

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085802
Vendor Name: Hilton Lisle/Naperville
Invoice Number: 51688
Invoice Date: 03/28/18
PO Number:
Check Number: 0234892
Check Amount: \$ 316.35
Check Date: 04/11/2018
Department ID: 11601
Reviewer Name: None
Voucher Number: V0507272
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Nicole.Thomason@Hilton.com
Sent: Wed Mar 28 12:29:38 CDT 2018
To: invoicing@cod.edu
CC:
Subject: Hilton Invoice 51688

Hello,

Please see attached invoice,
Thank you and have a great day ☺

Regards,

Nicole Thomason
Accounts Receivable Manager
Hilton Lisle/Naperville
3003 Corporate West Drive
Lisle, IL 60532
Phn: 630-245-7634
Fax: 630-505-8948

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NAME AND ADDRESS:

ORIGINAL

COLLEGE DUPAGE-HOPPER, JOSEPH
Attn: ELLEN/ACCTS PAYABLE
COD
425 FAWELL BLVD
GLEN ELLYN IL 60137
UNITED STATES OF AMERICA
Page: 1

INVOICE# 51688
INVOICE DATE 3/28/2018
CURRENT DATE 3/28/2018
YOUR ACCOUNT # C2489
YOUR P/O #

Hilton

APPROVED

04/04/18 - ELLEN MCGOWAN

DATE	Folio #	ART #	DESCRIPTION	AMOUNT
3/22/2018	807016 B	390235	Rm 526 [RTD FR CUBBON, ALEXANDRA:RCPT B]	\$105.45
3/22/2018	807015 B	390236	Rm 239 [RTD FR WATKINS, MEL:RCPT B]	\$105.45
3/22/2018	807017 B	390236	Rm 301 [RTD FR MACGOUGAN, MELISSA:RCPT B]	\$105.45

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

HOMEWOOD
SUITES
BY HILTON

HOME2
SUITES BY HILTON

Hilton
Grand Vacations

PAYMENT DUE UPON RECEIPT

Total: \$316.35

QUESTIONS CONCERNING THIS INVOICE?
CALL: NICOLE THOMASON
630-245-7634

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

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: 239/K1
 Arrival Date: 3/20/2018 6:00:00 PM
 Departure Date: 3/22/2018 1:05:00 PM
 Adult/Child: 1/0
 Room Rate: 95.00
 Rate Plan: RCMT
 HH #
 AL:
 Car:

Confirmation Number: 3399956946
 WATKINS, MEL
 3/28/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/20/2018	3901275	GUEST ROOM	\$95.00
3/20/2018	3901275	STATE TAX	\$5.70
3/20/2018	3901275	LOCAL TAX	\$4.75
3/22/2018	3902135	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$105.45)
		BALANCE	\$0.00



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BY HILTON



tru
BY HILTON



HOMESWOOD
SUITES
BY HILTON

HOME2
SUITES BY HILTON



Hilton
Grand Vacations



Hilton
HONORS

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

807015 B

CARD MEMBER NAME AUTHORIZATION INITIAL

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSFER TO CARD HOLDER FOR PAYMENT PURCHASES & SERVICES

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 -105.45

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



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

NAME AND ADDRESS:

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

Room: 526/K1S
Arrival Date: 3/20/2018 5:59:00 PM
Departure Date: 3/22/2018 10:58:00 AM

Adult/Child: 1/0
Room Rate: 95.00

Rate Plan: RCMT
HH #
AL:
Car:

Confirmation Number: 3396641786
CUBBON, ALEXANDRA
3/28/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/20/2018	3901347	GUEST ROOM	\$95.00
3/20/2018	3901347	STATE TAX	\$5.70
3/20/2018	3901347	LOCAL TAX	\$4.75
3/22/2018	3902087	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$105.45)
		BALANCE	\$0.00



CONRAD
HOTELS & RESORTS

canopy
BY HILTON



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION
BY HILTON



ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

807016 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

-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.



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: 301/K1
Arrival Date: 3/20/2018 5:59:00 PM
Departure Date: 3/22/2018 1:05:00 PM

Adult/Child: 1/0
Room Rate: 95.00

Rate Plan: RCMT
HH #
AL:
Car:

Confirmation Number: 3402503225
MACGOUGAN, MELISSA
3/28/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/20/2018	3901276	GUEST ROOM	\$95.00
3/20/2018	3901276	STATE TAX	\$5.70
3/20/2018	3901276	LOCAL TAX	\$4.75
3/22/2018	3902137	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$105.45)
		BALANCE	\$0.00


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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.
807017 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
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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 -105.45

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