

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33694
Invoice Date: 7/27/2022
PO Number: P0003746
Check Number: 0301587
Check Amount: \$ 6,537.90
Check Date: 08/16/2022
Voucher Number: V0749624
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-HOPPER

INVOICE#

33694

COD

INVOICE DATE

7/27/2022

425 FAWELL BLVD

CURRENT DATE

7/27/2022

GLEN ELLYN IL 60137

YOUR ACCOUNT #

C2489

UNITED STATES OF AMERICA

YOUR P/O #

Page: 1

PD # P0003746

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
7/22/2022	128565 B	423001		\$105.45
7/22/2022	128566 B	423002		\$105.45
7/22/2022	128567 B	423003		\$105.45
7/22/2022	128568 B	423004		\$105.45
7/22/2022	128569 B	423005		\$105.45
7/22/2022	128570 B	423006		\$105.45
7/22/2022	128572 B	423019		\$105.45
7/22/2022	128574 B	423020		\$105.45
7/22/2022	128575 B	423021		\$105.45
7/22/2022	128576 B	423022		\$105.45
7/23/2022	130747 B	423800		\$105.45
7/23/2022	130742 B	423802		\$105.45
7/23/2022	130745 B	423805		\$105.45
7/23/2022	128573 B	423808		\$210.90
7/26/2022	130741 B	425318		\$105.45
7/26/2022	130750 B	425321		\$105.45
7/26/2022	130751 B	425323		\$105.45
7/26/2022	130752 B	425325		\$105.45
7/26/2022	130746 B	425327		\$105.45
7/26/2022	130748 B	425329		\$105.45



CONRAD
HOTELS & RESORTS



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



HOMELAND SUITES
BY HILTON

HOME2
SUITES BY HILTON

Hilton
Grand Vacations



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

COD

425 FAWELL BLVD

GLEN ELLYN IL 60137

UNITED STATES OF AMERICA

Page: 2

INVOICE# 33694
INVOICE DATE 7/27/2022
CURRENT DATE 7/27/2022
YOUR ACCOUNT # C2489
YOUR P/O #

ORIGINAL

Hilton

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
7/26/2022	130749 B	425331	Rm 616	\$105.45

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

E
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

PAYMENT DUE UPON RECEIPT

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 /NKRE
Arrival Date 7/21/2022
Departure Date 7/22/2022
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RPM
HH #
AL:
Car:

Hilton



CONRAD
HOTELS & RESORTS



CURIO
COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



HOMEWOOD
SUITES
BY HILTON



Hilton
Grand Vacations



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	421988	NOSHOW: 1 NIGHT(S) AT \$95.00/NIGHT FOR ARRIVAL 07/21/2022	\$95.00
7/22/2022	421988	RM LOCAL TAX	\$4.75
7/22/2022	421988	RM STATE TAX	\$5.70
7/22/2022	421989	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
ROOM AND TAX		7/21/2022 STAY TOTAL	
		\$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 REFUND OR RETURNED FOR A CASH REFUND

DATE OF CHARGE	FOLIO NO/CHECK NO.
	128565 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 /NKRE
Arrival Date 7/21/2022
Departure Date 7/22/2022
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RPM
HM #
AL:
Car:

Hilton



CONRAD
HOTELS & RESORTS

canopy
HOTELS



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



HOMWOOD
SUITES
BY HILTON

HOME2
SUITES
BY HILTON

Hilton
Grand Vacations

Hilton
HONORS

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	421990	NOSHOW: 1 NIGHT(S) AT \$95.00/NIGHT FOR ARRIVAL 07/21/2022	\$95.00
7/22/2022	421990	RM LOCAL TAX	\$4.75
7/22/2022	421990	RM STATE TAX	\$5.70
7/22/2022	421991	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
ROOM AND TAX	7/21/2022	STAY TOTAL	
	\$105.45	\$105.45	
DAILY TOTAL	\$105.45	\$105.45	

ACCOUNT NO.	
CARD MEMBER NAME	
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.	
CARD MEMBER'S SIGNATURE X	

DATE OF CHARGE	FOLIO NO./CHECK NO. 128566 B
AUTHORIZATION	INITIAL
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 /NKR
 Arrival Date 7/21/2022
 Departure Date 7/22/2022
 Adult/Child 1/0
 Room Rate 95.00
 Rate Plan: RPM
 HH #
 AL:
 Car:

Hilton



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	421992	NOSHOW: 1 NIGHT(S) AT \$95.00/NIGHT FOR ARRIVAL 07/21/2022	\$95.00
7/22/2022	421992	RM LOCAL TAX	\$4.75
7/22/2022	421992	RM STATE TAX	\$5.70
7/22/2022	421993	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/21/2022 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 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.

