

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1644549  
Vendor Name: 3003 Corporate Hotel LLC  
Invoice Number: 33767  
Invoice Date: 3/23/2023  
PO Number: P0005709  
Check Number: 0310922  
Check Amount: \$ 2,214.45  
Check Date: 04/11/2023  
Voucher Number: V0779801  
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

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33767

COD

INVOICE DATE 3/23/2023

425 FAWELL BLVD

CURRENT DATE 2/21/2023

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Page: 1

PO# P0005709

Hilton

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
2/15/2023	148004 B	505307	Rm 524 [RTD FR CHARLES, IVY:RCPT B]	\$105.45
2/16/2023	148005 B	505673	Rm 523 [RTD FR ROBINS, LOGAN:RCPT B]	\$105.45
2/16/2023	148003 B	505674	Rm 522 [RTD FR REDDING, KATE:RCPT B]	\$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

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

Total: \$316.35

QUESTIONS CONCERNING THIS INVOICE?

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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 2/14/2023 2:23:00 PM  
Departure Date 2/16/2023 12:55:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RTM  
HH # 918986917 BLUE  
AL:  
Car:

Confirmation Number: 84992813

REDDING, KATE  
2/21/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/14/2023	505045	GUEST ROOM	\$95.00
2/14/2023	505045	RM LOCAL TAX	\$4.75
2/14/2023	505045	RM STATE TAX	\$5.70
2/16/2023	505459	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/14/2023 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		148003 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





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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 524/NKR  
Arrival Date 2/14/2023 2:30:00 PM  
Departure Date 2/15/2023 8:29:00 AM  
Adult/Child 1/0  
Room Rate 95.00  
Rate Plan: RTM  
HH # 1726827700 BLUE  
AL:  
Car:

Confirmation Number: 81061389  
CHARLES, IVY  
2/21/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/14/2023	505047	GUEST ROOM	\$95.00
2/14/2023	505047	RM LOCAL TAX	\$4.75
2/14/2023	505047	RM STATE TAX	\$5.70
2/15/2023	505138	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/14/2023 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.
	148004 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

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





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 523/NDR  
Arrival Date 2/14/2023 2:26:00 PM  
Departure Date 2/16/2023 6:41:00 AM

Adult/Child 2/0  
Room Rate 95.00

Rate Plan: RTM  
HH # 1721214730 BLUE  
AL:  
Car:

Confirmation Number: 87877677  
ROBINS, LOGAN  
2/21/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/14/2023	505046	GUEST ROOM	\$95.00
2/14/2023	505046	RM LOCAL TAX	\$4.75
2/14/2023	505046	RM STATE TAX	\$5.70
2/16/2023	505322	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/14/2023 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		148005 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.

PAYMENT DUE UPON RECEIPT



Nicole Thomason <Nicole.Thomason@Hilton.com>

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**[External] DoubleTree Invoice 33767 PO# P0005709**

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Nicole Thomason <Nicole.Thomason@Hilton.com>

Tue, Feb 21, 2023 at 08:15 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.

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 33767.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1644549  
Vendor Name: 3003 Corporate Hotel LLC  
Invoice Number: 33768  
Invoice Date: 3/23/2023  
PO Number: P0005509  
Check Number: 0310922  
Check Amount: \$ 2,214.45  
Check Date: 04/11/2023  
Voucher Number: V0779811  
Document Type: AP Invoice

Document Below



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Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE#

33768

COD

INVOICE DATE

3/23/2023

425 FAWELL BLVD

CURRENT DATE

2/21/2023

GLEN ELLYN IL 60137

YOUR ACCOUNT #

C2489

UNITED STATES OF AMERICA

YOUR P/O #

Page: 1

P2# P0005509

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  
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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	Folio #	AR TRANS	DESCRIPTION	AMOUNT
2/20/2023	146868 B	506911	Rm 510 [RTD FR CLAUSEN, ANDREW:RCPT B]	\$105.45
2/20/2023	146865 B	506912	Rm 520 [RTD FR FREEDLUND, HALEY:RCPT B]	\$105.45
2/20/2023	146867 B	506913	Rm 521 [RTD FR HARRIS, EVAN:RCPT B]	\$105.45
2/20/2023	146870 B	506914	Rm 522 [RTD FR JOHNS, SHENEL:RCPT B]	\$105.45
2/20/2023	146873 B	506915	Rm 537 [RTD FR PICARD, MATHIS:RCPT B]	\$105.45
2/20/2023	146874 B	506916	Rm 418 [RTD FR REDDICK, TJ:RCPT B]	\$105.45
2/20/2023	146869 B	506917	Rm 419 [RTD FR SOTASHE, VUYO:RCPT B]	\$105.45
2/20/2023	146872 B	506918	Rm 424 [RTD FR STEPHENSON, BARRY:RCPT B]	\$105.45

PAYMENT DUE UPON RECEIPT

Total: \$843.60

QUESTIONS CONCERNING THIS INVOICE?

