

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085800  
Vendor Name: Fireside West of Delaware LLC  
Invoice Number: 51492  
Invoice Date: 11/30/17  
PO Number: P0355193  
Check Number: E0064945  
Check Amount: \$ 3,901.65  
Check Date: 01/17/2018  
Department ID: 11601  
Reviewer Name:  
Voucher Number: V0488958  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: mcgowan@cod.edu  
Sent: Tue Dec 19 17:20:52 CST 2017  
To: invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
-----

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: AR201WC7835 Device Name:  
PRN303

[attachment: Scanned from a Xerox Multifunction Printer.pdf]



E-MAILED DEC 19 2017

HILTON Lisle NAPERVILLE  
3003 Corporate West Drive | Lisle, IL | 60532  
T: 630 505 0900 | F: 630 245 7647  
W: hilton.com

NAME AND ADDRESS:

PO # 355193  
OK TO close

CORRECTED

COLLEGE DUPAGE-HOPPER, JOSEPH

Attn: ELLEN/ACCTS PAYABLE

COD

425 FAWELL BLVD

GLEN ELLYN IL 60137

UNITED STATES OF AMERICA

Page: 2

INVOICE# 51492  
INVOICE DATE 11/30/2017  
CURRENT DATE 12/14/2017  
YOUR ACCOUNT # C2489  
YOUR P/O #

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

HOMESWOOD  
SUITES  
BY HILTON

HOME2  
BY HILTON

Hilton  
Grand Vacations

Hilton  
HONORS

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
11/27/2017	808022 B	385480	Rm 120 [RTD FR DECORLETT, DREW:RCPT B]	\$210.90
11/27/2017	808023 B	385480	Rm 119 [RTD FR GLOVER, SAVION:RCPT B]	\$210.90
11/27/2017	808020 B	385480	Rm 129 [RTD FR WATSON, ROBYN:RCPT B]	\$210.90
11/27/2017	808024 B	385480	Rm 209 [RTD FR DJIBA, FAMARA:RCPT B]	\$105.45
11/27/2017	808021 B	385481	Rm 133 [RTD FR DAVIS JR, MARSHALL:RCPT B]	\$210.90
12/3/2017	807636 B	385808	Rm 629 [RTD FR LAMOND, MICHAEL:RCPT B]	\$105.45
12/3/2017	807633 B	385808	Rm 637 [RTD FR JACOBS, DOUG:RCPT B]	\$105.45
12/3/2017	807634 B	385809	Rm 619 [RTD FR LONER, COURTNEY:RCPT B]	\$105.45
12/3/2017	807631 B	385810	Rm 323 [RTD FR VIAR, WAYNE:RCPT B]	\$210.90
12/3/2017	807632 B	385810	Rm 325 [RTD FR STRAWSER, PAT:RCPT B]	\$210.90
12/3/2017	807635 B	385810	Rm 609 [RTD FR FLETCHER, KELLY:RCPT B]	\$105.45
12/3/2017	807637 B	385810	Rm 611 [RTD FR LONER, COURTNEY:RCPT B]	\$105.45

AP VERIFIED

12/22/17 - MARIA ZERRUDO

Ellen M. Loman

12/15/17

05 60 11601 5501001 \$ 1898.10

TR18-GLOVER 949.05

TR18-ELTON 949.05

PAYMENT DUE UPON RECEIPT

Total

\$1,898.10

QUESTIONS CONCERNING THIS INVOICE?

CALL: SANDY ROSALES

630-245-7634

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085800  
Vendor Name: Fireside West of Delaware LLC  
Invoice Number: 51520  
Invoice Date: 12/13/17  
PO Number: P0355287  
Check Number: E0064945  
Check Amount: \$ 3,901.65  
Check Date: 01/17/2018  
Department ID: 11601  
Reviewer Name:  
Voucher Number: V0489776  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: Sandy.Rosales@Hilton.com  
Sent: Thu Dec 14 13:57:57 CST 2017  
To: invoicing@cod.edu  
CC:  
Subject: Hilton Invoice 51520  
-----

Hi Ellen,

Please see attached invoice 51520.  
Thank you and have a great day :)