CARD MEMBER'S SIGNATURE

X

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

DATE OF CHARGE	FOLIO NO./CHECK NO.
	128567 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 /NDRE
 Arrival Date 7/21/2022
 Departure Date 7/22/2022
 Adult/Child 1/0
 Room Rate 95.00
 Rate Plan: RPM
 HH #
 AL:
 Car:

Hilton



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	421994	NOSHOW: 1 NIGHT(S) AT \$95.00/NIGHT FOR ARRIVAL 07/21/2022	\$95.00
7/22/2022	421994	RM LOCAL TAX	\$4.75
7/22/2022	421994	RM STATE TAX	\$5.70
7/22/2022	421995	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/21/2022 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.
	128568 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



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Name & Address

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

Room /NKR
Arrival Date 7/21/2022
Departure Date 7/22/2022
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RPM
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	421996	NOSHOW: 1 NIGHT(S) AT \$95.00/NIGHT FOR ARRIVAL 07/21/2022	\$95.00
7/22/2022	421996	RM LOCAL TAX	\$4.75
7/22/2022	421996	RM STATE TAX	\$5.70
7/22/2022	421997	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/21/2022 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 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.

CARD MEMBER'S SIGNATURE

X

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

DATE OF CHARGE	FOLIO NO./CHECK NO.
	128569 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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Name & Address

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

Room /NKRD
Arrival Date 7/21/2022
Departure Date 7/22/2022
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RPM
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	421998	NOSHOW: 1 NIGHT(S) AT \$95.00/NIGHT FOR ARRIVAL 07/21/2022	\$95.00
7/22/2022	421998	RM LOCAL TAX	\$4.75
7/22/2022	421998	RM STATE TAX	\$5.70
7/22/2022	421999	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/21/2022 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		128570 B	
ESTABLISHMENT AGREES TO TRANSMIT TO CARDHOLDER 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 /NKRD
 Arrival Date 7/21/2022
 Departure Date 7/22/2022
 Adult/Child 1/0
 Room Rate 95.00
 Rate Plan: RPM
 HH #
 AL:
 Car:

Hilton



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	422000	NOSHOW: 1 NIGHT(S) AT \$95.00/NIGHT FOR ARRIVAL 07/21/2022	\$95.00
7/22/2022	422000	RM LOCAL TAX	\$4.75
7/22/2022	422000	RM STATE TAX	\$5.70
7/22/2022	422001	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/21/2022 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

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

DATE OF CHARGE	FOLIO NO./CHECK NO.
	128572 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



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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 801/NKR
Arrival Date 7/21/2022 3:13:00 AM
Departure Date 7/23/2022 11:44:00 AM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RPM
HH #
AL:
Car:

Hilton



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/21/2022	421898	GUEST ROOM	\$95.00
7/21/2022	421898	RM LOCAL TAX	\$4.75
7/21/2022	421898	RM STATE TAX	\$5.70
7/22/2022	422939	GUEST ROOM	\$95.00
7/22/2022	422939	RM LOCAL TAX	\$4.75
7/22/2022	422939	RM STATE TAX	\$5.70
7/23/2022	423150	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/21/2022 7/22/2022 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 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.	
CARD MEMBER'S SIGNATURE	
X	

DATE OF CHARGE	FOLIO NO./CHECK NO.
	128573 B
AUTHORIZATION	INITIAL
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

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 /NKRD
Arrival Date 7/21/2022
Departure Date 7/22/2022
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RPM
HH #
AL:
Car:

Hilton



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	422002	NOSHOW: 1 NIGHT(S) AT \$95.00/NIGHT FOR ARRIVAL 07/21/2022	\$95.00
7/22/2022	422002	RM LOCAL TAX	\$4.75
7/22/2022	422002	RM STATE TAX	\$5.70
7/22/2022	422003	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
ROOM AND TAX		7/21/2022 STAY TOTAL	
		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.

CARD MEMBER NAME

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.

CARD MEMBER'S SIGNATURE

X

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

DATE OF CHARGE	FOLIO NO./CHECK NO.
	128574 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 /NKRD
 Arrival Date 7/21/2022
 Departure Date 7/22/2022

Adult/Child 1/0
 Room Rate 95.00

Rate Plan: RPM
 HH #
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	422004	NOSHOW: 1 NIGHT(S) AT \$95.00/NIGHT FOR ARRIVAL 07/21/2022	\$95.00
7/22/2022	422004	RM LOCAL TAX	\$4.75
7/22/2022	422004	RM STATE TAX	\$5.70
7/22/2022	422005	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/21/2022 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		128575 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 /NKR
Arrival Date 7/21/2022
Departure Date 7/22/2022
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RPM
HH #
AL:
Car:

Hilton



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	422006	NOSHOW: 1 NIGHT(S) AT \$95.00/NIGHT FOR ARRIVAL 07/21/2022	\$95.00
7/22/2022	422006	RM LOCAL TAX	\$4.75
7/22/2022	422006	RM STATE TAX	\$5.70
7/22/2022	422007	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/21/2022 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 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.

