

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33972
Invoice Date: 12/10/2024
PO Number: B0002303
Check Number: 0333602
Check Amount: \$ 1,687.20
Check Date: 01/14/2025
Voucher Number: V0864831
Document Type: AP Invoice

Document Below

Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33972

COD

INVOICE DATE 12/10/2024

425 FAWELL BLVD

CURRENT DATE 12/10/2024

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Page: 1

Vincent Herring

Hilton

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
12/7/2024	223114 B	822133	R [REDACTED]	\$316.35

W
WALDORF
ASTORIA
HOTELS & RESORTS

CONRAD
HOTELS & RESORTS

canopy
by hilton

H
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

HOMESWOOD
SUITES
by hilton

HOMES
by hilton

Hilton
Grand Vacations

Hilton
HONORS

Total: 11

PAYMENT DUE UPON RECEIPT

\$316.35

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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 726/NKR
Arrival Date 12/4/2024 10:45:00 PM
Departure Date 12/7/2024 6:29:00 AM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RVH
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/4/2024	821076	GUEST ROOM	\$95.00
12/4/2024	821076	RM LOCAL TAX	\$4.75
12/4/2024	821076	RM STATE TAX	\$5.70
12/5/2024	821378	GUEST ROOM	\$95.00
12/5/2024	821378	RM LOCAL TAX	\$4.75
12/5/2024	821378	RM STATE TAX	\$5.70
12/6/2024	821718	GUEST ROOM	\$95.00
12/6/2024	821718	RM LOCAL TAX	\$4.75
12/6/2024	821718	RM STATE TAX	\$5.70
12/7/2024	821782	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$316.35)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/4/2024 12/5/2024 12/6/2024 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.
	223114 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-316.35

PAYMENT DUE UPON RECEIPT



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canopy
by hilton



CURIO
A COLLECTION BY HILTON™



TAPESTRY
COLLECTION
BY HILTON™



Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree Inv 33972- Vincent Herring

Nicole Thomason <Nicole.Thomason@Hilton.com>

Tue, Dec 10, 2024 at 08:29 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,

Attached is invoice 33972.

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

COLLEGE OF DUPAGE-HOPPER INV 33972.pdf

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1644549
Vendor Name: 3003 Corporate Hotel LLC
Invoice Number: 33976
Invoice Date: 12/11/2024
PO Number: B0002303
Check Number: 0333602
Check Amount: \$ 1,687.20
Check Date: 01/14/2025
Voucher Number: V0864832
Document Type: AP Invoice

Document Below

Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree INV 33976

Nicole Thomason <Nicole.Thomason@Hilton.com>

Wed, Dec 11, 2024 at 08:51 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 33976.

Thank you

Kind regards,

Nicole

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1 attachment

COLLEGE OF DUPAGE-HOPPER INV 33976.pdf



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Name & Address

COLLEGE OF DUPAGE-HOPPER

COD

425 FAWELL BLVD

GLEN ELLYN IL 60137

UNITED STATES OF AMERICA


Page: 2

INVOICE# 33976
INVOICE DATE 12/11/2024
CURRENT DATE 12/11/2024
YOUR ACCOUNT # C2489
YOUR P/O #

CORRECTED

Hilton

The Four Phantom

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
12/8/2024	223077 B	822461		\$105.45
12/8/2024	223087 B	822462		\$105.45
12/8/2024	223074 B	822463		\$105.45
12/8/2024	223081 B	822464		\$105.45
12/8/2024	223086 B	822466		\$105.45
12/8/2024	223079 B	822467		\$105.45
12/8/2024	223080 B	822468		\$105.45
12/8/2024	223078 B	822473		\$105.45
12/8/2024	223082 B	822476		\$105.45
12/8/2024	223076 B	822478		\$105.45
12/8/2024	223075 B	822480		\$105.45
12/8/2024	223085 B	822481		\$105.45
12/8/2024	223083 B	822482		\$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

HOMESWOOD
SUITES
by hilton

HOME2
SUITES BY HILTON

Hilton
Grand Vacations

Hilton
HONORS

PAYMENT DUE UPON RECEIPT

\$1,370.85

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 430/NKR
Arrival Date 12/6/2024 1:08:00 AM
Departure Date 12/8/2024 9:03:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCO
HH # 213730638 GOLD
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821664	GUEST ROOM	\$95.00
12/6/2024	821664	RM LOCAL TAX	\$4.75
12/6/2024	821664	RM STATE TAX	\$5.70
12/8/2024	822207	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 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.

