

Registration 754

Marifah Inn Salina

1846 N 9th St, Salina, KS 67401, USA

Phone: 785-827-0356

Email: salina@marifahinn.com

Name: Shaaban Rizvi		e ID: Kansas	Confir	Confirmation Number: #754		
Address:	Nights: 1		Adults: 1 Childs:			
Phone : 7324015816	Invoice Date: 2022-10-04 06:43 pm					
Arrival Date & Time: 10/04/22 - 14:00	Departure Date & Time 10/05/22 - 11:00					
Room Type/ Item	Date	Room #	Rate	Tax	Total	Advance
Double Queen	Oct-04-2022	120	\$ 64.99	\$ 11.05	\$76.04	\$ 76.04
Billing Instructions : Bank Room List : 120						
Important: Money, jewels and other valuables are and shall not be responsible for any loss or damage		_			_	-
charges incurred in the event that any such costs			-	-		
waived or released in any way. I agree to pay \$50 pets. I consent to the usage of my personal inforn						
pets. I consent to the usage of my personal inform	nation for administrative and m	arketing purpt	ises. by sigili	ng this form, i	agree to abov	re terms.
		1	License Pla	ate #:		
Guest Signature Re	ceptionist					