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.
	128576 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
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 425/NKRD
Arrival Date 7/22/2022 11:50:00 AM
Departure Date 7/23/2022 8:57:00 AM

Adult/Child 1/0
Room Rate 110.00

Rate Plan: RPM
HH #
AL:
Car:

Hilton



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

Edison
Garden
Inn

Hampton
by Hilton



Homewood
SUITES
by Hilton

Home2
SUITES
by Hilton

Hilton
Grand Vacations

Hilton
HONORS

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	422767	GUEST ROOM	\$95.00
7/22/2022	422767	RM LOCAL TAX	\$4.75
7/22/2022	422767	RM STATE TAX	\$5.70
7/26/2022	424930	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/22/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		130741 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	
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



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 521/NKR
 Arrival Date 7/22/2022 11:52:00 AM
 Departure Date 7/23/2022 12:52:00 PM
 Adult/Child 1/0
 Room Rate 95.00
 Rate Plan: RPM
 HH #
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	422815	GUEST ROOM	\$95.00
7/22/2022	422815	RM LOCAL TAX	\$4.75
7/22/2022	422815	RM STATE TAX	\$5.70
7/23/2022	423165	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/22/2022 STAY TOTAL	
		ROOM AND TAX \$105.45	\$105.45
		DAILY TOTAL \$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		130742 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 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
 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 815/NKR
 Arrival Date 7/22/2022 11:53:00 AM
 Departure Date 7/23/2022 12:54:00 PM

Adult/Child 1/0
 Room Rate 95.00

Rate Plan: RPM
 HH # 637697778 BLUE
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2022	422951	GUEST ROOM	\$95.00
7/22/2022	422951	RM LOCAL TAX	\$4.75
7/22/2022	422951	RM STATE TAX	\$5.70
7/23/2022	423170	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/22/2022 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 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.

CARD MEMBER'S SIGNATURE

X

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

DATE OF CHARGE	FOLIO NO./CHECK NO.
	130745 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



CONRAD
HOTELS & RESORTS

canopy
by hilton

Hilton
HOTELS & RESORTS

CURIO
A COLLECTION BY HILTON

DOUBLETREE
by hilton

TAPESTRY
COLLECTION
by hilton

EMERALD
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

Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree INV 33694 PO# P0003746

Nicole Thomason <Nicole.Thomason@Hilton.com>

Wed, Jul 27, 2022 at 05:16 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,

Attached is your invoice for PO# P0003746.

Have a great day!

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 33694.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33691
Invoice Date: 7/20/2022
PO Number: P0003734
Check Number: 0301587
Check Amount: \$ 6,537.90
Check Date: 08/16/2022
Voucher Number: V0749625
Document Type: AP Invoice

Document Below



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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

COD

425 FAWELL BLVD

GLEN ELLYN IL 60137

UNITED STATES OF AMERICA

Page: 1

INVOICE# 33691
INVOICE DATE 7/20/2022
CURRENT DATE 7/20/2022
YOUR ACCOUNT # C2489
YOUR P/O #

Hilton

W
WALDORF
ASTORIA
HOTELS & RESORTS

CONRAD
HOTELS & RESORTS

canopy
by hilton

Hilton
HOTELS & RESORTS

CURIO
A COLLECTION BY HILTON

DOUBLE TREE
by hilton

TAPESTRY
COLLECTION
by hilton

EMBASSY
SUITES
by hilton

Hilton Garden
Inn

Hampton
by hilton

tru
by hilton

HOMEWOOD
SUITES
by hilton

HOME2
by hilton

Hilton
Grand Vacations

Hilton
HONORS

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
7/18/2022	117362 B	419658		\$105.45
7/18/2022	117363 B	419659		\$105.45
7/18/2022	117364 B	419660		\$105.45
7/18/2022	117365 B	419661		\$105.45
7/18/2022	117366 B	419662		\$105.45
7/18/2022	117367 B	419663		\$105.45
7/18/2022	117368 B	419664		\$105.45
7/18/2022	117369 B	419665		\$105.45

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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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 415/NKR
Arrival Date 7/14/2022 2:27:00 PM
Departure Date 7/16/2022 9:20:00 AM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RTY
HH # 878673779 BLUE
AL:
Car:

Hilton



CONRAD
HOTELS & RESORTS



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



HOMEWOOD
SUITES
BY HILTON



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/15/2022	418849	GUEST ROOM	\$95.00
7/15/2022	418849	RM LOCAL TAX	\$4.75
7/15/2022	418849	RM STATE TAX	\$5.70
7/16/2022	419122	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/14/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT ADDRES 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.

CARD MEMBER'S SIGNATURE

X

DATE OF CHARGE

FOLIO NO./CHECK NO.

117362 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-105.45

PAYMENT DUE UPON RECEIPT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REFUND 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 728/NKR
Arrival Date 7/14/2022 2:31:00 PM
Departure Date 7/16/2022 11:31:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RTY
HH # 898258062 BLUE
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/15/2022	418975	GUEST ROOM	\$95.00
7/15/2022	418975	RM LOCAL TAX	\$4.75
7/15/2022	418975	RM STATE TAX	\$5.70
7/16/2022	419193	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/14/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

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

HOMewood
SUITES
BY HILTON

HOME2
SUITES BY HILTON

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.

