

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1644549

**Vendor Name:** 3003 Corporate Hotel LLC

**Check Details:**

**Check Number:** 0336645

**Check Amount:** \$ 1,265.40

**Check Date:** 3/11/2025

**Invoice Details:**

**Invoice Number:** 33988

**Invoice Date:** 2/25/2025

**PO Number:** B0002303

**Voucher Number:** V0875294

**Document Type:** AP Invoice

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**Document Below**



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www.doubletree.com or 1-800-222-TREE

Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE#

33988

COD

INVOICE DATE

2/25/2025

425 FAWELL BLVD

CURRENT DATE

2/25/2025

GLEN ELLYN IL 60137

YOUR ACCOUNT #

C2489

UNITED STATES OF AMERICA

YOUR P/O #

Page: 1

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  
by hilton

EMBASSY  
SUITES  
by hilton

Hilton  
Garden  
Inn

Hampton  
by hilton

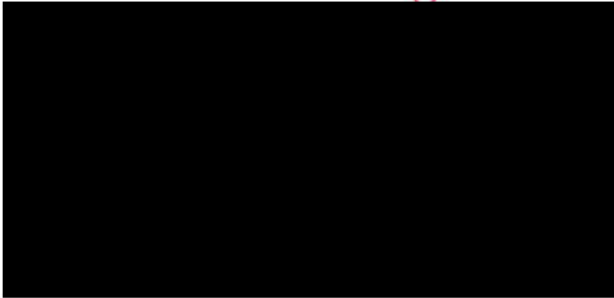
tru  
by hilton

HOMEWOOD  
SUITES  
by hilton

HOME2  
SUITES BY HILTON

Hilton  
Grand Vacations

Hilton  
HONORS

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
2/22/2025	228894 B	844305		\$105.45
2/22/2025	228896 B	844307		\$105.45
2/22/2025	228890 B	844308		\$105.45
2/22/2025	228891 B	844309		\$105.45
2/22/2025	228889 B	844310		\$105.45
2/22/2025	228892 B	844311		\$105.45
2/22/2025	228895 B	844312		\$105.45
2/22/2025	228893 B	844313		\$105.45
2/22/2025	228888 B	844314		\$105.45

BARRICADE BAYS

Total: 11

PAYMENT DUE UPON RECEIPT

\$949.05

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 537/NKR  
Arrival Date 2/21/2025 2:06:00 PM  
Departure Date 2/22/2025 1:35:00 PM  
Adult/Child 1/0  
Room Rate 95.00  
Rate Plan: RBB  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843937	GUEST ROOM	\$95.00
2/21/2025	843937	RM LOCAL TAX	\$4.75
2/21/2025	843937	RM STATE TAX	\$5.70
2/22/2025	844091	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		228888 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

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 313/NKR  
Arrival Date 2/21/2025 2:01:00 PM  
Departure Date 2/22/2025 12:08:00 PM  
Adult/Child 1/0  
Room Rate 95.00  
Rate Plan: RBB  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843895	GUEST ROOM	\$95.00
2/21/2025	843895	RM LOCAL TAX	\$4.75
2/21/2025	843895	RM STATE TAX	\$5.70
2/22/2025	844079	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 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.
	228889 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT





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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 804/NKR  
Arrival Date 2/21/2025 2:03:00 PM  
Departure Date 2/22/2025 12:02:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RBB  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843964	GUEST ROOM	\$95.00
2/21/2025	843964	RM LOCAL TAX	\$4.75
2/21/2025	843964	RM STATE TAX	\$5.70
2/22/2025	844077	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 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.
	228890 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 435/NKR  
Arrival Date 2/21/2025 2:08:00 PM  
Departure Date 2/22/2025 12:08:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RBB  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843924	GUEST ROOM	\$95.00
2/21/2025	843924	RM LOCAL TAX	\$4.75
2/21/2025	843924	RM STATE TAX	\$5.70
2/22/2025	844078	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		228891 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

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 309/NKR  
Arrival Date 2/21/2025 2:01:00 PM  
Departure Date 2/22/2025 12:08:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RBB  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843892	GUEST ROOM	\$95.00
2/21/2025	843892	RM LOCAL TAX	\$4.75
2/21/2025	843892	RM STATE TAX	\$5.70
2/22/2025	844080	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 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.
	228892 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



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by hilton



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TAPESTRY  
COLLECTION  
BY HILTON™





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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 412/NKR  
Arrival Date 2/21/2025 1:50:00 PM  
Departure Date 2/22/2025 1:32:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RBB  
HH # 638671038 SILVER  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843913	GUEST ROOM	\$95.00
2/21/2025	843913	RM LOCAL TAX	\$4.75
2/21/2025	843913	RM STATE TAX	\$5.70
2/22/2025	844088	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 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.
	228893 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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 337/NKR  
Arrival Date 2/21/2025 1:51:00 PM  
Departure Date 2/22/2025 9:49:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RBB  
HH # 285320857 SILVER  
AL:  
Car:

Hilton



CONRAD  
HOTELS & RESORTS™



CURIO  
A COLLECTION BY HILTON™



TAPESTRY  
COLLECTION  
BY HILTON™



DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843907	GUEST ROOM	\$95.00
2/21/2025	843907	RM LOCAL TAX	\$4.75
2/21/2025	843907	RM STATE TAX	\$5.70
2/22/2025	844040	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		<b>**BALANCE**</b>	\$0.00
<b>EXPENSE REPORT SUMMARY</b>			
		2/21/2025 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		228894 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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Phone (630) 505-0900 • Fax (630) 505-8948  
For reservations across the nation  
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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  
Arrival Date  
Departure Date

410/NKR  
2/21/2025 1:53:00 PM  
2/22/2025 1:31:00 PM

Adult/Child  
Room Rate

1/0  
95.00

Rate Plan:  
HH #  
AL:  
Car:

RBB  
2359784572 BLUE

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843911	GUEST ROOM	\$95.00
2/21/2025	843911	RM LOCAL TAX	\$4.75
2/21/2025	843911	RM STATE TAX	\$5.70
2/22/2025	844087	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		228895 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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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 525/NKRD  
Arrival Date 2/21/2025 10:28:00 PM  
Departure Date 2/22/2025 10:39:00 AM  
Adult/Child 1/0  
Room Rate 95.00  
Rate Plan: RBB  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843928	GUEST ROOM	\$95.00
2/21/2025	843928	RM LOCAL TAX	\$4.75
2/21/2025	843928	RM STATE TAX	\$5.70
2/22/2025	844070	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 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. 228896 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



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

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1644549

**Vendor Name:** 3003 Corporate Hotel LLC

**Check Details:**

**Check Number:** 0336645

**Check Amount:** \$ 1,265.40

**Check Date:** 3/11/2025

**Invoice Details:**

**Invoice Number:** 33990

**Invoice Date:** 3/5/2025

**PO Number:** B0002303

**Voucher Number:** V0875724

**Document Type:** AP Invoice

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**Document Below**



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For reservations across the nation  
www.doubletree.com or 1-800-222-TREE

Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33990

COD

INVOICE DATE 3/5/2025

425 FAWELL BLVD

CURRENT DATE 3/5/2025

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Page: 1

Hilton

Ada Twist Tour

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
2/25/2025	228219 B	845110		\$105.45
2/25/2025	228218 B	845111		\$105.45
2/25/2025	228220 B	845114		\$105.45

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

HOMESIDE SUITES  
BY HILTON

HOME2  
SUITES BY HILTON

Hilton  
Grand Vacations

PAYMENT DUE UPON RECEIPT

\$316.35

QUESTIONS CONCERNING THIS INVOICE?

CALL: NICOLE THOMASON  
630-245-7634

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Hilton  
HONORS



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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 406/NDR  
Arrival Date 2/24/2025 9:58:00 AM  
Departure Date 2/25/2025 7:00:00 AM

Adult/Child 2/0  
Room Rate 95.00

Rate Plan: RTT  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/24/2025	844796	GUEST ROOM	\$95.00
2/24/2025	844796	RM LOCAL TAX	\$4.75
2/24/2025	844796	RM STATE TAX	\$5.70
2/25/2025	844884	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/24/2025 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.
	228218 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 408/NDR  
Arrival Date 2/24/2025 10:01:00 AM  
Departure Date 2/25/2025 6:57:00 AM

Adult/Child 2/0  
Room Rate 95.00

Rate Plan: RTT  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/24/2025	844797	GUEST ROOM	\$95.00
2/24/2025	844797	RM LOCAL TAX	\$4.75
2/24/2025	844797	RM STATE TAX	\$5.70
2/25/2025	844882	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/24/2025 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.
	228219 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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 411/NDR  
Arrival Date 2/24/2025 10:05:00 AM  
Departure Date 2/25/2025 12:01:00 PM

Adult/Child 2/0  
Room Rate 95.00

Rate Plan: RTT  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/24/2025	844800	GUEST ROOM	\$95.00
2/24/2025	844800	RM LOCAL TAX	\$4.75
2/24/2025	844800	RM STATE TAX	\$5.70
2/25/2025	844933	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		2/24/2025 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.
	228220 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT





Nicole Thomason <Nicole.Thomason@Hilton.com>

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**[External] DoubleTree INV 33990**

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Nicole Thomason <Nicole.Thomason@Hilton.com>

Wed, Mar 5, 2025 at 08:11 PM UTC

CC: Junokas, Molly <junokasm@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 33990.  
Thank you and have a great day

**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 INV 33990.pdf