

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33625
Invoice Date: 2/7/2022
PO Number: P0002052
Check Number: 0297182
Check Amount: \$ 7,021.23
Check Date: 03/15/2022
Voucher Number: V0724631
Document Type: AP Invoice

Document Below



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Name & Address

COLLEGE OF DUPAGE-HOPPER

COD

425 FAWELL BLVD

GLEN ELLYN IL 60137

UNITED STATES OF AMERICA

Page: 1

INVOICE# 33625
INVOICE DATE 2/7/2022
CURRENT DATE 2/7/2022
YOUR ACCOUNT # C2489
YOUR P/O #

Hilton

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
2/5/2022	114302 B	354384	Rm 424 [RTD FR VAN GRINSVEN, JOHN & NICOLA:RCPT B]	\$105.45
2/5/2022	114305 B	354385	Rm 429 [RTD FR DENNETT, STEVEN:RCPT B]	\$105.45
2/5/2022	114303 B	354386	Rm 420 [RTD FR JOHNSTON, TRAVIS & SHANICE:RCPT B]	\$105.45
2/5/2022	114299 B	354387	Rm 430 [RTD FR CHILDS, JAMES:RCPT B]	\$105.45
2/5/2022	114306 B	354388	Rm 411 [RTD FR ZULU, SANDILE:RCPT B]	\$105.45
2/5/2022	114307 B	354389	Rm 423 [RTD FR HOPPER, JACK:RCPT B]	\$105.45
2/5/2022	114300 B	354390	Rm 418 [RTD FR BAIRD, HAYDEN:RCPT B]	\$105.45
2/5/2022	114769 B	354391	Rm 422 [RTD FR BAKER, RICHARD:RCPT B]	\$105.45
2/5/2022	114298 B	354392	Rm 409 [RTD FR DAVIDS, BELINDA:RCPT B]	\$105.45
2/5/2022	114301 B	354393	Rm 412 [RTD FR POCOCK, HANNAH:RCPT B]	\$105.45

Send all payments to
DoubleTree by Hilton Lisle Naperville
3003 Corporate West Drive
Lisle, IL 60532

PAYMENT DUE UPON RECEIPT

\$1,054.50

QUESTIONS CONCERNING THIS INVOICE?
CALL: NICOLE THOMASON
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PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

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SUITES
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Hilton
Garden
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Hampton
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Name & Address

COLLEGE OF DUPAGE-HOPPER
 ATTN: JOE HOPPER
 COD
 425 FAWELL BLVD
 GLEN ELLYN IL 60137
 UNITED STATES OF AMERICA

Room 409/NKR
 Arrival Date 2/4/2022 10:57:00 PM
 Departure Date 2/5/2022 1:34:00 PM
 Adult/Child 1/0
 Room Rate 95.00
 Rate Plan: RGL
 HH #
 AL:
 Car:

Confirmation Number: 93174372
 DAVIDS, BELINDA
 2/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2022	354104	GUEST ROOM	\$95.00
2/4/2022	354104	RM LOCAL TAX	\$4.75
2/4/2022	354104	RM STATE TAX	\$5.70
2/5/2022	354221	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/4/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	
ACCOUNT NO.		DATE OF CHARGE	
CARD MEMBER NAME		FOLIO NO./CHECK NO.	
ESTABLISHMENT NO. & LOCATION		114298 B	
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT		AUTHORIZATION	
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.		INITIAL	
CARD MEMBER'S SIGNATURE		PURCHASES & SERVICES	
X		TAXES	
		TIPS & MISC.	
		TOTAL AMOUNT	
		-105.45	

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

PAYMENT DUE UPON RECEIPT





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Name & Address

COLLEGE OF DUPAGE-HOPPER
ATTN: JOE HOPPER
COD
425 FAWELL BLVD
GLEN ELLYN IL 60137
UNITED STATES OF AMERICA

Room 430/NKR
Arrival Date 2/4/2022 11:01:00 PM
Departure Date 2/5/2022 10:43:00 AM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RGL
HH #
AL
Car:

Confirmation Number: 96844676
CHILDS, JAMES
2/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2022	354114	GUEST ROOM	\$95.00
2/4/2022	354114	RM LOCAL TAX	\$4.75
2/4/2022	354114	RM STATE TAX	\$5.70
2/5/2022	354211	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/4/2022 STAY TOTAL	
		ROOM AND TAX	\$105.45 \$105.45
		DAILY TOTAL	\$105.45 \$105.45
ACCOUNT NO.		DATE OF CHARGE	
CARD MEMBER NAME		FOLIO NO./CHECK NO.	
ESTABLISHMENT NO. & LOCATION		114299 B	
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.		AUTHORIZATION	
CARD MEMBER'S SIGNATURE		INITIAL	
X		PURCHASES & SERVICES	
		TAXES	
		TIPS & MISC.	
		TOTAL AMOUNT	
		-105.45	

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

PAYMENT DUE UPON RECEIPT





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Name & Address

COLLEGE OF DUPAGE-HOPPER
ATTN: JOE HOPPER
COD
425 FAWELL BLVD
GLEN ELLYN IL 60137
UNITED STATES OF AMERICA

Room 418/NKR
Arrival Date 2/4/2022 11:01:00 PM
Departure Date 2/5/2022 1:13:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RGL
HH #
AL:
Car:

Confirmation Number: 91339812
BAIRD, HAYDEN
2/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2022	354108	GUEST ROOM	\$95.00
2/4/2022	354108	RM LOCAL TAX	\$4.75
2/4/2022	354108	RM STATE TAX	\$5.70
2/5/2022	354217	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/4/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	
CARD MEMBER NAME	
ESTABLISHMENT NO. & LOCATION	
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT	
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.	
CARD MEMBER'S SIGNATURE	
X	

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

DATE OF CHARGE	FOLIO NO./CHECK NO.
	114300 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



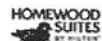
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Name & Address

COLLEGE OF DUPAGE-HOPPER
ATTN: JOE HOPPER
COD
425 FAWELL BLVD
GLEN ELLYN IL 60137
UNITED STATES OF AMERICA

Room 412/NKR
Arrival Date 2/4/2022 10:59:00 PM
Departure Date 2/5/2022 1:37:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RGL
HH #
AL:
Car:

Confirmation Number: 97369220
POCOCK, HANNAH
2/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2022	354107	GUEST ROOM	\$95.00
2/4/2022	354107	RM LOCAL TAX	\$4.75
2/4/2022	354107	RM STATE TAX	\$5.70
2/5/2022	354224	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/4/2022 STAY TOTAL	
		ROOM AND TAX \$105.45	\$105.45
		DAILY TOTAL \$105.45	\$105.45

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			114301 B
CARD MEMBER NAME		AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION		PURCHASES & SERVICES	
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT			
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	-105.45
X			

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

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Name & Address

COLLEGE OF DUPAGE-HOPPER
ATTN: JOE HOPPER
COD
425 FAWELL BLVD
GLEN ELLYN IL 60137
UNITED STATES OF AMERICA

Room 424/NKR
Arrival Date 2/4/2022 2:09:00 PM
Departure Date 2/5/2022 9:18:00 AM
Adult/Child 2/0
Room Rate 95.00
Rate Plan: RGL
HH #
AL:
Car:

Confirmation Number: 91602212
VAN GRINSVEN, JOHN & NICOLA
2/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2022	354112	GUEST ROOM	\$95.00
2/4/2022	354112	RM LOCAL TAX	\$4.75
2/4/2022	354112	RM STATE TAX	\$5.70
2/5/2022	354185	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/4/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.
CARD MEMBER NAME
ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSFER TO CARD HOLDER FOR PAYMENT 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.
CARD MEMBER'S SIGNATURE X

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

DATE OF CHARGE	FOLIO NO./CHECK NO. 114302 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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COLLEGE OF DUPAGE-HOPPER
ATTN: JOE HOPPER
COD
425 FAWELL BLVD
GLEN ELLYN IL 60137
UNITED STATES OF AMERICA

Room 420/NKR
Arrival Date 2/4/2022 10:58:00 PM
Departure Date 2/5/2022 10:29:00 AM

Adult/Child 2/0
Room Rate 95.00

Rate Plan: RGL
HH #
AL:
Car:

Confirmation Number: 91340356
JOHNSTON, TRAVIS & SHANICE
2/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2022	354109	GUEST ROOM	\$95.00
2/4/2022	354109	RM LOCAL TAX	\$4.75
2/4/2022	354109	RM STATE TAX	\$5.70
2/5/2022	354198	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/4/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

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Hilton
Garden
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Hampton
by Hilton

tru
by Hilton

HOMEWOOD
SUITES
by Hilton

HOME2
SUITES & HOTELS

Hilton
Grand Vacations

Hilton
HONORS

ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSFER TO CARD HOLDER FOR PAYMENT
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.