117363 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
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 202/NKR
Arrival Date 7/14/2022 2:23:00 PM
Departure Date 7/16/2022 7:46:00 AM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RTY
HH #
AL:
Car:

Hilton



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

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/15/2022	418731	GUEST ROOM	\$95.00
7/15/2022	418731	RM LOCAL TAX	\$4.75
7/15/2022	418731	RM STATE TAX	\$5.70
7/16/2022	419090	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/14/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		117364 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
ESTABLISHMENT ADDRESS TO TRANSFER TO CARD MEMBER FOR PAYMENT	TAXES	
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.	TIPS & MISC.	
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-105.45
X		

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REBOLD 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 539/NKR
Arrival Date 7/14/2022 2:28:00 PM
Departure Date 7/16/2022 7:51:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RTY
HH #
AL:
Car:

Hilton



CONRAD
HOTELS & RESORTS



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



HOMEWOOD
SUITES
BY HILTON



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/15/2022	418921	GUEST ROOM	\$95.00
7/15/2022	418921	RM LOCAL TAX	\$4.75
7/15/2022	418921	RM STATE TAX	\$5.70
7/16/2022	419093	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/14/2022 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.

117365 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
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 702/NKR
Arrival Date 7/14/2022 2:29:00 PM
Departure Date 7/16/2022 10:44:00 AM

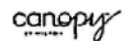
Adult/Child 1/0
Room Rate 95.00

Rate Plan: RTY
HM #
AL:
Car:

Hilton



CONRAD
HOTELS & RESORTS



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION BY HILTON



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/15/2022	418936	GUEST ROOM	\$95.00
7/15/2022	418936	RM LOCAL TAX	\$4.75
7/15/2022	418936	RM STATE TAX	\$5.70
7/16/2022	419165	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/14/2022 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 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.

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.
	117366 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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 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 233/NKR
 Arrival Date 7/14/2022 2:26:00 PM
 Departure Date 7/16/2022 9:19:00 AM
 Adult/Child 1/0
 Room Rate 95.00
 Rate Plan: RTY
 HH #
 AL:
 Car:

Hilton



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/15/2022	418781	GUEST ROOM	\$95.00
7/15/2022	418781	RM LOCAL TAX	\$4.75
7/15/2022	418781	RM STATE TAX	\$5.70
7/16/2022	419120	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/14/2022 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

DATE OF CHARGE

FOLIO NO./CHECK NO.

117367 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-105.45

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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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 226/NKR
Arrival Date 7/14/2022 2:25:00 PM
Departure Date 7/16/2022 2:10:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RTY
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/15/2022	418772	GUEST ROOM	\$95.00
7/15/2022	418772	RM LOCAL TAX	\$4.75
7/15/2022	418772	RM STATE TAX	\$5.70
7/16/2022	419226	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/14/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

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.
	117368 B
AUTHORIZATION	INITIAL
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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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 707/NDRD
Arrival Date 7/14/2022 12:02:00 PM
Departure Date 7/16/2022 10:04:00 AM

Adult/Child 2/0
Room Rate 95.00

Rate Plan: RTY
HH # 249198975 DIAMOND
AL:
Car:

Hilton



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TAPESTRY
COLLECTION
BY HILTON



HOMEWOOD
SUITES
BY HILTON



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/15/2022	418943	GUEST ROOM	\$95.00
7/15/2022	418943	RM LOCAL TAX	\$4.75
7/15/2022	418943	RM STATE TAX	\$5.70
7/16/2022	419135	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/14/2022 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.

117369 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 33691 PO# P0003734

Nicole Thomason <Nicole.Thomason@Hilton.com>

Wed, Jul 20, 2022 at 07:43 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 33691.

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 33691.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33697
Invoice Date: 8/4/2022
PO Number: P0003938
Check Number: 0301587
Check Amount: \$ 6,537.90
Check Date: 08/16/2022
Voucher Number: V0749626
Document Type: AP Invoice

Document Below



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Phone (630) 505-0900 • Fax (630) 505-8948
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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# 33697
INVOICE DATE 8/4/2022
CURRENT DATE 8/4/2022
YOUR ACCOUNT # C2489
YOUR P/O #

Hilton

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
8/1/2022	130206 B	428529		\$210.90
8/1/2022	130204 B	428530		\$210.90
8/1/2022	130202 B	428531		\$210.90
8/1/2022	130205 B	428532		\$210.90
8/1/2022	130207 B	428533		\$210.90
8/1/2022	130203 B	428534		\$210.90
8/1/2022	130209 B	428535		\$210.90
8/1/2022	130210 B	428537		\$210.90



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by hilton

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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 & HOTELS

Hilton
Grand Vacations

Hilton
HONORS

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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 203/NDR
 Arrival Date 7/30/2022 2:38:00 PM
 Departure Date 8/1/2022 2:10:00 PM
 Adult/Child 2/0
 Room Rate 95.00
 Rate Plan: RAR
 HH #
 AL
 Car:

Hilton



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DATE	REFERENCE	DESCRIPTION	AMOUNT
7/30/2022	427456	GUEST ROOM	\$95.00
7/30/2022	427456	RM LOCAL TAX	\$4.75
7/30/2022	427456	RM STATE TAX	\$5.70
7/31/2022	428035	GUEST ROOM	\$95.00
7/31/2022	428035	RM LOCAL TAX	\$4.75
7/31/2022	428035	RM STATE TAX	\$5.70
8/1/2022	428263	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/30/2022 7/31/2022 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.
		130202 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	
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-210.90
X		

MERCHANDISE AND/OR SERVICES PURCHASED IN THIS CARD SHALL NOT BE REFUND 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 224/NDR
Arrival Date 7/30/2022 2:46:00 PM
Departure Date 8/1/2022 2:11:00 PM
Adult/Child 2/0
Room Rate 95.00
Rate Plan: RAR
HH #
AL:
Car:

Hilton



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DATE	REFERENCE	DESCRIPTION	AMOUNT
7/30/2022	427477	GUEST ROOM	\$95.00
7/30/2022	427477	RM LOCAL TAX	\$4.75
7/30/2022	427477	RM STATE TAX	\$5.70
7/31/2022	428048	GUEST ROOM	\$95.00
7/31/2022	428048	RM LOCAL TAX	\$4.75
7/31/2022	428048	RM STATE TAX	\$5.70
8/1/2022	428267	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/30/2022 7/31/2022 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 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

DATE OF CHARGE

FOLIO NO./CHECK NO.

130203 B

AUTHORIZATION

INITIAL

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.

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 131/NDR
 Arrival Date 7/30/2022 2:41:00 PM
 Departure Date 8/1/2022 2:10:00 PM

Adult/Child 2/0
 Room Rate 95.00

Rate Plan: RAR
 HH #
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/30/2022	427445	GUEST ROOM	\$95.00
7/30/2022	427445	RM LOCAL TAX	\$4.75
7/30/2022	427445	RM STATE TAX	\$5.70
7/31/2022	428031	GUEST ROOM	\$95.00
7/31/2022	428031	RM LOCAL TAX	\$4.75
7/31/2022	428031	RM STATE TAX	\$5.70
8/1/2022	428262	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/30/2022 7/31/2022 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

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.
	130204 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-210.90

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COLLECTION
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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 211/NDR
Arrival Date 7/30/2022 2:43:00 PM
Departure Date 8/1/2022 2:11:00 PM
Adult/Child 2/0
Room Rate 95.00
Rate Plan: RAR
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/30/2022	427463	GUEST ROOM	\$95.00
7/30/2022	427463	RM LOCAL TAX	\$4.75
7/30/2022	427463	RM STATE TAX	\$5.70
7/31/2022	428041	GUEST ROOM	\$95.00
7/31/2022	428041	RM LOCAL TAX	\$4.75
7/31/2022	428041	RM STATE TAX	\$5.70
8/1/2022	428265	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/30/2022 7/31/2022 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.
		130205 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	
CARD MEMBER'S SIGNATURE	TIPS & MISC.	
X	TOTAL AMOUNT	-210.90

MERCHANTS: ANY OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REFUND 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 532/NDR
Arrival Date 7/30/2022 2:50:00 PM
Departure Date 8/1/2022 12:56:00 PM

Adult/Child 2/0
Room Rate 95.00

Rate Plan: RAR
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/30/2022	427587	GUEST ROOM	\$95.00
7/30/2022	427587	RM LOCAL TAX	\$4.75
7/30/2022	427587	RM STATE TAX	\$5.70
7/31/2022	428092	GUEST ROOM	\$95.00
7/31/2022	428092	RM LOCAL TAX	\$4.75
7/31/2022	428092	RM STATE TAX	\$5.70
8/1/2022	428250	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/30/2022 7/31/2022 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 ESTABLISHMENT AGREES TO TRANSMIT TO CARD BUILDER 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
	130206 B
AUTHORIZATION	INITIAL
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.

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 213/NDR
Arrival Date 7/30/2022 2:44:00 PM
Departure Date 8/1/2022 2:11:00 PM
Adult/Child
Room Rate 2/0
95.00
Rate Plan: RAR
HH #
AL:
Car:

Hilton



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COLLECTION
BY HILTON



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DATE	REFERENCE	DESCRIPTION	AMOUNT
7/30/2022	427465	GUEST ROOM	\$95.00
7/30/2022	427465	RM LOCAL TAX	\$4.75
7/30/2022	427465	RM STATE TAX	\$5.70
7/31/2022	428043	GUEST ROOM	\$95.00
7/31/2022	428043	RM LOCAL TAX	\$4.75
7/31/2022	428043	RM STATE TAX	\$5.70
8/1/2022	428266	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/30/2022 7/31/2022 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		130207 B	
ESTABLISHMENT AGREES TO TRANSFER 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		-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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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 229/NDR
Arrival Date 7/30/2022 2:48:00 PM
Departure Date 8/1/2022 2:17:00 PM
Adult/Child 2/0
Room Rate 95.00
Rate Plan: RAR
HH #
AL:
Car:

