

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33788
Invoice Date: 5/17/2023
PO Number:
Check Number: 0312334
Check Amount: \$ 316.35
Check Date: 06/06/2023
Voucher Number: V0786966
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# 33788

COD

INVOICE DATE 5/17/2023

425 FAWELL BLVD

CURRENT DATE 5/17/2023

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Hilton

Page: 1

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
5/13/2023	157393 B	538126	Rm 309 [RTD FR GORDON, WYCLIFFE:RCPT B]	\$210.90

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

PAYMENT DUE UPON RECEIPT

Total: \$210.90

QUESTIONS CONCERNING THIS INVOICE?

CALL: NICOLE THOMASON
630-245-7634

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Name & Address

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

Room 309/NKR
Arrival Date 5/11/2023 10:45:00 PM
Departure Date 5/13/2023 9:47:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RGW
HH #
AL:
Car:

Confirmation Number: 86026678
GORDON, WYCLIFFE
5/17/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
5/11/2023	536857	GUEST ROOM	\$95.00
5/11/2023	536857	RM LOCAL TAX	\$4.75
5/11/2023	536857	RM STATE TAX	\$5.70
5/12/2023	537374	GUEST ROOM	\$95.00
5/12/2023	537374	RM LOCAL TAX	\$4.75
5/12/2023	537374	RM STATE TAX	\$5.70
5/13/2023	537654	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		5/11/2023 5/12/2023 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.
	157393 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-210.90

PAYMENT DUE UPON RECEIPT



CONRAD
HOTELS & RESORTS

canopy
by hilton



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



[External] DoubleTree INV 33788

Nicole Thomason <Nicole.Thomason@Hilton.com>

Wed, May 17, 2023 at 02:24 PM UTC

CC: Invoicing <invoicing@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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COLLEGE OF DUPAGE INV 33788.pdf

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Vendor Number: 1644549
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Check Number: 0312334
Check Amount: \$ 316.35
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Voucher Number: V0787001
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INVOICE# 33789

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YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Hilton

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DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
5/14/2023	156093 B	538696	Rm 730 [RTD FR SWANSON, KELLY:RCPT B]	\$105.45



CONRAD
HOTELS & RESORTS

canopy
BY HILTON



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



HOMESWOOD
SUITES
BY HILTON



Hilton
Grand Vacations



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 730/NKR
Arrival Date 5/13/2023 2:24:00 PM
Departure Date 5/14/2023 2:55:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RKS
HH #
AL:
Car:

Confirmation Number: 52147576
SWANSON, KELLY
5/17/2023

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
5/13/2023	538082	GUEST ROOM	\$95.00
5/13/2023	538082	RM LOCAL TAX	\$4.75
5/13/2023	538082	RM STATE TAX	\$5.70
5/14/2023	538370	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		5/13/2023 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

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DATE OF CHARGE

FOLIO NO./CHECK NO.

156093 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC

TOTAL AMOUNT

-105.45

PAYMENT DUE UPON RECEIPT

W
WALDORF
ASTORIA
HOTELS & RESORTS

CONRAD
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canopy
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Inn

Hampton
by hilton

tru
by hilton

HOMESWOOD
SUITES
by hilton

HOME2
SUITES BY HILTON

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HONORS

Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree INV 33789

Nicole Thomason <Nicole.Thomason@Hilton.com>

Wed, May 17, 2023 at 02:22 PM UTC

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

BCC:

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Fax: 630-505-8948

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