

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33633
Invoice Date: 3/15/2022
PO Number: P0002013
Check Number: 0297991
Check Amount: \$ 4,850.70
Check Date: 04/12/2022
Voucher Number: V0733404
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
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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#

33633

INVOICE DATE

3/15/2022

CURRENT DATE

3/15/2022

YOUR ACCOUNT #

C2489

YOUR P/O #

Hilton

PO# : P0002013

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
3/14/2022	114081 B	364906		\$105.45
3/14/2022	114087 B	364929		\$105.45
3/14/2022	114082 B	364930		\$105.45
3/14/2022	114086 B	364931		\$105.45
3/14/2022	114084 B	364932		\$105.45
3/14/2022	114085 B	364933		\$105.45
3/14/2022	114088 B	364934		\$105.45
3/14/2022	114083 B	364936		\$105.45



CONRAD
HOTELS & RESORTS

canopy
by hilton



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



PAYMENT DUE UPON RECEIPT

Total

\$843.60

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.



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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 330/NKR
 Arrival Date 3/13/2022 9:13:00 AM
 Departure Date 3/14/2022 11:24:00 AM

Adult/Child 1/0
 Room Rate 95.00

Rate Plan: RMD
 HH # 597365999 SILVER
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/13/2022	364537	GUEST ROOM	\$95.00
3/13/2022	364537	RM LOCAL TAX	\$4.75
3/13/2022	364537	RM STATE TAX	\$5.70
3/14/2022	364688	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/13/2022 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		114081 B	
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT		AUTHORIZATION	
I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND		INITIAL	
AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT		PURCHASES & SERVICES	
THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO		TAXES	
PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.		TIPS & MISC.	
CARD MEMBER'S SIGNATURE		TOTAL AMOUNT	
X		-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 321/NKR
 Arrival Date 3/13/2022 9:18:00 AM
 Departure Date 3/14/2022 1:32:00 PM

Adult/Child 1/0
 Room Rate 95.00

Rate Plan: RMD
 HH # 733525379 SILVER
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/13/2022	364532	GUEST ROOM	\$95.00
3/13/2022	364532	RM LOCAL TAX	\$4.75
3/13/2022	364532	RM STATE TAX	\$5.70
3/14/2022	364734	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/13/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		114082 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.		
CARD MEMBER'S SIGNATURE	TAXES	
X	TIPS & MISC.	
	TOTAL AMOUNT	-105.45

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 333/NKR
 Arrival Date 3/13/2022 9:15:00 AM
 Departure Date 3/14/2022 1:35:00 PM
 Adult/Child 1/0
 Room Rate 95.00
 Rate Plan: RMD
 HH # 379352677 BLUE
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/13/2022	364538	GUEST ROOM	\$95.00
3/13/2022	364538	RM LOCAL TAX	\$4.75
3/13/2022	364538	RM STATE TAX	\$5.70
3/14/2022	364746	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/13/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			114083 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		TAXES	
AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT			
THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO		TIPS & MISC.	
PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.			
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.

PAYMENT DUE UPON RECEIPT





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Phone (630) 505-0900 • Fax (630) 505-8948
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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 726/NKR
Arrival Date 3/13/2022 9:20:00 AM
Departure Date 3/14/2022 1:33:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RMD
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/13/2022	364555	GUEST ROOM	\$95.00
3/13/2022	364555	RM LOCAL TAX	\$4.75
3/13/2022	364555	RM STATE TAX	\$5.70
3/14/2022	364738	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/13/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			114084 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 326/NKR
Arrival Date 3/13/2022 9:14:00 AM
Departure Date 3/14/2022 1:34:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RMD
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/13/2022	364535	GUEST ROOM	\$95.00
3/13/2022	364535	RM LOCAL TAX	\$4.75
3/13/2022	364535	RM STATE TAX	\$5.70
3/14/2022	364741	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/13/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		114085 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
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.	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE X	TOTAL AMOUNT	-105.45