CARD MEMBER'S SIGNATURE

X

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

DATE OF CHARGE	FOLIO NO./CHECK NO.
	114303 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



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Name & Address

COLLEGE OF DUPAGE-HOPPER
ATTN: JOE HOPPER
COD
425 FAWELL BLVD
GLEN ELLYN IL 60137
UNITED STATES OF AMERICA

Room 429/NDR
Arrival Date 2/4/2022 11:02:00 PM
Departure Date 2/5/2022 10:27:00 AM

Adult/Child 2/0
Room Rate 95.00

Rate Plan: RGL
HH #
AL:
Car:

Confirmation Number: 96583428
DENNETT, STEVEN
2/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2022	354113	GUEST ROOM	\$95.00
2/4/2022	354113	RM LOCAL TAX	\$4.75
2/4/2022	354113	RM STATE TAX	\$5.70
2/5/2022	354195	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/4/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO
CARD MEMBER NAME
ESTABLISHMENT NO. & LOCATION <small>ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT</small> 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.
CARD MEMBER'S SIGNATURE X

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

DATE OF CHARGE	FOLIO NO./CHECK NO. 114305 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT





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Name & Address

COLLEGE OF DUPAGE-HOPPER
ATTN: JOE HOPPER
COD
425 FAWELL BLVD
GLEN ELLYN IL 60137
UNITED STATES OF AMERICA

Room 411/NDR
Arrival Date 2/4/2022 11:03:00 PM
Departure Date 2/5/2022 1:10:00 PM
Adult/Child 2/0
Room Rate 95.00
Rate Plan: RGL
HH #
AL
Car:

Confirmation Number: 95812388
ZULU, SANDILE
2/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2022	354106	GUEST ROOM	\$95.00
2/4/2022	354106	RM LOCAL TAX	\$4.75
2/4/2022	354106	RM STATE TAX	\$5.70
2/5/2022	354215	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/4/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			114306 B
CARD MEMBER NAME		AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION		PURCHASES & SERVICES	
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT			
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	
CARD MEMBER'S SIGNATURE		TIPS & MISC.	
X			
		TOTAL AMOUNT	-105.45

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

PAYMENT DUE UPON RECEIPT



CONRAD
HOTELS & RESORTS

canopy
by hilton



CURIO
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TAPESTRY
COLLECTION
BY HILTON

EMBASSY
SUITES
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HOMWOOD
SUITES
by hilton

HOME2
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Name & Address

COLLEGE OF DUPAGE-HOPPER
ATTN: JOE HOPPER
COD
425 FAWELL BLVD
GLEN ELLYN IL 60137
UNITED STATES OF AMERICA

Room 423/NDR
Arrival Date 2/4/2022 11:00:00 PM
Departure Date 2/5/2022 1:13:00 PM

Adult/Child 2/0
Room Rate 95.00

Rate Plan: RGL
HH #
AL
Car:

Confirmation Number: 97123364
HOPPER, JACK
2/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2022	354111	GUEST ROOM	\$95.00
2/4/2022	354111	RM LOCAL TAX	\$4.75
2/4/2022	354111	RM STATE TAX	\$5.70
2/5/2022	354216	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/4/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	
CARD MEMBER NAME	
ESTABLISHMENT NO. & LOCATION	
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT	
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.	
CARD MEMBER'S SIGNATURE	
X	

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

DATE OF CHARGE	FOLIO NO./CHECK NO.
	114307 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



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HOTELS & RESORTS

canopy
by hilton



CURIO
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TAPESTRY
COLLECTION
BY HILTON





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 For reservations across the nation
 www.doubletree.com or 1-800-222-TREE

Name & Address

COLLEGE OF DUPAGE-HOPPER
 ATTN: JOE HOPPER
 COD
 425 FAWELL BLVD
 GLEN ELLYN IL 60137
 UNITED STATES OF AMERICA

Room 422/NKR
 Arrival Date 2/4/2022 11:00:00 PM
 Departure Date 2/5/2022 1:19:00 PM
 Adult/Child 1/0
 Room Rate 95.00
 Rate Plan: RGL
 HH #
 AL:
 Car:

Confirmation Number: 94493743
 BAKER, RICHARD
 2/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2022	354110	GUEST ROOM	\$95.00
2/4/2022	354110	RM LOCAL TAX	\$4.75
2/4/2022	354110	RM STATE TAX	\$5.70
2/5/2022	354218	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/4/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT
 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.

