

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1644549  
Vendor Name: 3003 Corporate Hotel LLC  
Invoice Number: 33938  
Invoice Date: 7/30/2024  
PO Number: B0002303  
Check Number: 0329772  
Check Amount: \$ 843.60  
Check Date: 09/18/2024  
Voucher Number: V0850322  
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# 33938

COD

INVOICE DATE 7/30/2024

425 FAWELL BLVD

CURRENT DATE 7/30/2024

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Hilton

Page: 1

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
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PAYMENT DUE UPON RECEIPT

\$843.60

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 404/NKR  
Arrival Date 7/18/2024 8:00:00 PM  
Departure Date 7/20/2024 11:07:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: CBP  
HH # 392860608 GOLD  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/18/2024	747274	GUEST ROOM	\$95.00
7/18/2024	747274	RM LOCAL TAX	\$4.75
7/18/2024	747274	RM STATE TAX	\$5.70
7/19/2024	748017	GUEST ROOM	\$95.00
7/19/2024	748017	RM LOCAL TAX	\$4.75
7/19/2024	748017	RM STATE TAX	\$5.70
7/20/2024	748391	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		7/18/2024 7/19/2024 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.
	206337 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-210.90

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 501/NKR  
Arrival Date 7/18/2024 8:00:00 PM  
Departure Date 7/20/2024 12:57:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: CBP  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/18/2024	747312	GUEST ROOM	\$95.00
7/18/2024	747312	RM LOCAL TAX	\$4.75
7/18/2024	747312	RM STATE TAX	\$5.70
7/19/2024	748057	GUEST ROOM	\$95.00
7/19/2024	748057	RM LOCAL TAX	\$4.75
7/19/2024	748057	RM STATE TAX	\$5.70
7/20/2024	748409	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		7/18/2024 7/19/2024 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

206338 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

EMBASSY  
SUITES  
by hilton



HOMWOOD  
SUITES  
BY HILTON

HOME2  
SUITES BY HILTON

Hilton  
Grand Vacations

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 524/NKR  
Arrival Date 7/18/2024 2:17:00 PM  
Departure Date 7/20/2024 12:58:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: CBP  
HH # 640747992 BLUE  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/18/2024	747332	GUEST ROOM	\$95.00
7/18/2024	747332	RM LOCAL TAX	\$4.75
7/18/2024	747332	RM STATE TAX	\$5.70
7/19/2024	748084	GUEST ROOM	\$95.00
7/19/2024	748084	RM LOCAL TAX	\$4.75
7/19/2024	748084	RM STATE TAX	\$5.70
7/20/2024	748411	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		7/18/2024 7/19/2024 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.
		206340 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	-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





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 715/NKR  
Arrival Date 7/18/2024 7:58:00 PM  
Departure Date 7/20/2024 1:11:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: CBP  
HH # 1771485230 BLUE  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/18/2024	747394	GUEST ROOM	\$95.00
7/18/2024	747394	RM LOCAL TAX	\$4.75
7/18/2024	747394	RM STATE TAX	\$5.70
7/19/2024	748164	GUEST ROOM	\$95.00
7/19/2024	748164	RM LOCAL TAX	\$4.75
7/19/2024	748164	RM STATE TAX	\$5.70
7/20/2024	748417	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		7/18/2024 7/19/2024 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  
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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.
	206350 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC	
TOTAL AMOUNT	-210.90

PAYMENT DUE UPON RECEIPT



Nicole Thomason <Nicole.Thomason@Hilton.com>

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**[External] DoubleTree 33938**

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Nicole Thomason <Nicole.Thomason@Hilton.com>

Tue, Jul 30, 2024 at 07:17 PM UTC

CC: Fanelli, Cassi <fanellc379@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 invoice 33938.

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**

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