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 704/NKR
Arrival Date 3/13/2022 9:17:00 AM
Departure Date 3/14/2022 1:33:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RMD
HH # 925641956 GOLD
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/13/2022	364554	GUEST ROOM	\$95.00
3/13/2022	364554	RM LOCAL TAX	\$4.75
3/13/2022	364554	RM STATE TAX	\$5.70
3/14/2022	364737	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/13/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			114086 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			

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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 328/NKR
Arrival Date 3/13/2022 9:23:00 AM
Departure Date 3/14/2022 1:32:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RMD
HH # 930609258 SILVER
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/13/2022	364536	GUEST ROOM	\$95.00
3/13/2022	364536	RM LOCAL TAX	\$4.75
3/13/2022	364536	RM STATE TAX	\$5.70
3/14/2022	364733	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/13/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		114087 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
TAXES		
TIPS & MISC.		
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-105.45

X

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HOTELS & RESORTS

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SUITES
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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 702/NKR
Arrival Date 3/13/2022 9:10:00 AM
Departure Date 3/14/2022 1:34:00 PM

Adult/Child 2/1
Room Rate 95.00

Rate Plan: RMD
HH # 591799117 SILVER
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/13/2022	364552	GUEST ROOM	\$95.00
3/13/2022	364552	RM LOCAL TAX	\$4.75
3/13/2022	364552	RM STATE TAX	\$5.70
3/14/2022	364742	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/13/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		114088 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
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

PAYMENT DUE UPON RECEIPT



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TAPESTRY
COLLECTION
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Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree Inv 33633 PO # P0002013

Nicole Thomason <Nicole.Thomason@Hilton.com>

Wed, Mar 16, 2022 at 02:11 PM GMT

CC: McGowan, Ellen <mcgowan@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.

Hello,

Please see the attached invoice for the PO 0002013.
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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COD INV 33633.pdf

Information:

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Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33632
Invoice Date: 3/15/2022
PO Number: P0002328
Check Number: 0297991
Check Amount: \$ 4,850.70
Check Date: 04/12/2022
Voucher Number: V0733405
Document Type: AP Invoice

Document Below



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Name & Address

CORRECTED

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33632
INVOICE DATE 3/15/2022
CURRENT DATE 3/15/2022
YOUR ACCOUNT # C2489
YOUR P/O #

COD

425 FAWELL BLVD

GLEN ELLYN IL 60137

UNITED STATES OF AMERICA

Page: 2

PO# 70002328

Hilton

W
WALDORF
ASTORIA
HOTELS & RESORTS

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
3/13/2022	117084 B	364595		\$105.45
3/13/2022	117081 B	364596		\$105.45
3/13/2022	117080 B	364597		\$105.45
3/13/2022	117075 B	364598		\$105.45
3/13/2022	117072 B	364600		\$105.45
3/13/2022	117070 B	364601		\$105.45
3/13/2022	117076 B	364602		\$105.45
3/13/2022	117077 B	364603		\$105.45
3/13/2022	117083 B	364605		\$105.45
3/13/2022	117071 B	364606		\$105.45
3/13/2022	117079 B	364610		\$105.45
3/13/2022	117069 B	364611		\$105.45
3/13/2022	117082 B	364612		\$105.45
3/13/2022	117068 B	364613		\$105.45
3/13/2022	117074 B	364614		\$105.45
3/13/2022	117078 B	364615		\$105.45
3/13/2022	117073 B	364616		\$105.45

CONRAD
HOTELS & RESORTS

canopy
by hilton

Hilton
HOTELS & RESORTS

CURIO
A COLLECTION BY HILTON

DOUBLETREE
by hilton

TAPESTRY
COLLECTION
by hilton

E
EMBASSY
SUITES
by hilton

Hilton
Garden
Inn

Hampton
by hilton

tru
by hilton

HOMWOOD
SUITES
by hilton

HOME2
by hilton

Hilton
Grand Vacations

Hilton
HONORS

PAYMENT DUE UPON RECEIPT

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

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

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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 624/NKRE
Arrival Date 3/11/2022 2:00:00 PM
Departure Date 3/13/2022 11:58:00 AM