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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 2/19/2023 7:19:00 PM  
Departure Date 2/20/2023 9:31:00 AM  
Adult/Child 1/0  
Room Rate 95.00  
Rate Plan: R/JL  
HH # 1519412785 BLUE  
AL:  
Car:

Confirmation Number: 95524369  
FREEDLUND, HALEY  
2/21/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/19/2023	506685	GUEST ROOM	\$95.00
2/19/2023	506685	RM LOCAL TAX	\$4.75
2/19/2023	506685	RM STATE TAX	\$5.70
2/20/2023	506758	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/19/2023 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		146865 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE X	TOTAL AMOUNT	-105.45

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

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Name & Address

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

Room 521/NKR  
Arrival Date 2/19/2023 7:34:00 PM  
Departure Date 2/20/2023 9:31:00 AM  
Adult/Child 1/0  
Room Rate 95.00  
Rate Plan: R.JL  
HH # 1747911186 BLUE  
AL:  
Car:

Confirmation Number: 92379217  
HARRIS, EVAN  
2/21/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/19/2023	506686	GUEST ROOM	\$95.00
2/19/2023	506686	RM LOCAL TAX	\$4.75
2/19/2023	506686	RM STATE TAX	\$5.70
2/20/2023	506759	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/19/2023 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		146867 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 510/NKR  
Arrival Date 2/19/2023 7:29:00 PM  
Departure Date 2/20/2023 9:31:00 AM  
Adult/Child 1/0  
Room Rate 95.00  
Rate Plan: R/JL  
HH # 1420045658 BLUE  
AL:  
Car:

Confirmation Number: 90282257  
CLAUSEN, ANDREW  
2/21/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/19/2023	506681	GUEST ROOM	\$95.00
2/19/2023	506681	RM LOCAL TAX	\$4.75
2/19/2023	506681	RM STATE TAX	\$5.70
2/20/2023	506757	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/19/2023 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	

DATE OF CHARGE	FOLIO NO./CHECK NO. 146868 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





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

Room 419/NKR  
Arrival Date 2/19/2023 7:37:00 PM  
Departure Date 2/20/2023 9:31:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RJL  
HH #  
AL:  
Car:

Confirmation Number: 93690289

SOTASHE, VUYO

2/21/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/19/2023	506673	GUEST ROOM	\$95.00
2/19/2023	506673	RM LOCAL TAX	\$4.75
2/19/2023	506673	RM STATE TAX	\$5.70
2/20/2023	506764	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/19/2023 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			

DATE OF CHARGE	FOLIO NO./CHECK NO.
	146869 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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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 522/NKR  
Arrival Date 2/19/2023 7:14:00 PM  
Departure Date 2/20/2023 9:31:00 AM  
Adult/Child 1/0  
Room Rate 95.00  
Rate Plan: RJL  
HH #  
AL:  
Car:

Confirmation Number: 97098353  
JOHNS, SHENEL  
2/21/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/19/2023	506687	GUEST ROOM	\$95.00
2/19/2023	506687	RM LOCAL TAX	\$4.75
2/19/2023	506687	RM STATE TAX	\$5.70
2/20/2023	506760	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/19/2023 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			146870 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.

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 424/NKR  
Arrival Date 2/19/2023 7:16:00 PM  
Departure Date 2/20/2023 9:31:00 AM  
Adult/Child 1/0  
Room Rate 95.00  
Rate Plan: R.JL  
HH # 273477847 SILVER  
AL:  
Car:

Confirmation Number: 94215185  
STEPHENSON, BARRY  
2/21/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/19/2023	506674	GUEST ROOM	\$95.00
2/19/2023	506674	RM LOCAL TAX	\$4.75
2/19/2023	506674	RM STATE TAX	\$5.70
2/20/2023	506765	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/19/2023 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		146872 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT		
I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY FOR ANY PART OR THE FULL AMOUNT OF THESE CHARGES.		
CARD MEMBER'S SIGNATURE	TAXES	
	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





3003 Corporate West Drive • Lisle, IL 60532  
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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 537/NKR  
Arrival Date 2/19/2023 7:25:00 PM  
Departure Date 2/20/2023 9:31:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RJL  
HH #  
AL:  
Car:

Confirmation Number: 94477489

PICARD, MATHIS

2/21/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/19/2023	506689	GUEST ROOM	\$95.00
2/19/2023	506689	RM LOCAL TAX	\$4.75
2/19/2023	506689	RM STATE TAX	\$5.70
2/20/2023	506762	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/19/2023 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		146873 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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Name & Address

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

Room 418/NKR  
Arrival Date 2/19/2023 7:23:00 PM  
Departure Date 2/20/2023 9:31:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RJL  
HH #  
AL:  
Car:

Confirmation Number: 96312657

REDDICK, TJ  
2/21/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/19/2023	506672	GUEST ROOM	\$95.00
2/19/2023	506672	RM LOCAL TAX	\$4.75
2/19/2023	506672	RM STATE TAX	\$5.70
2/20/2023	506763	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/19/2023 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		146874 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
TAXES		
TIPS & MISC.		
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-105.45

**X**

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PAYMENT DUE UPON RECEIPT



Nicole Thomason <Nicole.Thomason@Hilton.com>

---

**[External] DoubleTree INV 33768 PO# P0005509**

---

Nicole Thomason <Nicole.Thomason@Hilton.com>

Tue, Feb 21, 2023 at 08:29 PM UTC

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

BCC:

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Hello,

Please see the attached invoice.

Thank you!

Kind regards,

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

---

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**1 attachment**

COD INV 33768.pdf

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1644549  
Vendor Name: 3003 Corporate Hotel LLC  
Invoice Number: 33764  
Invoice Date: 3/9/2023  
PO Number: P0005708  
Check Number: 0310922  
Check Amount: \$ 2,214.45  
Check Date: 04/11/2023  
Voucher Number: V0780159  
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# 33764  
INVOICE DATE 3/9/2023  
CURRENT DATE 2/7/2023  
YOUR ACCOUNT # C2489  
YOUR P/O #

ORIGINAL

Hilton



DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
2/6/2023	147754 B	503244	Rm 318 [RTD FR JABARA, MAX:RCPT B]	\$210.90
2/6/2023	147753 B	503245	Rm 310 [RTD FR GODTS, YANNICK:RCPT B]	\$210.90
2/6/2023	147752 B	503247	Rm 219 [RTD FR FELIZ, MARLON:RCPT B]	\$105.45
2/6/2023	147756 B	503248	Rm 217 [RTD FR LIU, PAUL:RCPT B]	\$105.45
2/6/2023	147755 B	503249	Rm 201 [RTD FR KLINKMAN, HANNAH:RCPT B]	\$105.45
2/6/2023	147748 B	503250	Rm 228 [RTD FR BUCHSBAUM, NATE:RCPT B]	\$105.45
2/6/2023	147758 B	503251	Rm 209 [RTD FR WEISS, ZACHARY:RCPT B]	\$105.45
2/6/2023	147751 B	503252	Rm 223 [RTD FR ELLIS, QUINCY:RCPT B]	\$105.45

PAYMENT DUE UPON RECEIPT

Total:

\$1,054.50

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630-245-7634

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Name & Address

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

Room 228/NKR  
Arrival Date 2/5/2023 9:36:00 AM  
Departure Date 2/6/2023 10:58:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RCP  
HH #  
AL:  
Car:

Confirmation Number: 85508453

BUCHSBAUM, NATE

2/7/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/5/2023	502966	GUEST ROOM	\$95.00
2/5/2023	502966	RM LOCAL TAX	\$4.75
2/5/2023	502966	RM STATE TAX	\$5.70
2/6/2023	503052	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/5/2023 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		147748 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







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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 223/NKR  
Arrival Date 2/5/2023 9:37:00 AM  
Departure Date 2/6/2023 10:59:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RCP  
HH #  
AL:  
Car:

Confirmation Number: 80266917

ELLIS, QUINCY

2/7/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/5/2023	502965	GUEST ROOM	\$95.00
2/5/2023	502965	RM LOCAL TAX	\$4.75
2/5/2023	502965	RM STATE TAX	\$5.70
2/6/2023	503054	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/5/2023 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		147751 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.





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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 219/NKR  
Arrival Date 2/5/2023 9:39:00 AM  
Departure Date 2/6/2023 10:56:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RCP  
HH #  
AL:  
Car:

Confirmation Number: 87607173

FELIZ, MARLON

2/7/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/5/2023	502964	GUEST ROOM	\$95.00
2/5/2023	502964	RM LOCAL TAX	\$4.75
2/5/2023	502964	RM STATE TAX	\$5.70
2/6/2023	503049	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/5/2023 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			
DATE OF CHARGE		FOLIO NO./CHECK NO.	
		147752 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.

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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 310/NKR  
Arrival Date 2/4/2023 8:32:00 AM  
Departure Date 2/6/2023 8:31:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RCP  
HH #  
AL:  
Car:

Confirmation Number: 86296773

GODTS, YANNICK

2/7/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2023	502754	GUEST ROOM	\$95.00
2/4/2023	502754	RM LOCAL TAX	\$4.75
2/4/2023	502754	RM STATE TAX	\$5.70
2/5/2023	502968	GUEST ROOM	\$95.00
2/5/2023	502968	RM LOCAL TAX	\$4.75
2/5/2023	502968	RM STATE TAX	\$5.70
2/6/2023	503033	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/4/2023 2/5/2023 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.
		147753 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
TAXES		
TIPS & MISC.		
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-210.90
X		

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

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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 318/NKR  
Arrival Date 2/4/2023 8:27:00 AM  
Departure Date 2/6/2023 8:29:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RCP  
HH # 1503163642 BLUE  
AL:  
Car:

Confirmation Number: 88131973

JABARA, MAX

2/7/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/4/2023	502759	GUEST ROOM	\$95.00
2/4/2023	502759	RM LOCAL TAX	\$4.75
2/4/2023	502759	RM STATE TAX	\$5.70
2/5/2023	502969	GUEST ROOM	\$95.00
2/5/2023	502969	RM LOCAL TAX	\$4.75
2/5/2023	502969	RM STATE TAX	\$5.70
2/6/2023	503032	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/4/2023 2/5/2023 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.
	147754 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 201/NKR  
 Arrival Date 2/5/2023 9:37:00 AM  
 Departure Date 2/6/2023 10:57:00 AM

Adult/Child 1/0  
 Room Rate 95.00

Rate Plan: RCP  
 HH #  
 AL:  
 Car:

Confirmation Number: 82102885  
 KLINKMAN, HANNAH  
 2/7/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/5/2023	502961	GUEST ROOM	\$95.00
2/5/2023	502961	RM LOCAL TAX	\$4.75
2/5/2023	502961	RM STATE TAX	\$5.70
2/6/2023	503051	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/5/2023 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.
	147755 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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

Room 217/NKR  
Arrival Date 2/5/2023 9:38:00 AM  
Departure Date 2/6/2023 10:57:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RCP  
HH #  
AL:  
Car:

Confirmation Number: 80005925

LIU, PAUL

2/7/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/5/2023	502963	GUEST ROOM	\$95.00
2/5/2023	502963	RM LOCAL TAX	\$4.75
2/5/2023	502963	RM STATE TAX	\$5.70
2/6/2023	503050	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/5/2023 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		147756 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	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 209/NKR  
Arrival Date 2/5/2023 9:36:00 AM  
Departure Date 2/6/2023 10:58:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RCP  
HH #  
AL:  
Car:

Confirmation Number: 81054725

WEISS, ZACHARY

2/7/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/5/2023	502962	GUEST ROOM	\$95.00
2/5/2023	502962	RM LOCAL TAX	\$4.75
2/5/2023	502962	RM STATE TAX	\$5.70
2/6/2023	503053	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/5/2023 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

  

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			147758 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.

PAYMENT DUE UPON RECEIPT



Nicole Thomason <Nicole.Thomason@Hilton.com>

---

**[External] DoubleTree INV 33764 PO# P0005708**

---

Nicole Thomason <Nicole.Thomason@Hilton.com>

Tue, Feb 7, 2023 at 03:16 PM UTC

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

BCC:

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Hello,

Please see the attached invoice.

Thank you!

Kind regards,

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

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