Regards,

Sandy Rosales

---

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ORIGINAL

COLLEGE DUPAGE-HOPPER, JOSEPH

Attn: ELLEN/ACCTS PAYABLE

COD

425 FAWELL BLVD

GLEN ELLYN IL 60137

UNITED STATES OF AMERICA

Page: 1

INVOICE# 51520  
INVOICE DATE 12/13/2017  
CURRENT DATE 12/13/2017  
YOUR ACCOUNT # C2489  
YOUR P/O #



DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
12/11/2017	808540 B	386337	Rm 422 [RTD FR BOWLER, JONNY:RCPT B]	\$210.90
12/11/2017	808544 B	386337	Rm 228 [RTD FR TREVINO, VIC:RCPT B]	\$210.90
12/11/2017	808537 B	386337	Rm 420 [RTD FR PEICKERT, ZACH:RCPT B]	\$210.90
12/11/2017	808541 B	386337	Rm 424 [RTD FR FAHEY, BRIAN:RCPT B]	\$210.90
12/11/2017	808539 B	386337	Rm 322 [RTD FR TOLLIVER, JACOB:RCPT B]	\$210.90
12/11/2017	808856 B	386337	Rm 326 [RTD FR PITCH, HOWARD:RCPT B]	\$105.45
12/11/2017	808538 B	386337	Rm 430 [RTD FR HALE, BEN:RCPT B]	\$210.90

**APPROVED**  
**12/15/17 - ELLEN MCGOWAN**

PAYMENT DUE UPON RECEIPT

\$1,370.85

QUESTIONS CONCERNING THIS INVOICE?  
CALL: SANDY ROSALES  
630-245-7634

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT



NAME AND ADDRESS:

COLLEGE DUPAGE-HOPPER, JOSEPH  
 ATTN: ELLEN/ACCTS PAYABLE  
 COD  
 425 FAWELL BLVD  
 GLEN ELLYN IL 60137  
 UNITED STATES OF AMERICA

Room: 420/K1  
 Arrival Date: 12/9/2017 3:20:00 PM  
 Departure Date: 12/11/2017 10:02:00 AM  
 Adult/Child: 1/0  
 Room Rate: 95.00  
 Rate Plan: RMDC  
 HH #  
 AL:  
 Car:

Confirmation Number: 3395481418  
 PEICKERT, ZACH  
 12/13/2017

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/9/2017	3862547	GUEST ROOM	\$95.00
12/9/2017	3862547	STATE TAX	\$5.70
12/9/2017	3862547	LOCAL TAX	\$4.75
12/10/2017	3862969	GUEST ROOM	\$95.00
12/10/2017	3862969	STATE TAX	\$5.70
12/10/2017	3862969	LOCAL TAX	\$4.75
12/11/2017	3863089	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$210.90)
		**BALANCE**	\$0.00



ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

808537 B

CARD MEMBER NAME

AUTHORIZATION

INITIAL

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.

PURCHASES & SERVICES

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT

-210.90

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

PAYMENT DUE UPON RECEIPT



AMERICAS • EUROPE • MIDDLE EAST • AFRICA • ASIA • AUSTRALASIA

NAME AND ADDRESS:

COLLEGE DUPAGE-HOPPER, JOSEPH  
 ATTN: ELLEN/ACCTS PAYABLE  
 COD  
 425 FAWELL BLVD  
 GLEN ELLYN IL 60137  
 UNITED STATES OF AMERICA

Room: 430/K1  
 Arrival Date: 12/9/2017 2:21:00 AM  
 Departure Date: 12/11/2017 2:19:00 PM

Adult/Child: 1/0  
 Room Rate: 95.00

Rate Plan: RMDC  
 HH #  
 AL:  
 Car:

Confirmation Number: 3401388420

HALE, BEN

12/13/2017

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/9/2017	3862664	GTD NO SHOW FOR 12-9-17	\$95.00
12/9/2017	3862664	STATE TAX	\$5.70
12/9/2017	3862664	LOCAL TAX	\$4.75
12/10/2017	3863011	GUEST ROOM	\$95.00
12/10/2017	3863011	STATE TAX	\$5.70
12/10/2017	3863011	LOCAL TAX	\$4.75
12/11/2017	3863116	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$210.90)
		**BALANCE**	\$0.00



ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

808538 B

CARD MEMBER NAME

AUTHORIZATION

INITIAL

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.