Adult/Child 1/0
Room Rate 0.00

Rate Plan: RDT
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364015	GUEST ROOM	\$95.00
3/11/2022	364015	RM LOCAL TAX	\$4.75
3/11/2022	364015	RM STATE TAX	\$5.70
3/13/2022	364458	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

W
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ASTORIA
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CONRAD
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canopy
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CURIO
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DOUBLETREE
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TAPESTRY
COLLECTION
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EMBASSY
SUITES
by hilton

Hilton
Garden
Inn

Hampton
by hilton

tru
by hilton

HOMWOOD
SUITES
by hilton

HOME2
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

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. 117068 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



3003 Corporate West Drive • Lisle, IL 60532
Phone (630) 505-0900 • Fax (630) 505-8948
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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 613/NKRE
Arrival Date 3/11/2022 2:00:00 PM
Departure Date 3/13/2022 11:58:00 AM
Adult/Child 1/0
Room Rate 0.00
Rate Plan: RDT
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364009	GUEST ROOM	\$95.00
3/11/2022	364009	RM LOCAL TAX	\$4.75
3/11/2022	364009	RM STATE TAX	\$5.70
3/13/2022	364456	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 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.
	117069 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



CONRAD
HOTELS & RESORTS



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



HOMWOOD
SUITES
BY HILTON



Hilton
HONORS



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

Room 630/NKRE
 Arrival Date 3/11/2022 3:00:00 PM
 Departure Date 3/13/2022 11:25:00 AM

Adult/Child 1/0
 Room Rate 0.00

Rate Plan: RDT
 HH #
 AL:
 Car:

Hilton



DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364019	GUEST ROOM	\$95.00
3/11/2022	364019	RM LOCAL TAX	\$4.75
3/11/2022	364019	RM STATE TAX	\$5.70
3/13/2022	364434	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117070 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
ESTABLISHMENT AGREES TO TRANSMIT TO CARDHOLDER 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

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 620/NKRE
 Arrival Date 3/11/2022 2:00:00 PM
 Departure Date 3/13/2022 11:27:00 AM

Adult/Child 1/0
 Room Rate 0.00

Rate Plan: RDT
 HH #
 AL:
 Car:

Hilton



DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364013	GUEST ROOM	\$95.00
3/11/2022	364013	RM LOCAL TAX	\$4.75
3/11/2022	364013	RM STATE TAX	\$5.70
3/13/2022	364439	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			117071 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



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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 636/NKRE
Arrival Date 3/11/2022 3:00:00 PM
Departure Date 3/13/2022 11:25:00 AM

Adult/Child 1/0
Room Rate 0.00

Rate Plan: RDT
HH #
AL:
Car:

Hilton



CONRAD
HOTELS & RESORTS

canopy
by hilton



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



HOMESWOOD
SUITES
BY HILTON



Hilton
HONORS

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364022	GUEST ROOM	\$95.00
3/11/2022	364022	RM LOCAL TAX	\$4.75
3/11/2022	364022	RM STATE TAX	\$5.70
3/13/2022	364433	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			117072 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		PAYMENT DUE UPON RECEIPT	

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 635/NKRE
Arrival Date 3/11/2022 3:00:00 PM
Departure Date 3/13/2022 11:59:00 AM

Adult/Child 1/0
Room Rate 0.00

Rate Plan: RDT
HH #
AL:
Car:

Hilton



CONRAD
HOTELS & RESORTS

canopy
BY HILTON



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



HOMEWOOD
SUITES
BY HILTON

HOME2
SUITES BY HILTON

Hilton
Grand Vacations

Hilton
HONORS

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364021	GUEST ROOM	\$95.00
3/11/2022	364021	RM LOCAL TAX	\$4.75
3/11/2022	364021	RM STATE TAX	\$5.70
3/13/2022	364461	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117073 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
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.	
	TOTAL AMOUNT	-105.45

CARD MEMBER'S SIGNATURE
X

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 625/NKRE
Arrival Date 3/11/2022 3:00:00 PM
Departure Date 3/13/2022 11:59:00 AM
Adult/Child 1/0
Room Rate 0.00
Rate Plan: RDT
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364016	GUEST ROOM	\$95.00
3/11/2022	364016	RM LOCAL TAX	\$4.75
3/11/2022	364016	RM STATE TAX	\$5.70
3/13/2022	364459	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117074 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARDHOLDER 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.	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE 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





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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 619/NKRE
 Arrival Date 3/11/2022 2:00:00 PM
 Departure Date 3/13/2022 11:22:00 AM
 Adult/Child 1/0
 Room Rate 0.00
 Rate Plan: RDT
 HH #
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364012	GUEST ROOM	\$95.00
3/11/2022	364012	RM LOCAL TAX	\$4.75
3/11/2022	364012	RM STATE TAX	\$5.70
3/13/2022	364429	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117075 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-105.45
X		

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE SOLD 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 618/NKRE
 Arrival Date 3/11/2022 2:00:00 PM
 Departure Date 3/13/2022 11:26:00 AM
 Adult/Child 1/0
 Room Rate 0.00
 Rate Plan: RDT
 HH #
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364011	GUEST ROOM	\$95.00
3/11/2022	364011	RM LOCAL TAX	\$4.75
3/11/2022	364011	RM STATE TAX	\$5.70
3/13/2022	364435	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
		ROOM AND TAX \$105.45	\$105.45
		DAILY TOTAL \$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117076 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
ESTABLISHMENT ADDRESS 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	TAXES	
X	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 633/NKRE
Arrival Date 3/11/2022 3:00:00 PM
Departure Date 3/13/2022 11:26:00 AM

Adult/Child 1/0
Room Rate 0.00

Rate Plan: RDT
HH #
AL:
Car:

Hilton



CONRAD
HOTELS & RESORTS



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364020	GUEST ROOM	\$95.00
3/11/2022	364020	RM LOCAL TAX	\$4.75
3/11/2022	364020	RM STATE TAX	\$5.70
3/13/2022	364436	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117077 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
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	
	TOTAL AMOUNT	-105.45

CARD MEMBER'S SIGNATURE
X

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 627/NKRE
Arrival Date 3/11/2022 3:00:00 PM
Departure Date 3/13/2022 11:59:00 AM
Adult/Child 1/0
Room Rate 0.00
Rate Plan: RDT
HH #
AL:
Car:

Hilton

W
WALDORF
ASTORIA
HOTELS & RESORTS

CONRAD
HOTELS & RESORTS

canopy
by hilton

H
Hilton
HOTELS & RESORTS

CURIO
A COLLECTION BY HILTON

DOUBLETREE
by hilton

TAPESTRY
COLLECTION
by hilton

E
EMBASSY
SUITES
by hilton

Hilton
Garden
Inn

Hampton
by hilton

tru
by hilton

HOMESWOOD
SUITES
by hilton

HOME2
SUITES by hilton

Hilton
Grand Vacations

Hilton
HONORS

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364017	GUEST ROOM	\$95.00
3/11/2022	364017	RM LOCAL TAX	\$4.75
3/11/2022	364017	RM STATE TAX	\$5.70
3/13/2022	364460	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117078 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
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.	TAXES	
	TIPS & MISC.	
	TOTAL AMOUNT	-105.45

CARD MEMBER'S SIGNATURE
X

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 612/NKRE
Arrival Date 3/11/2022 2:00:00 PM
Departure Date 3/13/2022 11:58:00 AM

Adult/Child 1/0
Room Rate 0.00

Rate Plan: RDT
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364008	GUEST ROOM	\$95.00
3/11/2022	364008	RM LOCAL TAX	\$4.75
3/11/2022	364008	RM STATE TAX	\$5.70
3/13/2022	364455	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117079 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
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.	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE: 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





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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 629/NKRE
Arrival Date 3/11/2022 3:00:00 PM
Departure Date 3/13/2022 11:22:00 AM

Adult/Child 1/0
Room Rate 0.00

Rate Plan: RDT
HH #
AL:
Car:

Hilton



CONRAD
HOTELS & RESORTS



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



HOMEWOOD
SUITES
BY HILTON



DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364018	GUEST ROOM	\$95.00
3/11/2022	364018	RM LOCAL TAX	\$4.75
3/11/2022	364018	RM STATE TAX	\$5.70
3/13/2022	364428	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117080 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
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.	
	TOTAL AMOUNT	-105.45

CARD MEMBER'S SIGNATURE
X

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 601/NKRE
 Arrival Date 3/11/2022 2:00:00 PM
 Departure Date 3/13/2022 11:21:00 AM
 Adult/Child 1/0
 Room Rate 0.00
 Rate Plan: RDT
 HH # 977741055 GOLD
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364007	GUEST ROOM	\$95.00
3/11/2022	364007	RM LOCAL TAX	\$4.75
3/11/2022	364007	RM STATE TAX	\$5.70
3/13/2022	364427	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
		ROOM AND TAX \$105.45	\$105.45
		DAILY TOTAL \$105.45	\$105.45

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			117081 B
CARD MEMBER NAME		AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION 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.		PURCHASES & SERVICES	
		TAXES	
CARD MEMBER'S SIGNATURE X		TIPS & MISC.	
		TOTAL AMOUNT	-105.45

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

PAYMENT DUE UPON RECEIPT





3003 Corporate West Drive • Lisle, IL 60532
 Phone (630) 505-0900 • Fax (630) 505-8948
 For reservations across the nation
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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 615/NKRE
 Arrival Date 3/11/2022 2:55:00 PM
 Departure Date 3/13/2022 11:58:00 AM
 Adult/Child 1/0
 Room Rate 0.00
 Rate Plan: RDT
 HH #
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364010	GUEST ROOM	\$95.00
3/11/2022	364010	RM LOCAL TAX	\$4.75
3/11/2022	364010	RM STATE TAX	\$5.70
3/13/2022	364457	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
		ROOM AND TAX \$105.45	\$105.45
		DAILY TOTAL \$105.45	\$105.45

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			117082 B
CARD MEMBER NAME		AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION		PURCHASES & SERVICES	
ESTABLISHMENT AGREES TO TRANSMIT TO CARDHOLDER 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.

PAYMENT DUE UPON RECEIPT





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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 637/NKRE
Arrival Date 3/11/2022 3:00:00 PM
Departure Date 3/13/2022 11:26:00 AM

Adult/Child 1/0
Room Rate 0.00

Rate Plan: RDT
HH #
AL:
Car:

Hilton



CONRAD
HOTELS & RESORTS

canopy
BY HILTON



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



HOMEWOOD
SUITES
BY HILTON



DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364023	GUEST ROOM	\$95.00
3/11/2022	364023	RM LOCAL TAX	\$4.75
3/11/2022	364023	RM STATE TAX	\$5.70
3/13/2022	364438	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117083 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.		
CARD MEMBER'S SIGNATURE	TAXES	
X	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 621/NKRE
 Arrival Date 3/11/2022 2:00:00 PM
 Departure Date 3/13/2022 11:19:00 AM
 Adult/Child 1/0
 Room Rate 0.00
 Rate Plan: RDT
 HH #
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/11/2022	364014	GUEST ROOM	\$95.00
3/11/2022	364014	RM LOCAL TAX	\$4.75
3/11/2022	364014	RM STATE TAX	\$5.70
3/13/2022	364423	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/11/2022 STAY TOTAL	
		ROOM AND TAX \$105.45	\$105.45
		DAILY TOTAL \$105.45	\$105.45

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			117084 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



Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree INV 33632 PO # P0002328

Nicole Thomason <Nicole.Thomason@Hilton.com>

Wed, Mar 16, 2022 at 02:12 PM GMT

CC: McGowan, Ellen <mcgowan@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.

Hello,

Please see the attached invoice for PO 0002328.
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 33632.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33647
Invoice Date: 4/5/2022
PO Number: P0002474
Check Number: 0297991
Check Amount: \$ 4,850.70
Check Date: 04/12/2022
Voucher Number: V0736125
Document Type: AP Invoice

Document Below

Name & Address



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ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33647

COD

INVOICE DATE 4/5/2022

425 FAWELL BLVD

CURRENT DATE 4/5/2022

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Page: 1



DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
4/4/2022	118025 B	372547		\$105.45



PO#
P000 3474

PAYMENT DUE UPON RECEIPT

Total:

\$105.45

QUESTIONS CONCERNING THIS INVOICE?

CALL: NICOLE THOMASON
630-245-7634

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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 4/3/2022 11:28:00 AM
Departure Date 4/4/2022 1:17:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: LV0
HH #
AL:
Car:

Hilton

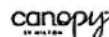
DATE	REFERENCE	DESCRIPTION	AMOUNT
4/3/2022	372218	GUEST ROOM	\$95.00
4/3/2022	372218	RM LOCAL TAX	\$4.75
4/3/2022	372218	RM STATE TAX	\$5.70
4/4/2022	372337	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		4/3/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		118025 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
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.	
	TOTAL AMOUNT	-105.45

CARD MEMBER'S SIGNATURE
X

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

PAYMENT DUE UPON RECEIPT



Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree INV 33647 PO # P0002474

Nicole Thomason <Nicole.Thomason@Hilton.com>

Tue, Apr 5, 2022 at 07:03 PM GMT

CC: McGowan, Ellen <mcgowan@cod.edu>

BCC:

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Hello,

Please see attached invoice.

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 33647.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33645
Invoice Date: 4/1/2022
PO Number: P0002392
Check Number: 0297991
Check Amount: \$ 4,850.70
Check Date: 04/12/2022
Voucher Number: V0736126
Document Type: AP Invoice

Document Below



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Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33645
INVOICE DATE 4/1/2022
CURRENT DATE 4/1/2022
YOUR ACCOUNT # C2489
YOUR P/O #

COD

425 FAWELL BLVD

GLEN ELLYN IL 60137

UNITED STATES OF AMERICA

Page: 1

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TAPESTRY
COLLECTION
BY HILTON



PD # P 000 2392

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
3/26/2022	117350 B	369774		210.90
3/26/2022	117355 B	369776		210.90
3/26/2022	117351 B	369777		210.90
3/26/2022	117353 B	369778		210.90
3/26/2022	117354 B	369779		210.90
3/26/2022	117349 B	369780		210.90
3/26/2022	117352 B	369781		210.90
3/26/2022	117348 B	369782		210.90
3/26/2022	117355 B	369783		210.90
3/26/2022	117347 B	369784		210.90

PAYMENT DUE UPON RECEIPT

Total:

\$2,109.00

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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 730/NKR
 Arrival Date 3/24/2022 3:43:00 PM
 Departure Date 3/26/2022 1:41:00 PM
 Adult/Child 1/0
 Room Rate 95.00
 Rate Plan: RAB
 HH #
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/24/2022	369109	GUEST ROOM	\$95.00
3/24/2022	369109	RM LOCAL TAX	\$4.75
3/24/2022	369109	RM STATE TAX	\$5.70
3/25/2022	369431	GUEST ROOM	\$95.00
3/25/2022	369431	RM LOCAL TAX	\$4.75
3/25/2022	369431	RM STATE TAX	\$5.70
3/26/2022	369554	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00

EXPENSE REPORT SUMMARY				
	3/24/2022	3/25/2022	STAY TOTAL	
ROOM AND TAX	\$105.45	\$105.45	\$210.90	
DAILY TOTAL	\$105.45	\$105.45	\$210.90	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117347 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-210.90
X		



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 301/NKR
Arrival Date 3/24/2022 3:41:00 PM
Departure Date 3/26/2022 1:33:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RAB
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/24/2022	369050	GUEST ROOM	\$95.00
3/24/2022	369050	RM LOCAL TAX	\$4.75
3/24/2022	369050	RM STATE TAX	\$5.70
3/25/2022	369366	GUEST ROOM	\$95.00
3/25/2022	369366	RM LOCAL TAX	\$4.75
3/25/2022	369366	RM STATE TAX	\$5.70
3/26/2022	369548	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/24/2022 3/25/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	\$210.90
DAILY TOTAL		\$105.45 \$105.45	\$210.90
ACCOUNT NO		DATE OF CHARGE	
CARD MEMBER NAME		FOLIO NO./CHECK NO.	
ESTABLISHMENT NO. & LOCATION		117348 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	
		-210.90	