CARD MEMBER'S SIGNATURE
 X

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

DATE OF CHARGE FOLIO NO./CHECK NO.
 114769 B

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT -105.45

PAYMENT DUE UPON RECEIPT



Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree INV 33625

Nicole Thomason <Nicole.Thomason@Hilton.com>

Mon, Feb 7, 2022 at 05:27 PM GMT

CC: Invoicing <invoicing@cod.edu>

BCC:

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Hello,

Please see attached invoice 33625.

Thank you!

Kind regards,

Nicole Thomason
Accounts Receivable Manager
DoubleTree by Hilton Lisle/Naperville
3003 Corporate West Drive
Lisle, IL 60532
Phn: 630-245-7634
Fax: 630-505-8948

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1 attachment

COD INV 33625.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33618
Invoice Date: 12/9/2021
PO Number: P0002290
Check Number: 0297182
Check Amount: \$ 7,021.23
Check Date: 03/15/2022
Voucher Number: V0732373
Document Type: AP Invoice

Document Below



3003 Corporate West Drive • Lisle, IL 60532
Phone (630) 505-0900 • Fax (630) 505-8948
For reservations across the nation
www.doubletree.com or 1-800-222-TREE

Name & Address

ORIGINAL

COLLEGE OF DUPAGE-ATHLETIC DEP

INVOICE# 33618
INVOICE DATE 12/9/2021
CURRENT DATE 12/9/2021
YOUR ACCOUNT # C208
YOUR P/O #

Hilton

Page: 1

PO# 2290

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
12/7/2021	108190 A	340535	Grp RGS [RTD FR THE RED GRANGE BOWL GAME:RCPT	\$5,966.73

WALDORF
ASTORIA
HOTELS & RESORTS

CONRAD
HOTELS & RESORTS

canopy
by hilton

Hilton
HOTELS & RESORTS

CURIO
by doubletree by hilton

DOUBLE TREE
by hilton

TAPESTRY
COLLECTION
by hilton

EMBASSY
SUITES
by hilton

Hilton
Garden
Inn

Hampton
by hilton

tru
by hilton

HOMWOOD
SUITES
by hilton

HOME2
SUITES BY HILTON

Hilton
Grand Vacations

Hilton
HONORS

PAYMENT DUE UPON RECEIPT

Total: \$5,966.73

THANK YOU FOR YOUR BUSINESS!

QUESTIONS CONCERNING THIS INVOICE?
CALL: NICOLE THOMASON
630-245-7634

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.



3003 Corporate West Drive • Lisle, IL 60532
 Phone (630) 505-0900 • Fax (630) 505-8948
 For reservations across the nation
 www.doubletree.com or 1-800-222-TREE

Name & Address

COLLEGE OF DUPAGE-ATHLETIC DEP
 ATTN: BEVERLY SMITH

Room RGS
 Arrival Date 11/29/2021 12:00:00 AM
 Departure Date 12/6/2021 12:00:00 AM

Adult/Child
 Room Rate

Rate Plan:
 HH #
 AL:
 Car:

THE RED GRANGE BOWL GAME
 12/7/2021

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/3/2021	338716	*BANQUETS-79345	\$5,628.48
12/3/2021	338720	BANQUETS - A/V RENTAL-1713814-12.2.21	\$338.25
12/7/2021	340256	Direct Bill - COLLEGE OF DUPAGE-ATHLETIC DEP	(\$5,966.73)
		BALANCE	\$0.00

W
 WALDORF
 ASTORIA
 HOTELS & RESORTS

CONRAD
 HOTELS & RESORTS

canopy
 BY HILTON

Hilton
 HOTELS & RESORTS

CURIO
 A COLLECTION BY HILTON

DOUBLETREE
 BY HILTON

TAPESTRY
 COLLECTION
 BY HILTON

EMBASSY
 SUITES
 BY HILTON

Hilton
 Garden
 Inn

Hampton
 BY HILTON

tru
 BY HILTON

HOMEWOOD
 SUITES
 BY HILTON

HOME2
 SUITES
 BY HILTON

Hilton
 Grand Vacations

Hilton
 HONORS

ACCOUNT NO.
CARD MEMBER NAME
ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT 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.
CARD MEMBER'S SIGNATURE X