PURCHASES & SERVICES

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT

-210.90

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

PAYMENT DUE UPON RECEIPT



NAME AND ADDRESS:

COLLEGE DUPAGE-HOPPER, JOSEPH  
ATTN: ELLEN/ACCTS PAYABLE  
COD  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
UNITED STATES OF AMERICA

Room: 322/K1  
Arrival Date: 12/9/2017 3:20:00 PM  
Departure Date: 12/11/2017 1:06:00 PM  
Adult/Child: 1/0  
Room Rate: 95.00  
Rate Plan: RMDC  
HH #  
AL:  
Car:

Confirmation Number: 3400899930

TOLLIVER, JACOB  
12/13/2017

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/9/2017	3862514	GUEST ROOM	\$95.00
12/9/2017	3862514	STATE TAX	\$5.70
12/9/2017	3862514	LOCAL TAX	\$4.75
12/10/2017	3862962	GUEST ROOM	\$95.00
12/10/2017	3862962	STATE TAX	\$5.70
12/10/2017	3862962	LOCAL TAX	\$4.75
12/11/2017	3863096	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$210.90)
		**BALANCE**	\$0.00

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

808539 B

CARD MEMBER NAME

AUTHORIZATION

INITIAL

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

TOTAL AMOUNT

-210.90

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

PAYMENT DUE UPON RECEIPT

**Hilton**

**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

**E**  
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



NAME AND ADDRESS:

COLLEGE DUPAGE-HOPPER, JOSEPH  
 ATTN: ELLEN/ACCTS PAYABLE  
 COD  
 425 FAWELL BLVD  
 GLEN ELLYN IL 60137  
 UNITED STATES OF AMERICA

Room: 422/K1  
 Arrival Date: 12/9/2017 3:22:00 PM  
 Departure Date: 12/11/2017 7:31:00 AM  
 Adult/Child: 1/0  
 Room Rate: 95.00  
 Rate Plan: RMDC  
 HH #  
 AL:  
 Car:

Confirmation Number: 3397018298

BOWLER, JONNY

12/13/2017

# Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/9/2017	3862548	GUEST ROOM	\$95.00
12/9/2017	3862548	STATE TAX	\$5.70
12/9/2017	3862548	LOCAL TAX	\$4.75
12/10/2017	3862970	GUEST ROOM	\$95.00
12/10/2017	3862970	STATE TAX	\$5.70
12/10/2017	3862970	LOCAL TAX	\$4.75
12/11/2017	3863060	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$210.90)
		**BALANCE**	\$0.00

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

HOMWOOD  
 SUITES  
 BY HILTON

HOME2  
 SUITES BY HILTON

Hilton  
 Grand Vacations

Hilton  
 HONORS

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

808540 B

CARD MEMBER NAME

AUTHORIZATION

INITIAL

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.

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-210.90

CARD MEMBER'S SIGNATURE

PAYMENT DUE UPON RECEIPT

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

NAME AND ADDRESS:

COLLEGE DUPAGE-HOPPER, JOSEPH  
ATTN: ELLEN/ACCTS PAYABLE  
COD  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
UNITED STATES OF AMERICA

Room: 424/K1  
Arrival Date: 12/9/2017 3:23:00 PM  
Departure Date: 12/11/2017 10:50:00 AM

Adult/Child: 1/0  
Room Rate: 95.00

Rate Plan: RMDC  
HH #  
AL:  
Car:

Confirmation Number: 3395754796

FAHEY, BRIAN  
12/13/2017

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/9/2017	3862551	GUEST ROOM	\$95.00
12/9/2017	3862551	STATE TAX	\$5.70
12/9/2017	3862551	LOCAL TAX	\$4.75
12/10/2017	3862971	GUEST ROOM	\$95.00
12/10/2017	3862971	STATE TAX	\$5.70
12/10/2017	3862971	LOCAL TAX	\$4.75
12/11/2017	3863091	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$210.90)
		**BALANCE**	\$0.00



ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

808541 B

CARD MEMBER NAME

AUTHORIZATION

INITIAL

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.