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 309/NKR
Arrival Date 3/24/2022 6:48:00 PM
Departure Date 3/26/2022 1:31:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RAB
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/24/2022	369053	GUEST ROOM	\$95.00
3/24/2022	369053	RM LOCAL TAX	\$4.75
3/24/2022	369053	RM STATE TAX	\$5.70
3/25/2022	369372	GUEST ROOM	\$95.00
3/25/2022	369372	RM LOCAL TAX	\$4.75
3/25/2022	369372	RM STATE TAX	\$5.70
3/26/2022	369546	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/24/2022 3/25/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	\$210.90
DAILY TOTAL		\$105.45 \$105.45	\$210.90

ACCOUNT NO.	
CARD MEMBER NAME	
ESTABLISHMENT NO. & LOCATION	
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.
	117349 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-210.90

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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 426/NKR
Arrival Date 3/23/2022 4:04:00 PM
Departure Date 3/26/2022 12:44:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RAB
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/24/2022	369076	GUEST ROOM	\$95.00
3/24/2022	369076	RM LOCAL TAX	\$4.75
3/24/2022	369076	RM STATE TAX	\$5.70
3/25/2022	369405	GUEST ROOM	\$95.00
3/25/2022	369405	RM LOCAL TAX	\$4.75
3/25/2022	369405	RM STATE TAX	\$5.70
3/26/2022	369530	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/23/2022 3/24/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	\$210.90
DAILY TOTAL		\$105.45 \$105.45	\$210.90

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117350 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
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.	
	TOTAL AMOUNT	-210.90

CARD MEMBER'S SIGNATURE
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 329/NDR
Arrival Date 3/24/2022 3:40:00 PM
Departure Date 3/26/2022 1:16:00 PM
Adult/Child 2/0
Room Rate 95.00
Rate Plan: RAB
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/24/2022	369059	GUEST ROOM	\$95.00
3/24/2022	369059	RM LOCAL TAX	\$4.75
3/24/2022	369059	RM STATE TAX	\$5.70
3/25/2022	369383	GUEST ROOM	\$95.00
3/25/2022	369383	RM LOCAL TAX	\$4.75
3/25/2022	369383	RM STATE TAX	\$5.70
3/26/2022	369542	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/24/2022 3/25/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45 \$210.90	
DAILY TOTAL		\$105.45 \$105.45 \$210.90	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117351 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC	
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-210.90
X		

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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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 331/NDR
Arrival Date 3/24/2022 3:41:00 PM
Departure Date 3/26/2022 1:33:00 PM

Adult/Child 3/0
Room Rate 95.00

Rate Plan: RAB
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/24/2022	369061	GUEST ROOM	\$95.00
3/24/2022	369061	RM LOCAL TAX	\$4.75
3/24/2022	369061	RM STATE TAX	\$5.70
3/25/2022	369385	GUEST ROOM	\$95.00
3/25/2022	369385	RM LOCAL TAX	\$4.75
3/25/2022	369385	RM STATE TAX	\$5.70
3/26/2022	369547	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/24/2022 3/25/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	\$210.90
DAILY TOTAL		\$105.45 \$105.45	\$210.90

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117352 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
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	-210.90
X		

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



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION BY HILTON



HOMESWOOD
SUITES BY HILTON





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

Room 332/NDR
Arrival Date 3/24/2022 3:41:00 PM
Departure Date 3/26/2022 1:30:00 PM
Adult/Child 2/0
Room Rate 95.00
Rate Plan: RAB
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/24/2022	369062	GUEST ROOM	\$95.00
3/24/2022	369062	RM LOCAL TAX	\$4.75
3/24/2022	369062	RM STATE TAX	\$5.70
3/25/2022	369386	GUEST ROOM	\$95.00
3/25/2022	369386	RM LOCAL TAX	\$4.75
3/25/2022	369386	RM STATE TAX	\$5.70
3/26/2022	369544	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00

