

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33754
Invoice Date: 12/15/2022
PO Number: P0004990
Check Number: 0307076
Check Amount: \$ 4,967.53
Check Date: 01/18/2023
Voucher Number: V0767344
Document Type: AP Invoice

Document Below



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www.doubletree.com or 1-800-222-TREE

Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33754

COD

INVOICE DATE 12/15/2022

425 FAWELL BLVD

CURRENT DATE 12/15/2022

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Page: 1

PO# P 0004990

Hilton



DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
12/12/2022	142225 B	489558		
12/12/2022	142226 B	489559		
12/12/2022	142231 B	489560		
12/12/2022	142228 B	489563		
12/12/2022	142224 B	489564		
12/12/2022	142223 B	489565		
12/12/2022	142230 B	489566		
12/12/2022	142229 B	489567		
12/12/2022	142227 B	489569		

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SUITES
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Garden
Inn

Hampton
by hilton

tru
by hilton

HOMEWOOD
SUITES
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HOME2
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Hilton
Grand Vacations

PAYMENT DUE UPON RECEIPT

\$1,898.10

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 526/NKR
Arrival Date 12/10/2022 5:17:00 PM
Departure Date 12/12/2022 11:55:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCV
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/10/2022	489103	GUEST ROOM	\$95.00
12/10/2022	489103	RM LOCAL TAX	\$4.75
12/10/2022	489103	RM STATE TAX	\$5.70
12/11/2022	489296	GUEST ROOM	\$95.00
12/11/2022	489296	RM LOCAL TAX	\$4.75
12/11/2022	489296	RM STATE TAX	\$5.70
12/12/2022	489380	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/10/2022 12/11/2022 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

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.

142223 B

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT -210.90

PAYMENT DUE UPON RECEIPT

W
WALDORF
ASTORIA
HOTELS & RESORTS

CONRAD
HOTELS & RESORTS

canopy
BY HILTON

Hilton
HOTELS & RESORTS

CURIO
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COLLECTION
BY HILTON

EMBASSY
SUITES
BY HILTON

Hilton
Garden
Inn

Hampton
BY HILTON

tru
BY HILTON

HOMewood
SUITES
BY HILTON

HOME2
SUITES BY HILTON

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HONORS



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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 521/NKR
Arrival Date 12/10/2022 5:15:00 PM
Departure Date 12/12/2022 1:45:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RCV
HH # 624641309 DIAMOND
AL:
Car:

Hilton



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SUITES
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DATE	REFERENCE	DESCRIPTION	AMOUNT
12/10/2022	489100	GUEST ROOM	\$95.00
12/10/2022	489100	RM LOCAL TAX	\$4.75
12/10/2022	489100	RM STATE TAX	\$5.70
12/11/2022	489293	GUEST ROOM	\$95.00
12/11/2022	489293	RM LOCAL TAX	\$4.75
12/11/2022	489293	RM STATE TAX	\$5.70
12/12/2022	489398	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/10/2022 12/11/2022 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.
		142224 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	-210.90
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 520/NKR
Arrival Date 12/10/2022 5:14:00 PM
Departure Date 12/12/2022 7:43:00 AM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RCV
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/10/2022	489099	GUEST ROOM	\$95.00
12/10/2022	489099	RM LOCAL TAX	\$4.75
12/10/2022	489099	RM STATE TAX	\$5.70
12/11/2022	489292	GUEST ROOM	\$95.00
12/11/2022	489292	RM LOCAL TAX	\$4.75
12/11/2022	489292	RM STATE TAX	\$5.70
12/12/2022	489339	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/10/2022 12/11/2022 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.
			142225 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	-210.90
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 522/NKR
Arrival Date 12/10/2022 5:16:00 PM
Departure Date 12/12/2022 8:02:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCV
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/10/2022	489101	GUEST ROOM	\$95.00
12/10/2022	489101	RM LOCAL TAX	\$4.75
12/10/2022	489101	RM STATE TAX	\$5.70
12/11/2022	489294	GUEST ROOM	\$95.00
12/11/2022	489294	RM LOCAL TAX	\$4.75
12/11/2022	489294	RM STATE TAX	\$5.70
12/12/2022	489343	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/10/2022 12/11/2022 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

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.

