planning Manager.

Organization Authorized Signature

Date

Initials: MP



The Mason Inn

4352 Mason Pond Drive Fairfax, Virginia United States 22030

Phone: (703) 865-5705 - Fax: (703) 865-4375

THE MASON INN

Banquet Check

Page 1 of 1

BEO#: 6412

Organization: Robinson Secondary School	Event Date: 7/23/2013
Post As: Administrator Retreat	Contact: Debbie Duncan
Address: 5035 Sideburn Road Fairfax, VA 22030	Fax:
	On-Site:
Dept. Rev:	Method of Payment:
	Res Id #: Folio #:

NO.	FOOD	PRICE	SUBTOTAL	TOTAL
13	Group will be having Continuous Break at the Break Station 4		0.00	
13	Group will be having Lunch in the Boxwoods Dining Room		0.00	
	TOTAL FOOD		0.00	
	SERVICE CHARGE %	22.00	0.00	
	TAX %	6.00	0.00	
				0.00
NO.	MISCELLANEOUS	PRICE	SUBTOTAL	TOTAL
13	Half Day Meeting Package w/ Lunch	95.00	1,235.00	
	TOTAL MISCELLANEOUS		1,235.00	
	SERVICE CHARGE %	22.00	271.70	
	TAX %	6.00	90.40	
				1,597.10

ROOM RENTAL	PRICE	SUBTOTAL	TOTAL
Room: Meeting 5 Room: Boxwoods Room: Break Station 4	Function: MTG Function: BOLU Function: BRK		
	TOTAL	0.00	
	SERVICE CHARGE %	22.00	0.00
	ROOM RENTAL TAX ON SERVICE CHARGE %	6.00	0.00
			0.00

Grand Total: 1,597.10

Balance Due: 1,597.10

Client Signature

7/12/2013
Date:

Initials:



THE MASON INN

The Mason Inn

4352 Mason Pond Drive Fairfax, Virginia United States 22030
Phone: (703) 865-5705 - Fax: (703) 865-4375

Page: 1 of 1
Issued: 7/11/2013
BEO #: 6,413

BANQUET EVENT ORDER

Account: Robinson Secondary School Post As: Administrator Retreat Address: 5035 Sideburn Road Fairfax, VA 22030	Event Date: Wednesday, July 24, 2013
	Contact: Debbie Duncan Phone: 703-426-2551 Fax: Onsite:
Booked By: Morgan Paugh Catering Src:	Deposit: Folio #: Billing: Res Id #: Dept. Rev:

TIME	EVENT	ROOM	SET-UP	AGR	GTD	SET	RENTAL
8:00 am - 12:00 pm	Conference Meeting	Meeting 5	CONF	13			
8:00 am - 12:00 pm	AM Break	Break Station 4	EXIS	13			
12:00 pm -1:00 pm	Lunch	Boxwoods	EXIS	13			

Menu Selections

Event: 8:00 am to 12:00 pm
 13 Group will be having Continuous Break at the Break Station 4
 Hot coffee to be included with break station

Event: 12:00 pm to 1:00 pm
 13 Group will be having Lunch in the Boxwoods Dining Room

Miscellaneous

13 Half Day Meeting Package w/ Lunch @ \$95.00 Person

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Beverage Selections

No Beverage Service requested

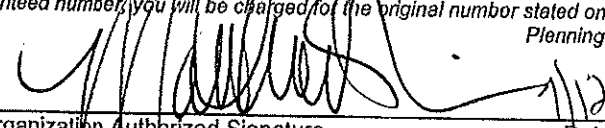
Setup Requirements

Start Time: 8:00 am **Room: Meeting 5**
 Set one round table for 13 people

A/V Requirements

Start Time: 8:00 am **Room: Meeting 5**
 LCD Projector w/ Screen
 White Board w/ Markers
 The above is included in the cost of the meeting package

All food, beverage, room rental and audio visual prices are subject to a 22% service charge and a 6% sales tax. Please advise the Conference Planning/Catering Department of the exact number of guests, three (3) working days (Mon-Fri) prior to the function date. If we do not receive a guaranteed number, you will be charged for the original number stated on this agreement. Please sign below and return a copy to your Conference Planning Manager.