EXPENSE REPORT SUMMARY				
	3/24/2022	3/25/2022	STAY TOTAL	
ROOM AND TAX	\$105.45	\$105.45	\$210.90	
DAILY TOTAL	\$105.45	\$105.45	\$210.90	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
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	TAXES	
X	TIPS & MISC.	
	TOTAL AMOUNT	-210.90

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 335/NDR
Arrival Date 3/24/2022 3:40:00 PM
Departure Date 3/26/2022 1:30:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RAB
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/24/2022	369064	GUEST ROOM	\$95.00
3/24/2022	369064	RM LOCAL TAX	\$4.75
3/24/2022	369064	RM STATE TAX	\$5.70
3/25/2022	369388	GUEST ROOM	\$95.00
3/25/2022	369388	RM LOCAL TAX	\$4.75
3/25/2022	369388	RM STATE TAX	\$5.70
3/26/2022	369545	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/24/2022 3/25/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	\$210.90
DAILY TOTAL		\$105.45 \$105.45	\$210.90

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117354 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
TAXES		
TIPS & MISC.		
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-210.90
X		

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 338/NDR
 Arrival Date 3/24/2022 3:42:00 PM
 Departure Date 3/26/2022 1:37:00 PM
 Adult/Child 3/0
 Room Rate 95.00
 Rate Plan: RAB
 HH #
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/24/2022	369066	GUEST ROOM	\$95.00
3/24/2022	369066	RM LOCAL TAX	\$4.75
3/24/2022	369066	RM STATE TAX	\$5.70
3/25/2022	369389	GUEST ROOM	\$95.00
3/25/2022	369389	RM LOCAL TAX	\$4.75
3/25/2022	369389	RM STATE TAX	\$5.70
3/26/2022	369550	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/24/2022 3/25/2022 STAY TOTAL	
		ROOM AND TAX \$105.45 \$105.45 \$210.90	
		DAILY TOTAL \$105.45 \$105.45 \$210.90	
ACCOUNT NO.		DATE OF CHARGE	
CARD MEMBER NAME		FOLIO NO./CHECK NO.	
ESTABLISHMENT NO. & LOCATION		117355 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 INITIAL	
CARD MEMBER'S SIGNATURE		PURCHASES & SERVICES	
X		TAXES	
		TIPS & MISC.	
		TOTAL AMOUNT -210.90	



Hilton
HONORS

PAYMENT DUE UPON RECEIPT



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

Room 340/NDR
Arrival Date 3/24/2022 3:42:00 PM
Departure Date 3/26/2022 12:54:00 PM

Adult/Child 3/0
Room Rate 95.00

Rate Plan: RAB
HH #
AL:
Car:

Hilton



CONRAD
HOTELS & RESORTS



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



DATE	REFERENCE	DESCRIPTION	AMOUNT
3/24/2022	369068	GUEST ROOM	\$95.00
3/24/2022	369068	RM LOCAL TAX	\$4.75
3/24/2022	369068	RM STATE TAX	\$5.70
3/25/2022	369391	GUEST ROOM	\$95.00
3/25/2022	369391	RM LOCAL TAX	\$4.75
3/25/2022	369391	RM STATE TAX	\$5.70
3/26/2022	369539	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		3/24/2022 3/25/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	\$210.90
DAILY TOTAL		\$105.45 \$105.45	\$210.90

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117356 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
TAXES		
TIPS & MISC.		
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-210.90
X		

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

PAYMENT DUE UPON RECEIPT

Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree INV 33646 PO# P0002392

Nicole Thomason <Nicole.Thomason@Hilton.com>

Fri, Apr 1, 2022 at 07:10 PM GMT

CC: McGowan, Ellen <mcgowan@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.

Hello,

Please see attached invoice 33646.
Thank you and have a great day.

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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