142226 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-210.90

PAYMENT DUE UPON RECEIPT

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WALDORF
ASTORIA
HOTELS & RESORTS

CONRAD
HOTELS & RESORTS

canopy
by hilton

H
Hilton
HOTELS & RESORTS

CURIO
A COLLECTION BY HILTON

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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 518/NKR
Arrival Date 12/10/2022 5:09:00 PM
Departure Date 12/12/2022 1:41:00 PM

Adult/Child 2/0
Room Rate 95.00

Rate Plan: RCV
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/10/2022	489096	GUEST ROOM	\$95.00
12/10/2022	489096	RM LOCAL TAX	\$4.75
12/10/2022	489096	RM STATE TAX	\$5.70
12/11/2022	489290	GUEST ROOM	\$95.00
12/11/2022	489290	RM LOCAL TAX	\$4.75
12/11/2022	489290	RM STATE TAX	\$5.70
12/12/2022	489393	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/10/2022 12/11/2022 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. 142227 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 515/NKR
Arrival Date 12/10/2022 5:08:00 PM
Departure Date 12/12/2022 11:51:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCV
HH # 1651219451 BLUE
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/10/2022	489094	GUEST ROOM	\$95.00
12/10/2022	489094	RM LOCAL TAX	\$4.75
12/10/2022	489094	RM STATE TAX	\$5.70
12/11/2022	489288	GUEST ROOM	\$95.00
12/11/2022	489288	RM LOCAL TAX	\$4.75
12/11/2022	489288	RM STATE TAX	\$5.70
12/12/2022	489377	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/10/2022 12/11/2022 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

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.

142228 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-210.90

PAYMENT DUE UPON RECEIPT



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ASTORIA
HOTELS & RESORTS

CONRAD
HOTELS & RESORTS

canopy
BY HILTON



Hilton
HOTELS & RESORTS

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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 513/NKR
Arrival Date 12/10/2022 5:03:00 PM
Departure Date 12/12/2022 12:01:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCV
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/10/2022	489093	GUEST ROOM	\$95.00
12/10/2022	489093	RM LOCAL TAX	\$4.75
12/10/2022	489093	RM STATE TAX	\$5.70
12/11/2022	489286	GUEST ROOM	\$95.00
12/11/2022	489286	RM LOCAL TAX	\$4.75
12/11/2022	489286	RM STATE TAX	\$5.70
12/12/2022	489383	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/10/2022 12/11/2022 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. 142229 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 512/NKR
Arrival Date 12/10/2022 4:59:00 PM
Departure Date 12/12/2022 11:57:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCV
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/10/2022	489092	GUEST ROOM	\$95.00
12/10/2022	489092	RM LOCAL TAX	\$4.75
12/10/2022	489092	RM STATE TAX	\$5.70
12/11/2022	489285	GUEST ROOM	\$95.00
12/11/2022	489285	RM LOCAL TAX	\$4.75
12/11/2022	489285	RM STATE TAX	\$5.70
12/12/2022	489382	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/10/2022 12/11/2022 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

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.
	142230 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-210.90

PAYMENT DUE UPON RECEIPT



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canopy
by hilton



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
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EMBASSY
SUITES
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HOMewood
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by hilton

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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 510/NKR
Arrival Date 12/10/2022 4:51:00 PM
Departure Date 12/12/2022 8:02:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCV
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/10/2022	489091	GUEST ROOM	\$95.00
12/10/2022	489091	RM LOCAL TAX	\$4.75
12/10/2022	489091	RM STATE TAX	\$5.70
12/11/2022	489283	GUEST ROOM	\$95.00
12/11/2022	489283	RM LOCAL TAX	\$4.75
12/11/2022	489283	RM STATE TAX	\$5.70
12/12/2022	489344	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/10/2022 12/11/2022 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.
		142231 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	-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



Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree INV 33754- PO# P0004990

Nicole Thomason <Nicole.Thomason@Hilton.com>

Thu, Dec 15, 2022 at 08:06 PM UTC

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 33754.