 Organization Authorized Signature Date 7/12

Initials: MUC



The Mason Inn

4352 Mason Pond Drive Fairfax, Virginia United States 22030

Phone: (703) 865-5705 - Fax: (703) 865-4375

THE MASON INN
RESTAURANT

Banquet Check

Page 1 of 1

BEO#: 6413

Organization: Robinson Secondary School	Event Date: 7/24/2013
Post As: Administrator Retreat	Contact: Debbie Duncan
Address: 5035 Sideburn Road Fairfax, VA 22030	Fax:
	On-Site:
Dept. Rev:	Method of Payment:
	Res Id #: Folio #:

NO.	FOOD	PRICE	SUBTOTAL	TOTAL
13	Group will be having Continuous Break at the Break Station 4		0.00	
13	Group will be having Lunch in the Boxwoods Dining Room		0.00	
	TOTAL FOOD		0.00	
	SERVICE CHARGE %	22.00	0.00	
	TAX %	6.00	0.00	
				0.00
NO.	MISCELLANEOUS	PRICE	SUBTOTAL	TOTAL
13	Half Day Meeting Package w/ Lunch	95.00	1,235.00	
	TOTAL MISCELLANEOUS		1,235.00	
	SERVICE CHARGE %	22.00	271.70	
	TAX %	6.00	90.40	
				1,597.10

ROOM RENTAL		PRICE	SUBTOTAL	TOTAL
Room: Meeting 5	Function: MTG			
Room: Boxwoods	Function: BOLU			
Room: Break Station 4	Function: BRK			
	TOTAL		0.00	
	SERVICE CHARGE %	22.00	0.00	
	ROOM RENTAL TAX ON SERVICE CHARGE %	6.00	0.00	
				0.00

Grand Total: 1,597.10

Balance Due: 1,597.10

Client Signature

7/12
Date:

Initials:



THE MASON INN

CREDIT CARD CHARGE AUTHORIZATION FORM

4352 Mason Pond Drive, Fairfax VA 22030

Credit Manager's Phone: 703-865-4479 Fax Number: 703-865-4375

Date:

Group Name:

Date(s) of Function:

Sales/Conference Planning Manager:

Card Holder Name (as it appears on Credit Card):

Billing Address of Card Holder:

AUTHORIZED CHARGES TO CREDIT CARD (Please *initial* all acceptable charges):

Initial	
	Deposit(s) Amount \$

Initial	All Charges to Group's Master Account	Room & Tax
	Food & Tax	Telephone
	Beverage & Tax	Postage
	Audio-Visual & Tax	Internet
	Gratuities & Tax	Complete Meeting Package & Tax
	Cancellation and/or Attrition Charges per Contractual Agreement	Day Meeting Package & Tax

The above named guest of The Mason Inn Conference Center and Hotel has my permission to use my credit card for the above-initialed purpose(s). I understand that this form constitutes a legally binding contract and that by affixing my signature to this form I will be held responsible for all agreed upon initialed charges, any and all collection, and legal fees. This form is only valid after sufficient authorization has been obtained by the cardholder's institution.

Authorized Signature:

Printed Name:

Matthew Eline Robinson Secondary School

(Must be signed by person whose name appears on the credit card)

CREDIT CARD INFORMATION

- Visa
 American Express
 MasterCard
 Discover
 Diner's Club

Credit Card #:

[Redacted]

Expiration Date:

[Redacted]

BOOKING INFORMATION

SM: _____

Deposit Amount: _____

Event Dates: _____

Deposit Due Date: _____

Credit Card Charged: YES NO

Date updated in Delphi _____ Initials w

Reservation Mgr: _____



FAIRFAX COUNTY PUBLIC SCHOOLS - RISK MANAGEMENT
GATEHOUSE ADMINISTRATION CENTER I
 8115 Gatehouse Road Falls Church, VA 22042-1203
 PHONE: (571) 423-3620 FAX: (571) 423-3657

TO: Sing Spoon AT: Robinson SS

CONTRACT WITH: The Masons

DATE REVIEWED: 7/9/13 DATE OF SERVICE: 7/23/13 - 7/25/13

- The attached contract has been reviewed (from an insurance and risk management perspective). No modifications are required.
- The attached contract has been reviewed (from an insurance and risk management perspective and modifications are required (the recommended modifications are made to the original document, initialed and dated in the margin).
- Please forward this document to the Office of **Instructional Services** for review.
- Before principal's signature, criminal certification form must be signed by vendor and attached to the contract. Send a copy of the signed criminal certification form to Risk Management.
- Provide to the vendor the attached **FCPS Statement of Insurance/Self-Insurance.**
- Please follow procurement guidelines

Comments: _____

IMPORTANT NOTICES:

FCPS cannot be responsible for reimbursement to parents/students for money submitted as "advance payment" (e.g., Broadway shows, transportation, hotels, camps) for any field trip that FCPS cancels. It is strongly recommended that contracts with stated refund/non-refund policies be given to parents BEFORE any permissions are signed or payments are made.

