

Fort Bend County Procurement Card

Documentation Submission Form

Amount \$ 1331.24

Department Sheriff Cardholder Tiffany Budnik


Accounting Distribution 100560100 63200

(for multiple accounts)

(for multiple accounts)

Accounting Unit	Account #	Activity	Acct Cat.
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(please give details) Hotel - Central Square Engage Conference, Grapevine, TX, 05/05-05/09

Coordinator/Dept. Head  Date 5/10/2024
Signature

Affix Original Receipt here (please no tape)



GAYLORD TEXAN

GUEST FOLIO

5129	BUDNIK/T	259.00	05/09/24	11:00	23602	9887
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
CKNG	FORT BEND COUNTY SHE		05/05/24	23:27		
TYPE			ARRIVE	TIME		
5						
ROOM CLERK	ADDRESS	PAYMENT			MBV#:	

DATE	REFERENCES		CHARGES	CREDITS	BALANCES DUE
05/05	GP ROOM	5129, 1	259.00		
05/05	STATETAX	5129, 1	15.54		
05/05	CITY TAX	5129, 1	18.13		
05/05	SCR FEE	5129, 1	4.01		
05/05	RESORT	RESORT	20.00		
05/05	STATETAX	RESORT	1.20		
05/05	CITYTAX	RESORT	1.40		
05/05	SELF PRK	#2360261	.00		
05/06	GP ROOM	5129, 1	259.00		
05/06	STATETAX	5129, 1	15.54		
05/06	CITY TAX	5129, 1	18.13		
05/06	SCR FEE	5129, 1	4.01		
05/06	SELF PRK	#2360261	.00		
05/06	RESORT	RESORT	20.00		
05/06	STATETAX	RESORT	1.20		
05/06	CITYTAX	RESORT	1.40		
05/06	SELF PRK	PARKING	12.50		
05/06	PARKTAX	PARKING	1.03		
05/07	SELF PRK	#2360261	.00		
05/07	SELF PRK	5/5	12.50		
05/07	PARKTAX	5/5	1.03		
05/07	GP ROOM	5129, 1	259.00		
05/07	STATETAX	5129, 1	15.54		
05/07	CITY TAX	5129, 1	18.13		
05/07	SCR FEE	5129, 1	4.01		
05/07	RESORT	RESORT	20.00		
05/07	STATETAX	RESORT	1.20		
05/07	CITYTAX	RESORT	1.40		
05/07	SELF PRK	PARKING	12.50		
05/07	PARKTAX	PARKING	1.03		
05/08	GP ROOM	5129, 1	259.00		
05/08	STATETAX	5129, 1	15.54		
05/08	CITY TAX	5129, 1	18.13		
05/08	SCR FEE	5129, 1	4.01		
05/08	SELF PRK	#2360295	.00		
05/08	RESORT	RESORT	20.00		



GAYLORD TEXAN
 1501 GAYLORD TRAIL
 GRAPEVINE, TX 76051
 PH# 817-778-1000 FAX# 817-722-2184

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This statement is your only receipt. You have agreed to pay in cash or by approved personal check or to authorize us to charge your credit card for all amounts charged to you. The amounts shown in the credit column opposite any credit card entry in the reference column above will be charged to the credit card number set forth above. (The credit card company will bill in the usual manner.) If for any reason the credit card company does not make payment on this account, you will owe us such amount. If you are direct billed, in the event payment is not made within 25 days after check-out, you will owe us interest from the check-out date on any unpaid amount at the rate of 1.5% per month (ANNUAL RATE 18%), or the maximum allowed by law, plus the reasonable cost of collection, including attorney fees.

Signature X



**GAYLORD
HOTELS®**

GAYLORD TEXAN

GUEST FOLIO

5129 ROOM	BUDNIK/T NAME	259.00 RATE	05/09/24 DEPART	11:00 TIME	23602 ACCT#	9887 GROUP
CKNG TYPE 5	FORT BEND COUNTY SHE		05/05/24 ARRIVE	23:27 TIME		
ROOM CLERK	ADDRESS	PAYMENT		MBV#:		

DATE	REFERENCES	CHARGES	CREDITS	BALANCES DUE
05/08	STATETAX	RESORT	1.20	
05/08	CITYTAX	RESORT	1.40	
05/08	SELF PRK	PARKING	12.50	
05/08	PARKTAX	PARKING	1.03	
05/09	MC CARD			\$1331.24

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

EXPRESS CHECK-OUT OPTIONS HAVE BEEN PROVIDED ON THE BACK TO HELP EXPEDITE YOUR DEPARTURE. ANY ADDITIONAL CHARGES INCURRED WILL BE CHARGED TO YOUR CREDIT CARD. THANK YOU.

See our "Privacy & Cookie Statement" on Marriott.com



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Signature X