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 33754 .pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33752
Invoice Date: 12/13/2022
PO Number: P0005352
Check Number: 0307076
Check Amount: \$ 4,967.53
Check Date: 01/18/2023
Voucher Number: V0767419
Document Type: AP Invoice

Document Below



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

Name & Address

ORIGINAL

COLLEGE OF DUPAGE-ATHLETIC DEP

INVOICE# 33752
INVOICE DATE 12/13/2022
CURRENT DATE 12/13/2022
YOUR ACCOUNT # C208
YOUR P/O # **PO 5352**



Page: 1

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
12/12/2022	118280 A	489556	Grp RSP [RTD FR THE RED GRANGE BOWL GAME NJCAA:RCPT A]	\$2,111.50



PAYMENT DUE UPON RECEIPT

Total:

\$2,111.50

THANK YOU FOR YOUR BUSINESS!

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

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

DAILY RENTAL ORDER

Five-Star AudioVisual, Inc. Double Tree by Hilton Lisle/Naperville 3003 Corporate West Drive Lisle, IL 60532 Phone: 630-245-7640 Fax: 630-245-7670	Bill to: Red Grange Bowl Banquet x x, X x
---	--

Order Number	Order Date	Term	Customer Number	Master Account Number
17_14008	December 01, 2022	Master Bill	108670	TBD

Event: Red Grange Bowl Banquet
Location: Regency Ballroom

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

Audio

Qty	ID No	Description	Rate	Total
1.00	20	Audio Mixer	\$100.00	\$100.00
1.00	15-16	Laptop Audio Connection	\$75.00	\$75.00
1.00	16-21	Podium Microphone	\$100.00	\$100.00
1.00	16-50	Wireless Handheld Microphone	\$175.00	\$175.00

Projection

Qty	ID No	Description	Rate	Total
2.00	14-10	Projection Package - 7.5' x 10' Fastfold Screen w/ Dress Kit	\$800.00	\$1,600.00

Room Sub Total: \$2,050.00

Event Notes:

Run control to the tech table set to the side of the room

Notes:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Daily Subtotal</td> <td style="text-align: right;">\$2,050.00</td> </tr> <tr> <td>Discount</td> <td style="text-align: right;">\$410.00</td> </tr> <tr> <td>Admin Fee</td> <td style="text-align: right;">\$471.50</td> </tr> <tr> <td>Daily Total:</td> <td style="text-align: right;">\$2,111.50</td> </tr> </table>	Daily Subtotal	\$2,050.00	Discount	\$410.00	Admin Fee	\$471.50	Daily Total:	\$2,111.50
Daily Subtotal	\$2,050.00								
Discount	\$410.00								
Admin Fee	\$471.50								
Daily Total:	\$2,111.50								

Delivered by :

Client's Signature

Thursday, December 01, 2022

"Smith, Bev" <smithb244@cod.edu>

Attached Image

"Smith, Bev" <smithb244@cod.edu>

Wed, Dec 21, 2022 at 04:25 PM UTC

CC:

BCC:

1 attachment

3845_001.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33748
Invoice Date: 12/7/2022
PO Number: P0005428
Check Number: 0307076
Check Amount: \$ 4,967.53
Check Date: 01/18/2023
Voucher Number: V0767593
Document Type: AP Invoice

Document Below



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Name & Address

ORIGINAL

COLLEGE OF DUPAGE-ATHLETIC DEP

INVOICE# 33748
INVOICE DATE 12/7/2022
CURRENT DATE 12/7/2022
YOUR ACCOUNT # C208
YOUR P/O #

Hilton

Page: 1

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
------	---------	----------	-------------	--------

\$142.08
\$142.08
\$142.08
\$142.08
\$71.04
\$71.04
\$142.08

W
WALDORF
ASTORIA
HOTELS & RESORTS

CONRAD
HOTELS & RESORTS

canopy
BY HILTON

Hilton
HOTELS & RESORTS

CURIO
A COLLECTION BY HILTON

DOUBLETREE
BY HILTON

TAPESTRY
COLLECTION
BY HILTON

EMBASSY
SUITES
BY HILTON

Hilton
Garden
Inn

Hampton
BY HILTON

tru
BY HILTON

HOMEWOOD
SUITES
BY HILTON

HOME2
SUITES BY HILTON

Hilton
Grand Vacations

Hilton
HONORS

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

PAYMENT DUE UPON RECEIPT

Total:

\$852.48

THANK YOU FOR YOUR BUSINESS!

QUESTIONS CONCERNING THIS INVOICE?
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630-245-7634

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www.doubletree.com or 1-800-222-TREE

Name & Address

COLLEGE OF DUPAGE-ATHLETIC DEP
ATTN: BEVERLY SMITH

Room 821/NKS
Arrival Date 12/1/2022 12:20:00 PM
Departure Date 12/3/2022 1:39:00 PM

Adult/Child 1/0
Room Rate 64.00

Rate Plan: RSP
HH #
AL:
Car:

Confirmation Number: 53791081

DAWKINS, RICH
12/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/1/2022	485838	GUEST ROOM	\$64.00
12/1/2022	485838	RM LOCAL TAX	\$3.20
12/1/2022	485838	RM STATE TAX	\$3.84
12/2/2022	486456	GUEST ROOM	\$64.00
12/2/2022	486456	RM LOCAL TAX	\$3.20
12/2/2022	486456	RM STATE TAX	\$3.84
12/3/2022	486654	Direct Bill - COLLEGE OF DUPAGE-ATHLETIC DEP	(\$142.08)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/1/2022 12/2/2022 STAY TOTAL	
		ROOM AND TAX \$71.04 \$71.04 \$142.08	
		DAILY TOTAL \$71.04 \$71.04 \$142.08	
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.
	143235 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-142.08

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-ATHLETIC DEP
ATTN: BEVERLY SMITH

Room 634/NKRX
Arrival Date 12/1/2022 5:10:00 PM
Departure Date 12/3/2022 8:44:00 AM

Adult/Child 1/0
Room Rate 64.00

Rate Plan: RSP
HH # 1566933311 BLUE
AL:
Car:

Confirmation Number: 53790092

RICHARD, KAISER
12/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/1/2022	485797	GUEST ROOM	\$64.00
12/1/2022	485797	RM LOCAL TAX	\$3.20
12/1/2022	485797	RM STATE TAX	\$3.84
12/2/2022	486367	GUEST ROOM	\$64.00
12/2/2022	486367	RM LOCAL TAX	\$3.20
12/2/2022	486367	RM STATE TAX	\$3.84
12/3/2022	486524	Direct Bill - COLLEGE OF DUPAGE-ATHLETIC DEP	(\$142.08)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/1/2022 12/2/2022 STAY TOTAL	
ROOM AND TAX		\$71.04 \$71.04	\$142.08
DAILY TOTAL		\$71.04 \$71.04	\$142.08

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. 143236 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-142.08

PAYMENT DUE UPON RECEIPT





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Name & Address

COLLEGE OF DUPAGE-ATHLETIC DEP
 ATTN: BEVERLY SMITH

Room 633/NKRX
 Arrival Date 12/1/2022 1:15:00 PM
 Departure Date 12/3/2022 9:54:00 AM

Adult/Child 1/0
 Room Rate 64.00

Rate Plan: RSP
 HH # 1075971893 BLUE
 AL:
 Car:

Confirmation Number: 53789853

MULLEN, STEVEN

12/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/1/2022	485796	GUEST ROOM	\$64.00
12/1/2022	485796	RM LOCAL TAX	\$3.20
12/1/2022	485796	RM STATE TAX	\$3.84
12/2/2022	486366	GUEST ROOM	\$64.00
12/2/2022	486366	RM LOCAL TAX	\$3.20
12/2/2022	486366	RM STATE TAX	\$3.84
12/3/2022	486563	Direct Bill - COLLEGE OF DUPAGE-ATHLETIC DEP	(\$142.08)
		BALANCE	\$0.00

EXPENSE REPORT SUMMARY

	12/1/2022	12/2/2022	STAY TOTAL
ROOM AND TAX	\$71.04	\$71.04	\$142.08
DAILY TOTAL	\$71.04	\$71.04	\$142.08

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.
	143237 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-142.08

PAYMENT DUE UPON RECEIPT

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

HOMWOOD
 SUITES
 BY HILTON

HOME2
 SUITES BY HILTON

Hilton
 Grand Vacations

Hilton
 HONORS



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Name & Address

COLLEGE OF DUPAGE-ATHLETIC DEP
 ATTN: BEVERLY SMITH

Room 626/NKRX
 Arrival Date 12/1/2022 8:44:00 PM
 Departure Date 12/3/2022 10:15:00 AM

Adult/Child 1/0
 Room Rate 64.00

Rate Plan: RSP
 HH #
 AL:
 Car:

Confirmation Number: 53789647

FINE, DESIGNS

12/7/2022

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/1/2022	485795	GUEST ROOM	\$64.00
12/1/2022	485795	RM LOCAL TAX	\$3.20
12/1/2022	485795	RM STATE TAX	\$3.84
12/2/2022	486354	GUEST ROOM	\$64.00
12/2/2022	486354	RM LOCAL TAX	\$3.20
12/2/2022	486354	RM STATE TAX	\$3.84
12/3/2022	486582	Direct Bill - COLLEGE OF DUPAGE-ATHLETIC DEP	(\$142.08)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/1/2022 12/2/2022 STAY TOTAL	
ROOM AND TAX		\$71.04 \$71.04	\$142.08
DAILY TOTAL		\$71.04 \$71.04	\$142.08

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.

143238 B

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT -142.08

PAYMENT DUE UPON RECEIPT

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Name & Address

COLLEGE OF DUPAGE-ATHLETIC DEP
ATTN: BEVERLY SMITH

Room 635/NKRX
Arrival Date 12/2/2022 9:49:00 PM
Departure Date 12/3/2022 12:44:00 PM

Adult/Child 1/0
Room Rate 64.00

Rate Plan: RSP
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/2/2022	486368	GUEST ROOM	\$64.00
12/2/2022	486368	RM LOCAL TAX	\$3.20
12/2/2022	486368	RM STATE TAX	\$3.84
12/3/2022	486640	Direct Bill - COLLEGE OF DUPAGE-ATHLETIC DEP	(\$71.04)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/2/2022 STAY TOTAL	
ROOM AND TAX		\$71.04	\$71.04
DAILY TOTAL		\$71.04	\$71.04

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. 143239 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-71.04

PAYMENT DUE UPON RECEIPT



CONRAD
HOTELS & RESORTS



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON





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Name & Address

COLLEGE OF DUPAGE-ATHLETIC DEP
 ATTN: BEVERLY SMITH

Room 625/NKRX
 Arrival Date 12/1/2022 4:06:00 PM
 Departure Date 12/3/2022 8:22:00 AM

Adult/Child 1/0
 Room Rate 64.00

Rate Plan: RSP
 HH #
 AL:
 Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/1/2022	485794	GUEST ROOM	\$64.00
12/1/2022	485794	RM LOCAL TAX	\$3.20
12/1/2022	485794	RM STATE TAX	\$3.84
12/2/2022	486353	GUEST ROOM	\$64.00
12/2/2022	486353	RM LOCAL TAX	\$3.20
12/2/2022	486353	RM STATE TAX	\$3.84
12/3/2022	486503	Direct Bill - COLLEGE OF DUPAGE-ATHLETIC DEP	(\$142.08)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/1/2022 12/2/2022 STAY TOTAL	
ROOM AND TAX		\$71.04 \$71.04	\$142.08
DAILY TOTAL		\$71.04 \$71.04	\$142.08

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.
	143240 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-142.08

PAYMENT DUE UPON RECEIPT

W
 WALDORF
 ASTORIA
 HOTELS & RESORTS

CONRAD
 HOTELS & RESORTS

canopy
 BY HILTON

H
 Hilton
 HOTELS & RESORTS

CURIO
 A COLLECTION BY HILTON

D
 DOUBLETREE
 BY HILTON

TAPESTRY
 COLLECTION
 BY HILTON

E
 EMBASSY
 SUITES
 BY HILTON

Hilton
 Garden
 Inn

Hampton
 BY HILTON

tru
 BY HILTON

HOMESWOOD
 SUITES
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Name & Address

COLLEGE OF DUPAGE-ATHLETIC DEP
ATTN: BEVERLY SMITH

Room 637/NKRX
Arrival Date 12/2/2022 9:51:00 PM
Departure Date 12/3/2022 10:16:00 AM

Adult/Child 1/0
Room Rate 64.00

Rate Plan: RSP
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/2/2022	486369	GUEST ROOM	\$64.00
12/2/2022	486369	RM LOCAL TAX	\$3.20
12/2/2022	486369	RM STATE TAX	\$3.84
12/3/2022	486583	Direct Bill - COLLEGE OF DUPAGE-ATHLETIC DEP	(\$71.04)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/2/2022 STAY TOTAL	
ROOM AND TAX		\$71.04	\$71.04
DAILY TOTAL		\$71.04	\$71.04

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.
	144217 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-71.04

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

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

[External] DoubleTree INV 33747 (P0005186) & INV33748

Nicole Thomason <Nicole.Thomason@Hilton.com>

Wed, Dec 7, 2022 at 08:11 PM UTC

CC: Invoicing <invoicing@cod.edu>, Foster, Matt <fosterm5@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.

Hi Bev,

Please see attached invoices for the Red Grange Bowl.
Let me know if you need anything else.

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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2 attachments

COD INV 33748-Red Grange rooms.pdf

COD INV 33747- Red Grange Banquets.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33755
Invoice Date: 12/27/2022
PO Number:
Check Number: 0307076
Check Amount: \$ 4,967.53
Check Date: 01/18/2023
Voucher Number: V0767861
Document Type: AP Invoice

Document Below



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Name & Address

ORIGINAL

COD
425 FAWELL BLVD
GLEN ELLYN IL 60137
UNITED STATES OF AMERICA
Page: 1

INVOICE# 33755
INVOICE DATE 12/27/2022
CURRENT DATE 12/27/2022
YOUR ACCOUNT # C2489
YOUR P/O #

Hilton

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
12/18/2022	145117 B	491198		\$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

HOMWOOD
SUITES
BY HILTON

HOME2
SUITES BY HILTON

Hilton
Grand Vacations

PAYMENT DUE UPON RECEIPT

Total:

\$105.45

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

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Hilton
HONORS



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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 404/NKR
Arrival Date 12/17/2022 10:57:00 PM
Departure Date 12/18/2022 11:26:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: P17
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/17/2022	490980	GUEST ROOM	\$95.00
12/17/2022	490980	RM LOCAL TAX	\$4.75
12/17/2022	490980	RM STATE TAX	\$5.70
12/18/2022	491092	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/17/2022 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.
	145117 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



CONRAD
HOTELS & RESORTS™

canopy
by hilton



CURIO
A COLLECTION BY HILTON™



TAPESTRY
COLLECTION
BY HILTON™



[External] DoubleTree INV 33755

Nicole Thomason <Nicole.Thomason@Hilton.com>

Tue, Dec 27, 2022 at 07:50 PM UTC

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 33755.

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

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