

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085802  
Vendor Name: Hilton Lisle/Naperville  
Invoice Number: 51926  
Invoice Date: 10/10/18  
PO Number: P0360823  
Check Number: E0069922  
Check Amount: \$ 671.79  
Check Date: 10/24/2018  
Department ID: 11001  
Reviewer Name: None  
Voucher Number: V0533955  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: Nicole.Thomason@Hilton.com  
Sent: Wed Oct 10 09:44:43 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Hilton invoice 51926  
-----

Hello,

Please see attached Hilton invoice 51926.  
Thank you and have a wonderful 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:

**APPROVED**  
**10/22/18 - ELLEN MCGOWAN**

ORIGINAL

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

INVOICE# 51926  
INVOICE DATE 10/10/2018  
CURRENT DATE 10/10/2018  
YOUR ACCOUNT # C2489  
YOUR P/O #

**Hilton**

Page: 1

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
10/9/2018	849933 A	401728	Grp CVD1005 [RTD FR COLLEGE OF DUPAGE MEETING 10/5:RCPT A]	\$641.79

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

HOMEWOOD  
SUITES  
by hilton

HOME2  
SUITES by hilton

Hilton  
Grand Vacations

PAYMENT DUE UPON RECEIPT

Total: \$641.79

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: CVD1005  
Arrival Date: 10/4/2018 12:00:00 AM  
Departure Date: 10/10/2018 12:00:00 AM

Adult/Child:  
Room Rate:

Rate Plan:  
HH #  
AL:  
Car:

COLLEGE OF DUPAGE MEETING 10/5  
10/9/2018

DATE	REFERENCE	DESCRIPTION	AMOUNT
10/5/2018	4013536	*BANQUETS [XFR FR H3222 - *ACCTS [XFR FR H *ACCTS CLEARING RCPT A - 10/5/2018]	\$413.10
10/5/2018	4014634	*BANQUETS/74,289	\$228.69
10/9/2018	4016683	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$641.79)

**Hilton**

W  
WALDORF  
ASTORIA  
HOTELS & RESORTS

CONRAD  
HOTELS & RESORTS

canopy  
by hilton

Hilton  
HOTELS & RESORTS

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A COLLECTION BY HILTON

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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.

849933 A

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

-641.79

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

PAYMENT DUE UPON RECEIPT

college of Dupage

\*\*\*\*\*  
\* ALLGAUER'S GRILL \*  
\* BANQUETS \*  
\*\*\*\*\*  
CHECK # 1129813 10/05/18 2:16PM  
SERVER HUGO  
  
PAID \$ 413.10  
  
TENDER \$ 413.10 ROOM H3222  
\$ \*ACCTS CLEARING/3222  
\*\*\*\*\*

College of Dupage

\*\*\*\*\*  
CHECK # 1129813 DATE 10/05/18  
TABLE # R7 TIME 2:16PM  
\*\*\*\*\*

-- BANQUETS : HUGO --

ITEMS ORDERED	AMOUNT
15 BANQ BUFFET	344.25

\*\*\*\*\*

SUBTOTAL	344.25
SERVICE	68.85

-----  
TOTAL DUE 413.10  
-----

# OF GUESTS 15

FOR ROOM CHARGES ONLY:  
SIGNATURE: \_\_\_\_\_ TIP: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TOTAL: \_\_\_\_\_

ROOM NUMBER: \_\_\_\_\_



# Hilton Lisle/Naperville

3003 Corporate West Drive • Lisle, IL 60532 • (630) 505-0900 • Fax (630) 505-8948

## Banquet Check

Check#: 74,289

Page: 1 of 1

Created: 10/5/2018

<b>Account:</b> College of DuPage <b>Post As:</b> College Of DuPage Meeting <b>BEO Name:</b> College Of DuPage Meeting <b>Address:</b> 425 Fawell Blvd. Glen Ellyn, IL 60137	<b>Event Date:</b> Friday, 10/05/2018  <b>Contact:</b> Mr. Joe Hopper <b>Phone:</b> 630-942-2913 <b>Fax:</b> <b>On-Site:</b> Mr. Joe Hopper <b>Phone:</b> 630-942-2913
<b>Payment Method:</b> Direct Bill <b>Credit Card #:</b> <b>CC Expiration:</b> <b>Tax Exempt #:</b> E9997-3391-03	<b>Direct Bill Acc #:</b> C2489 <b>House Account #:</b> CD1005  <b>Sales Mgr:</b> Bonnie Buckley, CMP <b>Catering Mgr:</b> Bonnie Buckley, CMP  <b>Room:</b> <i>Naperville</i>

Quantity	Food	Price	Amount
12	Bagels, cream cheese, toaster, etc.	4.50 each	54.00
24	Regular and Diet Soft Drinks	3.50 Each	84.00
1 1/2	dozen total Homemade Chocolate Brownies & Cookies	34.00 Per Dozen	51.00
Subtotal:			189.00
Service Charge %: 21.00			39.69
Tax %: 0.00			0.00
Total:			228.69

<b>Grand Total:</b>	<b>228.69</b>
<b>Balance Due:</b>	<b>228.69</b>

Client Signature

Date

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085802  
Vendor Name: Hilton Lisle/Naperville  
Invoice Number: 51932  
Invoice Date: 10/11/18  
PO Number:  
Check Number: E0069922  
Check Amount: \$ 671.79  
Check Date: 10/24/2018  
Department ID: 11601  
Reviewer Name: None  
Voucher Number: V0534092  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: Nicole.Thomason@Hilton.com  
Sent: Thu Oct 11 08:20:13 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Hilton invoice 51932  
-----

Hello,

Please see attached Hilton invoice 51932.  
(shuttle transportation for Annie Moses Band 10/6/18)  
Thank you and have a wonderful day ☺

Regards,

**Nicole Thomason**  
**Accounts Receivable Manager**  
**Hilton Lisle/Naperville**  
3003 Corporate West Drive  
Lisle, IL 60532  
Phn: 630-245-7634  
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**10/16/18 - ELLEN MCGOWAN**  
ORIGINAL

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

INVOICE# 51932  
INVOICE DATE 10/11/2018  
CURRENT DATE 10/11/2018  
YOUR ACCOUNT # C2489  
YOUR P/O #



DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
10/10/2018	848960 A	401789	Grp RCAM [RTD FR COD MAC ANNIE MOSES BAND:RCPT	\$30.00



PAYMENT DUE UPON RECEIPT

*Total:* **\$30.00**

QUESTIONS CONCERNING THIS INVOICE?  
CALL: NICOLE THOMASON  
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: RCAM  
 Arrival Date: 10/3/2018 12:00:00 AM  
 Departure Date: 10/9/2018 12:00:00 AM

Adult/Child:  
 Room Rate:

Rate Plan:  
 HH #  
 AL:  
 Car:

COD MAC ANNIE MOSES BAND  
 10/10/2018



DATE	REFERENCE	DESCRIPTION	AMOUNT
10/4/2018	4012936	10/6 SHUTTLE GRATUITY	\$30.00
10/10/2018	4017435	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$30.00)
		**BALANCE**	\$0.00



ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		848960 A
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
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.	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-30.00
	PAYMENT DUE UPON RECEIPT	

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