

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085802
Vendor Name: Hilton Lisle/Naperville
Invoice Number: 51963
Invoice Date: 10/31/18
PO Number: P0361217
Check Number: E0070319
Check Amount: \$ 969.05
Check Date: 11/14/2018
Department ID: 11601
Reviewer Name: None
Voucher Number: V0540927
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Nicole.Thomason@Hilton.com
Sent: Wed Oct 31 10:34:35 CDT 2018
To: invoicing@cod.edu
CC:
Subject: Hilton invoice 51963- Snake Oil

Hello,

Please see attached Hilton invoice 51963,
Thank you and have a wonderful day ☺

Kind 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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APPROVED
11/08/18 - 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# 51963
INVOICE DATE 10/31/2018
CURRENT DATE 10/31/2018
YOUR ACCOUNT # C2489
YOUR P/O #

Hilton

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
10/28/2018	853156 B	402869	Rm 304 [RTD FR KIROUAC, JOHN:RCPT B]	\$105.45
10/28/2018	853153 B	402870	Rm 435 [RTD FR JANSEN, JOE:RCPT B]	\$105.45
10/28/2018	853155 B	402870	Rm 337 [RTD FR DESAULNIERS, ART:RCPT B]	\$105.45
10/28/2018	853154 B	402870	Rm 330 [RTD FR BOLDOC, GREG:RCPT B]	\$105.45
10/28/2018	853158 B	402870	Rm 401 [RTD FR KOZIELEC, JEREMY:RCPT B]	\$105.45
10/29/2018	853157 B	402921	Rm 209 [RTD FR GORDON, KEITH:RCPT B]	\$210.90
10/29/2018	853152 B	402921	Rm 204 [RTD FR MOORE, DARREN:RCPT B]	\$210.90
10/30/2018	853150 A	402973	Grp RCSO [RTD FR COD MAC SNAKE OIL:RCPT A]	\$20.00

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
by hilton

Hilton
Grand Vacations

Send all Payments to
Hilton Lisle/Naperville
3003 Corporate West Drive
Lisle, IL. 60532

PAYMENT DUE UPON RECEIPT

Total: \$969.05

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: RCSO
Arrival Date: 10/23/2018 12:00:00 AM
Departure Date: 10/30/2018 12:00:00 AM

Adult/Child:
Room Rate:

Rate Plan:
HH #
AL:
Car:

COD MAC SNAKE OIL
10/30/2018

DATE	REFERENCE	DESCRIPTION	AMOUNT
10/29/2018	4028804	SHUTTLE GRATUITY	\$20.00
10/30/2018	4029419	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$20.00)
		BALANCE	\$0.00

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

HOMWOOD
SUITES
BY HILTON

HOME2
SUITES
BY HILTON

Hilton
Grand Vacations

Hilton
HONORS

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

853150 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.

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-20.00

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: 435/K1
Arrival Date: 10/27/2018 5:24:00 PM
Departure Date: 10/28/2018 11:23:00 AM

Adult/Child: 1/0
Room Rate: 95.00

Rate Plan: RCSO
HH #
AL:
Car:

Confirmation Number: 3499861149
JANSEN, JOE
10/31/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
10/27/2018	4027967	GUEST ROOM	\$95.00
10/27/2018	4027967	STATE TAX	\$5.70
10/27/2018	4027967	LOCAL TAX	\$4.75
10/28/2018	4028318	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.

853153 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: 330/K1
Arrival Date: 10/27/2018 5:22:00 PM
Departure Date: 10/28/2018 12:18:00 PM

Adult/Child: 1/0
Room Rate: 95.00

Rate Plan: RCSO
HH #
AL:
Car:

Confirmation Number: 3500779422

BOLDUC, GREG
10/31/2018



DATE	REFERENCE	DESCRIPTION	AMOUNT
10/27/2018	4027919	GUEST ROOM	\$95.00
10/27/2018	4027919	STATE TAX	\$5.70
10/27/2018	4027919	LOCAL TAX	\$4.75
10/28/2018	4028370	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$105.45)
		BALANCE	\$0.00



CONRAD
HOTELS & RESORTS



CURIO
A COLLECTION BY HILTON



TAPESTRY
COLLECTION BY HILTON



ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

853154 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: 337/K1
 Arrival Date: 10/27/2018 5:23:00 PM
 Departure Date: 10/28/2018 12:16:00 PM

Adult/Child: 1/0
 Room Rate: 95.00

Rate Plan: RCSO
 HH #
 AL:
 Car:

Confirmation Number: 3496559133
 DESAULNIERS, ART
 10/31/2018



DATE	REFERENCE	DESCRIPTION	AMOUNT
10/27/2018	4027926	GUEST ROOM	\$95.00
10/27/2018	4027926	STATE TAX	\$5.70
10/27/2018	4027926	LOCAL TAX	\$4.75
10/28/2018	4028366	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$105.45)
		BALANCE	\$0.00



ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

853155 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: 304/K1
Arrival Date: 10/27/2018 5:24:00 PM
Departure Date: 10/28/2018 4:25:00 AM

Adult/Child: 1/0
Room Rate: 95.00

Rate Plan: RCSO
HH #
AL:
Car:

Confirmation Number: 3501645560

KIROUAC, JOHN
10/31/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
10/27/2018	4027893	GUEST ROOM	\$95.00
10/27/2018	4027893	STATE TAX	\$5.70
10/27/2018	4027893	LOCAL TAX	\$4.75
10/28/2018	4028166	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

HOMEWOOD
SUITES
BY HILTON

HOME2
SUITES BY HILTON

Hilton
Grand Vacations

Hilton
HONORS

ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

853156 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: 401/K1
 Arrival Date: 10/27/2018 5:25:00 PM
 Departure Date: 10/28/2018 12:19:00 PM

Adult/Child: 1/0
 Room Rate: 95.00

Rate Plan: RCO
 HH #
 AL:
 Car:

Confirmation Number: 3492768627

KOZIELEC, JEREMY
 10/31/2018

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
10/27/2018	4027930	GUEST ROOM	\$95.00
10/27/2018	4027930	STATE TAX	\$5.70
10/27/2018	4027930	LOCAL TAX	\$4.75
10/28/2018	4028371	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$105.45)
		BALANCE	\$0.00

W
 WALDORF
 ASTORIA
 HOTELS & RESORTS

CONRAD
 HOTELS & RESORTS

canopy
 HOTELS & RESORTS

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.

853158 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: 204/K1
 Arrival Date: 10/27/2018 12:25:00 PM
 Departure Date: 10/29/2018 1:17:00 PM
 Adult/Child: 1/0
 Room Rate: 95.00
 Rate Plan: RCSO
 HH #: 206039464 BLUE
 AL:
 Car:

Confirmation Number: 3501678420

MOORE, DARREN
 10/31/2018



DATE	REFERENCE	DESCRIPTION	AMOUNT
10/27/2018	4027847	GUEST ROOM	\$95.00
10/27/2018	4027847	STATE TAX	\$5.70
10/27/2018	4027847	LOCAL TAX	\$4.75
10/28/2018	4028548	GUEST ROOM	\$95.00
10/28/2018	4028548	STATE TAX	\$5.70
10/28/2018	4028548	LOCAL TAX	\$4.75
10/29/2018	4028829	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$210.90)
		BALANCE	\$0.00



ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

853152 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: 209/K1
 Arrival Date: 10/27/2018 5:29:00 PM
 Departure Date: 10/29/2018 1:08:00 PM
 Adult/Child: 1/0
 Room Rate: 95.00
 Rate Plan: RCSO
 HH #
 AL:
 Car:

Confirmation Number: 3494807141
 GORDON, KEITH
 10/31/2018



DATE	REFERENCE	DESCRIPTION	AMOUNT
10/27/2018	4027852	GUEST ROOM	\$95.00
10/27/2018	4027852	STATE TAX	\$5.70
10/27/2018	4027852	LOCAL TAX	\$4.75
10/28/2018	4028553	GUEST ROOM	\$95.00
10/28/2018	4028553	STATE TAX	\$5.70
10/28/2018	4028553	LOCAL TAX	\$4.75
10/29/2018	4028827	Direct Bill - COLLEGE DUPAGE-HOPPER, JOSEPH	(\$210.90)
		BALANCE	\$0.00



ACCOUNT NO.

DATE OF CHARGE

FOLIO NO./CHECK NO.

853157 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