Hilton



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TAPESTRY
COLLECTION
BY HILTON



HOMewood
SUITES
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DATE	REFERENCE	DESCRIPTION	AMOUNT
7/30/2022	427482	GUEST ROOM	\$95.00
7/30/2022	427482	RM LOCAL TAX	\$4.75
7/30/2022	427482	RM STATE TAX	\$5.70
7/31/2022	428050	GUEST ROOM	\$95.00
7/31/2022	428050	RM LOCAL TAX	\$4.75
7/31/2022	428050	RM STATE TAX	\$5.70
8/1/2022	428273	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/30/2022 7/31/2022 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 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

MERCHANT(S) AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE

FOLIO NO./CHECK NO.

130209 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-210.90

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 531/NDR
Arrival Date 7/30/2022 2:50:00 PM
Departure Date 8/1/2022 2:17:00 PM
Adult/Child 2/0
Room Rate 95.00
Rate Plan: RAR
HH #
AL:
Car:

Hilton



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HOTELS & RESORTS



CURIO
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TAPESTRY
COLLECTION
BY HILTON



HOMewood
SUITES
BY HILTON



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/30/2022	427586	GUEST ROOM	\$95.00
7/30/2022	427586	RM LOCAL TAX	\$4.75
7/30/2022	427586	RM STATE TAX	\$5.70
7/31/2022	428091	GUEST ROOM	\$95.00
7/31/2022	428091	RM LOCAL TAX	\$4.75
7/31/2022	428091	RM STATE TAX	\$5.70
8/1/2022	428274	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/30/2022 7/31/2022 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

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.

CARD MEMBER'S SIGNATURE

X

DATE OF CHARGE

FOLIO NO./CHECK NO.

130210 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-210.90

PAYMENT DUE UPON RECEIPT

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

Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree Invoice 33697

Nicole Thomason <Nicole.Thomason@Hilton.com>

Thu, Aug 4, 2022 at 06:10 PM GMT

CC: Invoicing <invoicing@cod.edu>

BCC:

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Hello,

Please see attached invoice 33697.

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

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1 attachment

COD INV 33697.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33698
Invoice Date: 8/4/2022
PO Number: P0003922
Check Number: 0301587
Check Amount: \$ 6,537.90
Check Date: 08/16/2022
Voucher Number: V0749627
Document Type: AP Invoice

Document Below



3003 Corporate West Drive • Lisle, IL 60532
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For reservations across the nation
www.doubletree.com or 1-800-222-TREE

Name & Address

COLLEGE OF DUPAGE-HOPPER

COD

425 FAWELL BLVD

GLEN ELLYN IL 60137

UNITED STATES OF AMERICA

Page: 2

INVOICE# 33698
INVOICE DATE 8/4/2022
CURRENT DATE 8/5/2022
YOUR ACCOUNT # C2489
YOUR P/O #

Hilton

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
7/29/2022	130449 B	427133	Rm 204	\$105.45
7/29/2022	130448 B	427134	Rm 330	\$105.45
7/29/2022	130452 B	427135	Rm 106	\$105.45
7/29/2022	130447 B	427137	Rm 328	\$105.45
7/29/2022	130450 B	427140	Rm 422	\$105.45
7/29/2022	130451 B	427147	Rm 333	\$105.45
8/4/2022	130453 B	429928	Rm 821	\$105.45

W
WALDORF
ASTORIA
HOTELS & RESORTS

CONRAD
HOTELS & RESORTS

canopy
by hilton

Hilton
HOTELS & RESORTS

CURIO
A COLLECTION BY HILTON

DOUBLE TREE
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

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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 7/28/2022 1:16:00 PM
Departure Date 7/28/2022 5:25:00 AM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RCM
HH # 787825867 SILVER
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/28/2022	426392	GUEST ROOM	\$95.00
7/28/2022	426392	RM LOCAL TAX	\$4.75
7/28/2022	426392	RM STATE TAX	\$5.70
7/29/2022	426554	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/28/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		130447 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.		
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 330/NKR
Arrival Date 7/28/2022 11:42:00 AM
Departure Date 7/28/2022 5:24:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCM
HH #
AL:
Car:

Hilton



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TAPESTRY
COLLECTION
BY HILTON™



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/28/2022	426394	GUEST ROOM	\$95.00
7/28/2022	426394	RM LOCAL TAX	\$4.75
7/28/2022	426394	RM STATE TAX	\$5.70
7/29/2022	426549	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/28/2022 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.
	130448 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 204/NKR
Arrival Date 7/28/2022 12:59:00 PM
Departure Date 7/28/2022 5:23:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCM
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/28/2022	426351	GUEST ROOM	\$95.00
7/28/2022	426351	RM LOCAL TAX	\$4.75
7/28/2022	426351	RM STATE TAX	\$5.70
7/29/2022	426548	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/28/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		130449 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
	TOTAL AMOUNT	-105.45

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.