223074 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-105.45

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 520/NKR
Arrival Date 12/6/2024 1:17:00 AM
Departure Date 12/8/2024 1:09:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCO
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821676	GUEST ROOM	\$95.00
12/6/2024	821676	RM LOCAL TAX	\$4.75
12/6/2024	821676	RM STATE TAX	\$5.70
12/8/2024	822300	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 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.
	223075 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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 722/NKR
Arrival Date 12/6/2024 1:18:00 AM
Departure Date 12/8/2024 1:07:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RCO
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821716	GUEST ROOM	\$95.00
12/6/2024	821716	RM LOCAL TAX	\$4.75
12/6/2024	821716	RM STATE TAX	\$5.70
12/8/2024	822295	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		223076 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





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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 12/6/2024 1:14:00 AM
Departure Date 12/8/2024 7:47:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCO
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821719	GUEST ROOM	\$95.00
12/6/2024	821719	RM LOCAL TAX	\$4.75
12/6/2024	821719	RM STATE TAX	\$5.70
12/8/2024	822175	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 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.
	223077 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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 219/NKR
Arrival Date 12/6/2024 1:09:00 AM
Departure Date 12/8/2024 12:58:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCO
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821600	GUEST ROOM	\$95.00
12/6/2024	821600	RM LOCAL TAX	\$4.75
12/6/2024	821600	RM STATE TAX	\$5.70
12/8/2024	822277	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 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.

223078 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-105.45

PAYMENT DUE UPON RECEIPT



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HOMWOOD
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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 239/NKR
Arrival Date 12/6/2024 1:15:00 AM
Departure Date 12/8/2024 10:54:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCO
HH # 670829355 GOLD
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821615	GUEST ROOM	\$95.00
12/6/2024	821615	RM LOCAL TAX	\$4.75
12/6/2024	821615	RM STATE TAX	\$5.70
12/8/2024	822244	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 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. 223079 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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 732/NDR
Arrival Date 12/6/2024 1:19:00 AM
Departure Date 12/8/2024 10:54:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCO
HH # 154005132 GOLD
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821721	GUEST ROOM	\$95.00
12/6/2024	821721	RM LOCAL TAX	\$4.75
12/6/2024	821721	RM STATE TAX	\$5.70
12/8/2024	822247	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 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.
	223080 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



CONRAD
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canopy
by hilton



CURIO
A COLLECTION BY HILTON™



TAPESTRY
COLLECTION
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 439/NKR
Arrival Date 12/6/2024 1:16:00 AM
Departure Date 12/8/2024 9:10:00 AM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RCO
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821667	GUEST ROOM	\$95.00
12/6/2024	821667	RM LOCAL TAX	\$4.75
12/6/2024	821667	RM STATE TAX	\$5.70
12/8/2024	822211	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 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. 223081 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT





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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

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

Room 328/NKR
Arrival Date 12/6/2024 1:12:00 AM
Departure Date 12/8/2024 1:03:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCO
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821638	GUEST ROOM	\$95.00
12/6/2024	821638	RM LOCAL TAX	\$4.75
12/6/2024	821638	RM STATE TAX	\$5.70
12/8/2024	822285	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 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.

223082 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-105.45

PAYMENT DUE UPON RECEIPT

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

HOMEWOOD
SUITES
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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 828/NKR
Arrival Date 12/6/2024 1:13:00 AM
Departure Date 12/8/2024 1:10:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCO
HH # 1686373547 BLUE
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821740	GUEST ROOM	\$95.00
12/6/2024	821740	RM LOCAL TAX	\$4.75
12/6/2024	821740	RM STATE TAX	\$5.70
12/8/2024	822306	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 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. 223083 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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 822/NKR
Arrival Date 12/6/2024 12:01:00 PM
Departure Date 12/8/2024 1:10:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCO
HH # 1742963646 GOLD
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821739	GUEST ROOM	\$95.00
12/6/2024	821739	RM LOCAL TAX	\$4.75
12/6/2024	821739	RM STATE TAX	\$5.70
12/8/2024	822304	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 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.
	223085 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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 833/NKR
Arrival Date 12/6/2024 12:00:00 PM
Departure Date 12/8/2024 10:02:00 AM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RCO
HH # 449515698 GOLD
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821742	GUEST ROOM	\$95.00
12/6/2024	821742	RM LOCAL TAX	\$4.75
12/6/2024	821742	RM STATE TAX	\$5.70
12/8/2024	822230	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 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. 223086 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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 801/NKR
Arrival Date 12/6/2024 1:11:00 AM
Departure Date 12/8/2024 7:48:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RCO
HH #
AL:
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/6/2024	821724	GUEST ROOM	\$95.00
12/6/2024	821724	RM LOCAL TAX	\$4.75
12/6/2024	821724	RM STATE TAX	\$5.70
12/8/2024	822177	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/6/2024 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. 223087 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT

