

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085802
Vendor Name: Hilton Lisle/Naperville
Invoice Number: 51856
Invoice Date: 08/01/18
PO Number: P0359637
Check Number: E0068733
Check Amount: \$ 1,289.50
Check Date: 08/15/2018
Department ID: 11601
Reviewer Name: None
Voucher Number: V0522274
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Nicole.Thomason@Hilton.com
Sent: Wed Aug 01 09:26:24 CDT 2018
To: invoicing@cod.edu
CC:
Subject: Hilton INV 51856

Hello,
Please see attached Hilton invoice 51856.
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:

COLLEGE DUPAGE-HOPPER, JOSEPH
Attn: ELLEN/ACCTS PAYABLE
COD

INVOICE# 51856
INVOICE DATE 8/1/2018
CURRENT DATE 8/1/2018
YOUR ACCOUNT # C2489

425 FAWELL BLVD
GLEN ELLYN IL 60137
UNITED STATES OF AMERICA

APPROVED

Page 1 **08/13/18 - ELLEN MCGOWAN**

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
7/27/2018	838659 B	397338	Rm 201 [RTD FR HALE, BEN:RCPT B]	\$95.00
7/27/2018	839255 B	397341	Rm 527 [RTD FR BRECKER, RANDY:RCPT B]	\$210.90
7/27/2018	839256 B	397341	Rm 331 [RTD FR LINDERBERG, JEFF:RCPT B]	\$210.90
7/27/2018	838664 B	397342	Rm 319 [RTD FR CZACH, BRIAN:RCPT B]	\$105.45
7/27/2018	838663 B	397342	Rm 504 [RTD FR BRYANT, DANE:RCPT B]	\$105.45
7/27/2018	838660 B	397342	Rm 326 [RTD FR ELCOCK, KELLY:RCPT B]	\$105.45
7/27/2018	838661 B	397344	Rm 701 [RTD FR WINSTANLEY, CY:RCPT B]	\$105.45
7/27/2018	838662 B	397344	Rm 709 [RTD FR MANZO, JARED:RCPT B]	\$105.45
7/27/2018	838658 B	397344	Rm 509 [RTD FR PEICKERT, ZACH:RCPT B]	\$105.45
7/31/2018	838657 A	397575	Grp RCUW [RTD FR COD MAC UNRAVELING WILBURY'S:RCPT A]	\$140.00

Please Send all Payments to:
Hilton Lisle/Naperville
3003 Corporate West Drive
Lisle, IL 60532-3603

PAYMENT DUE UPON RECEIPT

TOTAL: \$1,289.50

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

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

ORIGINAL





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: 509/K1
Arrival Date: 7/26/2018 10:54:00 PM
Departure Date: 7/27/2018 3:41:00 PM

Adult/Child: 1/0
Room Rate: 95.00

Rate Plan: RCUW
HH #
AL:
Car:

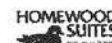
Confirmation Number: 3469763336

PEICKERT, ZACH

8/1/2018



DATE	REFERENCE	DESCRIPTION	AMOUNT
7/26/2018	3972411	GUEST ROOM	\$95.00
7/26/2018	3972411	STATE TAX	\$5.70
7/26/2018	3972411	LOCAL TAX	\$4.75
7/27/2018	3972905	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$105.45)
		BALANCE	\$0.00



ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

838658 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

-105.45

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: 201/K1
 Arrival Date: 7/26/2018 1:57:00 AM
 Departure Date: 7/27/2018 3:06:00 AM
 Adult/Child: 1/0
 Room Rate: 95.00
 Rate Plan: RCUW
 HH #
 AL:
 Car:

Confirmation Number: 3472081800

HALE, BEN

8/1/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/26/2018	3972520	**GTD NO SHOW FOR 7-26-18**	\$95.00
7/27/2018	3972628	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$95.00)
		BALANCE	\$0.00

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
by hilton

Hilton
Grand Vacations

Hilton
HONORS

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

838659 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

-95.00

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: 7/26/2018 10:48:00 PM
 Departure Date: 7/27/2018 11:57:00 AM

Adult/Child: 1/0
 Room Rate: 95.00

Rate Plan: RCUW
 HH #
 AL:
 Car:

Confirmation Number: 3469509233

ELCOCK, KELLY

8/1/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/26/2018	3972348	GUEST ROOM	\$95.00
7/26/2018	3972348	STATE TAX	\$5.70
7/26/2018	3972348	LOCAL TAX	\$4.75
7/27/2018	3972823	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$105.45)
		BALANCE	\$0.00


 WALDORF
 ASTORIA
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 CONRAD
 HOTELS & RESORTS


 canopy
 by hilton


 Hilton
 HOTELS & RESORTS


 CURIO
 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

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

838660 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.

NAME AND ADDRESS:

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

Room: 701/K1
Arrival Date: 7/26/2018 10:49:00 PM
Departure Date: 7/27/2018 1:09:00 PM
Adult/Child: 1/0
Room Rate: 95.00
Rate Plan: RCUW
HH #: 545153726 GOLD
AL:
Car:

Confirmation Number: 3471879832
WINSTANLEY, CY
8/1/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/26/2018	3972465	GUEST ROOM	\$95.00
7/26/2018	3972465	STATE TAX	\$5.70
7/26/2018	3972465	LOCAL TAX	\$4.75
7/27/2018	3972861	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

DOUBLE TREE
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.

838661 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

-105.45

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: 709/K1
 Arrival Date: 7/26/2018 10:51:00 PM
 Departure Date: 7/27/2018 1:28:00 PM
 Adult/Child: 1/0
 Room Rate: 95.00
 Rate Plan: RCUW
 HH #
 AL:
 Car:

Confirmation Number: 3470616330

MANZO, JARED

8/1/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/26/2018	3972472	GUEST ROOM	\$95.00
7/26/2018	3972472	STATE TAX	\$5.70
7/26/2018	3972472	LOCAL TAX	\$4.75
7/27/2018	3972866	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$105.45)
		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

HOMESWOOD
 SUITES
 BY HILTON

HOME2
 SUITES BY HILTON

H
 Hilton
 Grand Vacations

Hilton
 HONORS

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

838662 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.

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

NAME AND ADDRESS:

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

Room: 504/K1
 Arrival Date: 7/26/2018 10:50:00 PM
 Departure Date: 7/27/2018 12:45:00 PM
 Adult/Child: 1/0
 Room Rate: 95.00
 Rate Plan: RCUW
 HH #: 120802501 BLUE
 AL:
 Car:

Confirmation Number: 3468577816

BRYANT, DANE
 8/1/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/26/2018	3972405	GUEST ROOM	\$95.00
7/26/2018	3972405	STATE TAX	\$5.70
7/26/2018	3972405	LOCAL TAX	\$4.75
7/27/2018	3972822	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

HOMER
 SUITES BY HILTON

Hilton
 Grand Vacations

Hilton
 HONORS

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

838663 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.



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: 319/K1
Arrival Date: 7/26/2018 10:45:00 PM
Departure Date: 7/27/2018 11:54:00 AM
Adult/Child: 1/0
Room Rate: 95.00
Rate Plan: RCUW
HH #: 277516801 BLUE
AL:
Car:

Confirmation Number: 3462612107

CZACH, BRIAN

8/1/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/26/2018	3972341	GUEST ROOM	\$95.00
7/26/2018	3972341	STATE TAX	\$5.70
7/26/2018	3972341	LOCAL TAX	\$4.75
7/27/2018	3972820	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

DOUBLE TREE
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.

838664 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: 527/K1S
 Arrival Date: 7/25/2018 6:58:00 PM
 Departure Date: 7/27/2018 11:00:00 AM

Adult/Child: 1/0
 Room Rate: 95.00

Rate Plan: RCJO
 HH #: 656219003 SILVER
 AL:
 Car:

Confirmation Number: 3469930639

BRECKER, RANDY

8/1/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/25/2018	3971745	GUEST ROOM	\$95.00
7/25/2018	3971745	STATE TAX	\$5.70
7/25/2018	3971745	LOCAL TAX	\$4.75
7/26/2018	3972425	GUEST ROOM	\$95.00
7/26/2018	3972425	STATE TAX	\$5.70
7/26/2018	3972425	LOCAL TAX	\$4.75
7/27/2018	3972783	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$210.90)
		BALANCE	\$0.00

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

HOME
 BY HILTON

Hilton
 Grand Vacations

Hilton
 HONORS

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

839255 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

-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: 331/D2
Arrival Date: 7/25/2018 11:54:00 PM
Departure Date: 7/27/2018 11:01:00 AM

Adult/Child: 1/0
Room Rate: 95.00

Rate Plan: RCJO
HH #
AL:
Car:

Confirmation Number: 3471226560

LINDERBERG, JEFF

8/1/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/25/2018	3971673	GUEST ROOM	\$95.00
7/25/2018	3971673	STATE TAX	\$5.70
7/25/2018	3971673	LOCAL TAX	\$4.75
7/26/2018	3972353	GUEST ROOM	\$95.00
7/26/2018	3972353	STATE TAX	\$5.70
7/26/2018	3972353	LOCAL TAX	\$4.75
7/27/2018	3972789	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$210.90)
		BALANCE	\$0.00

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

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

839256 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

-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: RCUW
 Arrival Date: 7/23/2018 12:00:00 AM
 Departure Date: 7/29/2018 12:00:00 AM

Adult/Child:
 Room Rate:

Rate Plan:
 HH #
 AL:
 Car:

COD MAC UNRAVELING WILBURY'S
 7/31/2018

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/30/2018	3974544	HILTON LISLE RESTAURANT [XFR FR H190 - CLEARING:RCPT A] [XFR FR H *BANQUETS RCPT A - 7/27/2018]	\$20.00
7/30/2018	3974545	HILTON LISLE RESTAURANT [XFR FR H190 - CLEARING:RCPT A] [XFR FR H *BANQUETS RCPT A - 7/27/2018]	\$60.00
7/30/2018	3974546	HILTON LISLE RESTAURANT [XFR FR H190 - CLEARING:RCPT A] [XFR FR H *BANQUETS RCPT A - 7/27/2018]	\$60.00
7/31/2018	3975245	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$140.00)

Hilton


 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


 Hilton
 HONORS

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

838657 A

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

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-140.00

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

PAYMENT DUE UPON RECEIPT

CHECK # 1116387 DATE 7/27/18
TABLE # 10 TIME 1:31PM

-- RESTAURANT : LUIS M --

ITEMS ORDERED AMOUNT

1 BREAKFAST BUFFET 15.95

SUBTOTAL 15.95
TAX 1.12

TOTAL DUE 17.07

OF GUESTS 1

FOR ROOM CHARGES ONLY:

SIGNATURE: _____ TIP: _____

PRINT NAME: _____ TOTAL: _____

ROOM NUMBER: _____

* ALLGAUER'S GRILL *
* RESTAURANT *

CHECK # 1116387 7/27/18 1:31PM
SERVER LUIS M

SUBTOTAL \$ 15.95
TAX \$ 1.12

TOTAL \$ 17.07
TIPS \$ 2.93

PAID \$ 20.00

TENDER \$ 20.00 ROOM H190
\$ *BANQUETS CLEARING/190

COI
THE HILTON

Guest Name

Guest Room No.

\$20.00 C

RCUW

CHECK # 1116379 DATE 7/27/18
TABLE # 14 TIME 12:33PM

=====

-- RESTAURANT : LUIS M --

ITEMS ORDERED AMOUNT

3 LUNCH BUFFET 47.85

SUBTOTAL 47.85
TAX 3.36

TOTAL DUE 51.21

OF GUESTS 3

FOR ROOM CHARGES ONLY:

SIGNATURE: _____ TIP: _____

PRINT NAME: _____ TOTAL: _____

ROOM NUMBER: _____

* ALLGAUER'S GRILL
* RESTAURANT

CHECK # 1116383 7/27/18 1:30PM
SERVER LUIS M

SUBTOTAL \$ 47.85
TAX \$ 3.36

TOTAL \$ 51.21
TIPS \$ 8.79

PAID \$ 60.00

TENDER \$ 60.00 ROOM H190
\$ *BANQUETS CLEARING/190



CHECK # 1116383 DATE 7/27/18
TABLE # 35 TIME 1:00PM

-- RESTAURANT : LUIS M --

ITEMS ORDERED	AMOUNT
3 LUNCH BUFFET	47.85

SUBTOTAL	47.85
TAX	3.36

TOTAL DUE 51.21

OF GUESTS 3

FOR ROOM CHARGES ONLY:

SIGNATURE: _____ TIP: _____

PRINT NAME: _____ TOTAL: _____

ROOM NUMBER: _____

* ALLGAUER'S GRILL *
* RESTAURANT *

CHECK # 1116379 7/27/18 1:27PM
SERVER LUIS M

SUBTOTAL		\$ 47.85
TAX		\$ 3.36

TOTAL	\$ 51.21
TIPS	\$ 8.79

PAID \$ 60.00

TENDER \$ 60.00 ROOM H190
\$ *BANQUETS CLEARING/190

