

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33782
Invoice Date: 4/25/2023
PO Number:
Check Number: 0311955
Check Amount: \$ 316.35
Check Date: 05/11/2023
Voucher Number: V0785226
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

COLLEGE OF DUPAGE-ATHLETIC DEP
ATTN: BEVERLY SMITH

Room 627/NKRX
Arrival Date 4/20/2023 6:02:00 PM
Departure Date 4/23/2023 9:11:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: P17
HH #
AL:
Car:

1644549

01-30-12001-5503006

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
4/20/2023	525714	GUEST ROOM	\$95.00
4/20/2023	525714	RM LOCAL TAX	\$4.75
4/20/2023	525714	RM STATE TAX	\$5.70
4/21/2023	526431	GUEST ROOM	\$95.00
4/21/2023	526431	RM LOCAL TAX	\$4.75
4/21/2023	526431	RM STATE TAX	\$5.70
4/22/2023	527095	GUEST ROOM	\$95.00
4/22/2023	527095	RM LOCAL TAX	\$4.75
4/22/2023	527095	RM STATE TAX	\$5.70
4/23/2023	527297	Direct Bill - COLLEGE OF DUPAGE-ATHLETIC DEP	(\$316.35)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		4/20/2023 4/21/2023 4/22/2023 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45 \$105.45	\$316.35
DAILY TOTAL		\$105.45 \$105.45 \$105.45	\$316.35

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.
	153030 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-316.35

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

EMBASSY
SUITES
by hilton

Hilton
Garden
Inn

Hampton
by hilton

tru
by hilton

HOMESWOOD
SUITES
by hilton

HOME2
SUITES BY HILTON

Hilton
Grand Vacations

Hilton
HONORS



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Name & Address

ORIGINAL

COLLEGE OF DUPAGE-ATHLETIC DEP

INVOICE# 33782
INVOICE DATE 4/25/2023
CURRENT DATE 4/25/2023
YOUR ACCOUNT # C208
YOUR P/O #

Hilton

Page: 1

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
4/23/2023	153030 B	527680		

W
WALDORF
ASTORIA
HOTELS & RESORTS

CONRAD
HOTELS & RESORTS

canopy
by hilton

Hilton
HOTELS & RESORTS

CURIO
HOTELS & RESORTS

DOUBLETREE
by hilton

TAPESTRY
COLLECTION
by hilton

EMBASSY
SUITES
by hilton

Hilton
Garden
Inn

Hampton
by hilton

tru
by hilton

HOMWOOD
SUITES
by hilton

HOME2
SUITES by hilton

Hilton
Grand Vacations

Hilton
HONORS

PAYMENT DUE UPON RECEIPT

Total: \$316.35

THANK YOU FOR YOUR BUSINESS!

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

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

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

Attached Image

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

Mon, May 1, 2023 at 02:29 PM UTC

CC:

BCC:

1 attachment

4637_001.pdf