If a contract is associated with an unusual field trip, the trip request is due in Risk Management four (4) weeks prior to the date of the trip. All field trips must be reviewed and approved through the appropriate process, outlined in the current versions of Notice & Regulation 5790.

IMPORTANT DISCLAIMERS:

This contract was reviewed for the language within the contract to protect the assets of FCPS, **NOT** to assure the 'best financial deal' for the school.

A completed contract review does not translate to an approval/endorsement of the activity/event, the payment term/process, or the vendor; nor is it the guarantee of any promised goods or services. The review of this contract should **NOT** be interpreted that a related field trip or other student activity will be automatically approved.

This communication may contain information that is privileged, confidential, and exempt from disclosure under applicable law. It should be seen only by the person to whom it is sent. If the reader is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

RM Coordinator



THE MASON INN

INVOICE

Robinson Secondary School

EVENT NAME	Administrative Retreat
INVOICE NUMBER	91805
INVOICE DATE	7/30/2013
AMOUNT DUE	\$0.00

Bill To: Robinson Secondary School
5035 Sideburn Road
Fairfax, VA 22030
ATTN: Ms. Elizabeth Spooone

DESCRIPTION	AMOUNT
<i>Event Charges</i> 7/23/2013	
13 Half Day Meeting Package with Lunch	\$1,235.00
Sales Tax	\$74.10
<i>Event Charges</i> 7/24/2013	
13 Half Day Meeting Package with Lunch	\$1,235.00
Sales Tax	\$74.10
Deposit 7/16/13 MC 1667	-\$2,470.00
Payment 7/30/13 MC 4427	-\$148.20
Total Amount Due	\$0.00

Remit to address:
Crestline Hotels & Resorts, Inc.
Mason Inn Conference Center & Hotel
4352 Mason Pond Drive
Fairfax, VA 22030

Henderson, Sue

From: Rachel Ekanger <Rachel.Ekanger@nationals.com>
Sent: Thursday, July 25, 2013 3:08 PM
To: Henderson, Sue
Subject: Washington Nationals Tickets

Sue,

I hope the group is enjoying the game and this beautiful spring weather we are having in July. Below you will find a receipt for both the parking and the tickets:

Tickets (there should have also been a receipt with the tickets):

Total Amount	\$360.00	Trans. Id		Pay Type		Tran. Amount	\$360.00	App. Amount	\$360.00	Payment Info	**** * 4427	Exp. Date		Auth	101
Sales Amount	\$350.00			Master Card											
Reservation Amount	\$0.00														
Sales Balance	\$0.00														
Sales Rep	Rachel Ekanger														
Service Rep															
Marketing Source															

TICKETS - PRIMARY

Select Action: Select Action Select All | Clear All Selected Ticket Count:

ID	Description	Location	Date	# Tickets	Total Value
G 130725WHPG	7/25 vs Pittsburgh Pirates	Nationals Park	Thu, Jul 25, 2013 12:35 PM EDT	18	\$360.00

Parking:

Total Amount	\$81.00	Trans. Id		Pay Type		Tran. Amount	\$81.00	App. Amount	\$81.00	Payment Info	**** * 4427	Exp. Date		Auth	101
Sales Amount	\$81.00			Master Card											
Reservation Amount	\$0.00														
Sales Balance	\$0.00														
Sales Rep	Rachel Ekanger														
Service Rep															
Marketing Source															

TICKETS - PRIMARY

Select Action: Select Action Select All | Clear All Selected Ticket Count:

ID	Description	Location	Date	# Tickets	Total Value
S 130725WPPG	7/25 vs Pirates - Parking	Parking Mall	Thu, Jul 25, 2013 12:35 PM EDT	3	\$81.00

Please let me know if you need anything else!

Rachel Ekanger

ACCOUNT EXECUTIVE | SEASON TICKET SERVICES | TICKET SALES

Washington Nationals Baseball Club
Nationals Park
1500 South Capitol Street, SE
Washington, DC 20003
202.640.7687 direct
202.640.7659 fax
Rachel.Ekanger@nationals.com



Please consider the environment before printing this email.