DATE OF CHARGE	FOLIO NO./CHECK NO. 108190 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-5,966.73

PAYMENT DUE UPON RECEIPT

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



DoubleTree by Hilton Lisle Naperville
 3003 Corporate West Drive, Lisle, IL 60532
 Phone: (630) 505 0900

BEO/Check #: 79345
 Page 1 of 1
 Date Printed: 12/07/21

Banquet Check

Post As:	The Red Grange Bowl Game Banquet	Event Date:	Thursday, December 2, 2021
Account:	College of DuPage Football The Red Grange Bowl Game	Contact:	Beverly Smith
Address:	425 Fawell Blvd. Glen Ellyn, IL 60137	Phone:	(630) 942-4242
		Email:	smithb244@cod.edu
		Onsite Contact:	
		Onsite Phone:	
Payment Method:	Credit Card	Catering Manager:	Dan Vogel
		Booked By:	Dan Vogel

Event Time	Event Name	Room	Agr	Gtd
3:00 PM - 6:00 PM	Setup	Majestic Ballroom		
6:00 PM - 10:00 PM	Dinner	Majestic Ballroom	220	
6:00 PM - 10:00 PM	Registration	Majestic Foyer	220	

Food			
Quantity	Item	Price	Amount
208	Santa Fe Chicken Dinner	\$22.00	\$4,576.00
		Subtotal:	\$4,576.00
		Service Charge:	\$1,052.48
		Sales Tax .00%:	\$.00
		Food Total:	\$5,628.48

	Check Subtotal	\$4,576.00
	Total Service Charges	\$1052.48
	Total Taxes	\$.00
	Check Grand Total	\$5,628.48
	Deposit Paid	\$.00
	Balance Due	\$5,628.48

The Service Charge is the property of the hotel to cover discretionary costs of the event, a portion of which may be distributed to certain food and beverage service employees. Such Charge is not a tip or gratuity.

Organization Authorized Signature

Date

Date Printed: 12/07/21

DAILY RENTAL ORDER

Five-Star AudioVisual, Inc. Double Tree by Hilton Lisle/Naperville 3003 Corporate West Drive Lisle, IL 60532 Phone: 630-245-7640 Fax: 630-245-7670	Bill to: College of DuPage Red Grange Bowl 12/2/21 425 Fawell Boulevard Glen Ellyn, IL 60137 Beverly Smith 630-942-4242
---	---

Order Number	Order Date	Term	Customer Number	Master Account Number
17_13814	December 02, 2021	Master Bill	123335	TBD

Event: C.O.D Red Grange Bowl Banquet
 Location: Majestic Ballroom

Start: 6:00 PM End: 10:00 PM

Open Entry

Qty	ID No	Description	Rate	Total
1.00	OPEN	Podium Mic	\$175.00	\$175.00

Projection

Qty	ID No	Description	Rate	Total
1.00	10-30	Dalite 8' Tripod Screen	\$100.00	\$100.00

Room Sub Total: \$275.00

Event Notes:

Complimentary: Powered Speaker, Laptop Audio DI, Stereo Mixer, and Projector.

Notes:	Daily Subtotal	\$275.00
	Service Charge	\$63.25
	Daily Total:	\$338.25

Delivered by :

Client's Signature

Thursday, December 02, 2021

Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] PO 2290

Nicole Thomason <Nicole.Thomason@Hilton.com>

Mon, Mar 7, 2022 at 03:52 PM GMT

CC: Smith, Bev <smithb244@cod.edu>

BCC:

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Please see attached INV 33618.

Thank you!

Nicole Thomason
Accounts Receivable Manager
DoubleTree by Hilton Lisle/Naperville
3003 Corporate West Drive
Lisle, IL 60532
Phn: 630-245-7634
Fax: 630-505-8948

From: Smith, Bev <smithb244@cod.edu>
Sent: Friday, March 4, 2022 3:32 PM
To: Nicole Thomason <Nicole.Thomason@Hilton.com>
Subject: PO for Red Grange Bowl Banquet

Please use PO 2290 for the Red Grange Banquet. Make sure to put the PO number on the invoice and email the invoice to invoicing@cod.edu.

Beverly Smith
Administrative Assistant
Athletics and Recreational Programs
(630) 942-4242
(630) 942-3601 (fax)
smithb244@cod.edu

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COD INV 33618-NEW PO 2290-RED GRANGE.pdf