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 422/NKR
Arrival Date 7/28/2022 1:18:00 PM
Departure Date 7/29/2022 1:18:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCM
HH # 661983154 SILVER
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/28/2022	426419	GUEST ROOM	\$95.00
7/28/2022	426419	RM LOCAL TAX	\$4.75
7/28/2022	426419	RM STATE TAX	\$5.70
7/29/2022	426790	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/28/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		130450 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 333/NKR
Arrival Date 7/28/2022 1:13:00 PM
Departure Date 7/29/2022 1:14:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RCM
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/28/2022	426397	GUEST ROOM	\$95.00
7/28/2022	426397	RM LOCAL TAX	\$4.75
7/28/2022	426397	RM STATE TAX	\$5.70
7/29/2022	426777	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/28/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		130451 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
ESTABLISHMENT AGREES TO TRANSFER TO CARD HOLDER FOR PAYMENT	TAXES	
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.	TIPS & MISC.	
CARD MEMBER'S SIGNATURE	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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COLLECTION
BY HILTON



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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 106/NKR
Arrival Date 7/28/2022 11:42:00 AM
Departure Date 7/28/2022 5:24:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCM
HH #
AL:
Car:

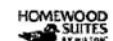
Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/28/2022	426322	GUEST ROOM	\$95.00
7/28/2022	426322	RM LOCAL TAX	\$4.75
7/28/2022	426322	RM STATE TAX	\$5.70
7/29/2022	426550	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/28/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			130452 B
CARD MEMBER NAME		AUTHORIZATION	INITIAL
		PURCHASES & SERVICES	
		TAXES	
		TIPS & MISC.	
CARD MEMBER'S SIGNATURE		TOTAL AMOUNT	-105.45
X		PAYMENT DUE UPON RECEIPT	

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.

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 821/NKS
Arrival Date 7/28/2022 1:14:00 PM
Departure Date 7/28/2022 5:24:00 AM
Adult/Child 1/0
Room Rate 195.00
Rate Plan: RCM
HH #
AL:
Car:

Hilton



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HOTELS

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DoubleTree
BY HILTON

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BY HILTON

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Garden
Inn

Hampton
by Hilton

tru
by Hilton

Homewood
SUITES
BY HILTON

Home2
SUITES
BY HILTON

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Hilton
HONORS

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/28/2022	426506	GUEST ROOM	\$95.00
7/28/2022	426506	RM LOCAL TAX	\$4.75
7/28/2022	426506	RM STATE TAX	\$5.70
8/4/2022	429855	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/28/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		130453 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 RESOLD OR RETURNED FOR A CASH REFUND

PAYMENT DUE UPON RECEIPT

Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree INV 33698 PO# P0003922

Nicole Thomason <Nicole.Thomason@Hilton.com>

Fri, Aug 5, 2022 at 05:05 PM GMT

CC: Invoicing <invoicing@cod.edu>

BCC:

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Hello,

Please see attached invoice 33698.

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

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Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33699
Invoice Date: 8/4/2022
PO Number: P0003965
Check Number: 0301587
Check Amount: \$ 6,537.90
Check Date: 08/16/2022
Voucher Number: V0749628
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#

ORIGINAL

33699

INVOICE DATE

8/4/2022

CURRENT DATE

8/4/2022

YOUR ACCOUNT #

C2489

YOUR P/O #

Hilton

P 0003965

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
7/30/2022	130456 B	427710		\$105.45
7/30/2022	130459 B	427711		\$105.45
7/30/2022	130458 B	427712		\$105.45
7/30/2022	130461 B	427714		\$210.90
7/30/2022	130457 B	427715		\$105.45
7/30/2022	130460 B	427716		\$210.90

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CONRAD
HOTELS & RESORTS

canopy
HOTELS

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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

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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 /NDR
 Arrival Date 7/29/2022
 Departure Date 7/30/2022
 Adult/Child
 Room Rate 2/0
 95.00
 Rate Plan: RMC
 HH #
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/30/2022	427175	NOSHOW: 1 NIGHT(S) AT \$95.00/NIGHT FOR ARRIVAL 07/29/2022	\$95.00
7/30/2022	427175	RM LOCAL TAX	\$4.75
7/30/2022	427175	RM STATE TAX	\$5.70
7/30/2022	427176	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/29/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		130456 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





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 532/NDR
Arrival Date 7/29/2022 6:28:00 PM
Departure Date 7/30/2022 12:48:00 PM

Adult/Child 2/0
Room Rate 95.00

Rate Plan: RMC
HH #
AL:
Car:

Hilton



CONRAD
HOTELS & RESORTS



CURIO
COLLECTION BY HILTON



TAPESTRY
COLLECTION BY HILTON



HOMWOOD
SUITES BY HILTON



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/29/2022	427041	GUEST ROOM	\$95.00
7/29/2022	427041	RM LOCAL TAX	\$4.75
7/29/2022	427041	RM STATE TAX	\$5.70
7/30/2022	427310	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/29/2022 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		130457 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	PAYMENT DUE UPON RECEIPT	

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



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 525/NKRD
Arrival Date 7/29/2022 11:44:00 PM
Departure Date 7/30/2022 11:41:00 AM

Adult/Child 2/0
Room Rate 95.00

Rate Plan: RMC
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/29/2022	427036	GUEST ROOM	\$95.00
7/29/2022	427036	RM LOCAL TAX	\$4.75
7/29/2022	427036	RM STATE TAX	\$5.70
7/30/2022	427294	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/29/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		130458 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT	TAXES	
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.	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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ATTN: JOE HOPPER
COD
425 FAWELL BLVD
GLEN ELLYN IL 60137
UNITED STATES OF AMERICA

Room 307/NDRD
Arrival Date 7/29/2022 10:51:00 PM
Departure Date 7/30/2022 8:28:00 AM

Adult/Child 2/0
Room Rate \$5.00

Rate Plan: RMC
HH #
AL:
Car:

Hilton



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COLLECTION
BY HILTON



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/29/2022	426979	GUEST ROOM	\$95.00
7/29/2022	426979	RM LOCAL TAX	\$4.75
7/29/2022	426979	RM STATE TAX	\$5.70
7/30/2022	427230	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/29/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		130459 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.

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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 538/NDR
Arrival Date 7/28/2022 2:45:00 PM
Departure Date 7/30/2022 12:49:00 PM

Adult/Child 2/0
Room Rate 95.00

Rate Plan: RMC
HH #
AL:
Car:

Hilton



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TAPESTRY
COLLECTION
BY HILTON



HOMWOOD
SUITES
BY HILTON



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/28/2022	426449	GUEST ROOM	\$95.00
7/28/2022	426449	RM LOCAL TAX	\$4.75
7/28/2022	426449	RM STATE TAX	\$5.70
7/29/2022	427047	GUEST ROOM	\$95.00
7/29/2022	427047	RM LOCAL TAX	\$4.75
7/29/2022	427047	RM STATE TAX	\$5.70
7/30/2022	427311	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/28/2022 7/29/2022 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		130460 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		-210.90	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE REFUND 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 335/NDR
Arrival Date 7/28/2022 2:46:00 PM
Departure Date 7/30/2022 12:45:00 PM
Adult/Child Room Rate 2/0 95.00
Rate Plan: RMC
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/28/2022	426399	GUEST ROOM	\$95.00
7/28/2022	426399	RM LOCAL TAX	\$4.75
7/28/2022	426399	RM STATE TAX	\$5.70
7/29/2022	426995	GUEST ROOM	\$95.00
7/29/2022	426995	RM LOCAL TAX	\$4.75
7/29/2022	426995	RM STATE TAX	\$5.70
7/30/2022	427307	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/28/2022 7/29/2022 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.	TAXES	
	TIPS & MISC	
	TOTAL AMOUNT	-210.90

CARD MEMBER'S SIGNATURE
X

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

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Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree INV 33699 PO#P0003965

Nicole Thomason <Nicole.Thomason@Hilton.com>

Thu, Aug 4, 2022 at 06:12 PM GMT

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

BCC:

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Hello,

Please see attached invoice 33699.

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

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1 attachment

COD INV 33699.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33692
Invoice Date: 7/26/2022
PO Number: P0003939
Check Number: 0301587
Check Amount: \$ 6,537.90
Check Date: 08/16/2022
Voucher Number: V0749629
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# 33692
INVOICE DATE 7/26/2022
CURRENT DATE 7/26/2022
YOUR ACCOUNT # C2489
YOUR P/O #

ORIGINAL

Hilton

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
7/22/2022	129987 B	423010		\$105.45

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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 737/NKR
Arrival Date 7/21/2022 1:40:00 PM
Departure Date 7/22/2022 9:49:00 AM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RAH
HH #
AL:
Car:

Hilton



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DATE	REFERENCE	DESCRIPTION	AMOUNT
7/21/2022	421892	GUEST ROOM	\$95.00
7/21/2022	421892	RM LOCAL TAX	\$4.75
7/21/2022	421892	RM STATE TAX	\$5.70
7/22/2022	422085	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		7/21/2022 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		129987 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.		
CARD MEMBER'S SIGNATURE	TAXES	
	TIPS & MISC.	
	TOTAL AMOUNT	-105.45

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 33692

Nicole Thomason <Nicole.Thomason@Hilton.com>

Tue, Jul 26, 2022 at 05:10 PM GMT

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

BCC:

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Hello,

Please see attached invoice.

Thank you!

Nicole Thomason
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Phn: 630-245-7634
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