PURCHASES & SERVICES

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT

-210.90

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

PAYMENT DUE UPON RECEIPT

NAME AND ADDRESS:

COLLEGE DUPAGE-HOPPER, JOSEPH  
 ATTN: ELLEN/ACCTS PAYABLE  
 COD  
 425 FAWELL BLVD  
 GLEN ELLYN IL 60137  
 UNITED STATES OF AMERICA

Room: 228/K1  
 Arrival Date: 12/9/2017 3:22:00 PM  
 Departure Date: 12/11/2017 7:36:00 AM

Adult/Child: 1/0  
 Room Rate: 95.00

Rate Plan: RMDC  
 HH #  
 AL:  
 Car:

Confirmation Number: 3399336762

TREVINO, VIC

12/13/2017

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/9/2017	3862479	GUEST ROOM	\$95.00
12/9/2017	3862479	STATE TAX	\$5.70
12/9/2017	3862479	LOCAL TAX	\$4.75
12/10/2017	3862957	GUEST ROOM	\$95.00
12/10/2017	3862957	STATE TAX	\$5.70
12/10/2017	3862957	LOCAL TAX	\$4.75
12/11/2017	3863061	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$210.90)
		**BALANCE**	\$0.00



ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

808544 B

CARD MEMBER NAME

AUTHORIZATION

INITIAL

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.

PURCHASES & SERVICES

TAXES

TIPS & MISC.

CARD MEMBER'S SIGNATURE

TOTAL AMOUNT

-210.90

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

PAYMENT DUE UPON RECEIPT



NAME AND ADDRESS:

COLLEGE DUPAGE-HOPPER, JOSEPH  
ATTN: ELLEN/ACCTS PAYABLE  
COD  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
UNITED STATES OF AMERICA

Room: 326/K1  
Arrival Date: 12/10/2017 10:13:00 AM  
Departure Date: 12/11/2017 1:07:00 PM

Adult/Child: 1/0  
Room Rate: 95.00

Rate Plan: M2  
HH #  
AL:  
Car:

Confirmation Number: 3393857866

PITCH, HOWARD  
12/13/2017

**Hilton**

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/10/2017	3862964	GUEST ROOM	\$95.00
12/10/2017	3862964	STATE TAX	\$5.70
12/10/2017	3862964	LOCAL TAX	\$4.75
12/11/2017	3863097	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$105.45)
		**BALANCE**	\$0.00

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

HOMWOOD  
SUITES  
BY HILTON

HOME2  
SUITES BY HILTON

Hilton  
Grand Vacations

Hilton  
HONORS

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

808856 B

CARD MEMBER NAME

AUTHORIZATION

INITIAL

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSFER 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.

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-105.45

CARD MEMBER'S SIGNATURE

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: 1085800  
Vendor Name: Fireside West of Delaware LLC  
Invoice Number: 51532  
Invoice Date: 12/14/17  
PO Number: P0355292  
Check Number: E0064945  
Check Amount: \$ 3,901.65  
Check Date: 01/17/2018  
Department ID: 11601  
Reviewer Name:  
Voucher Number: V0490282  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: mcgowan@cod.edu  
Sent: Tue Dec 19 17:20:30 CST 2017  
To: invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
-----

Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: AR201WC7835 Device Name:  
PRN303

[attachment: Scanned from a Xerox Multifunction Printer.pdf]



NAME AND ADDRESS:

PO # 355292  
OK to close PO.

ORIGINAL

COLLEGE DUPAGE-HOPPER, JOSEPH

Attn: ELLEN/ACCTS PAYABLE

COD

425 FAWELL BLVD

GLEN ELLYN IL 60137

UNITED STATES OF AMERICA

Page: 1

INVOICE# 51532  
INVOICE DATE 12/14/2017  
CURRENT DATE 12/14/2017  
YOUR ACCOUNT # C2489  
YOUR P/O #

Hilton

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
12/2/2017	805939 B	385761	Rm 423 [RTD FR ERICKSON, MELISSA:RCPT B]	\$210.90
12/2/2017	805940 B	385761	Rm 429 [RTD FR LAYFIELD, EDDIE:RCPT B]	\$210.90
12/2/2017	805941 B	385761	Rm 431 [RTD FR LUSSIER, DANIELLE:RCPT B]	\$210.90

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

EMERALD  
SUITES  
BY HILTON

Hilton  
Garden  
Inn

Hampton  
BY HILTON

tru  
BY HILTON

HOMESWOOD  
SUITES  
BY HILTON

HOMES  
BY HILTON

Hilton  
Grand Vacations

Hilton  
HONORS

AP VERIFIED  
12/22/17 - MARIA ZERRUDO

*Ellen M. Yovan*

12/15/17

TR18 - PETE 314.35  
5518 - PETE 314.35

05 QD 11601 5501001

63 ARTIST HOTEL

PAYMENT DUE UPON RECEIPT

Total

\$632.70

QUESTIONS CONCERNING THIS INVOICE?  
CALL: SANDY ROSALES  
630-245-7634

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT