

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085802  
Vendor Name: HLIL Associates LLC  
Invoice Number: 33520  
Invoice Date: 03/11/20  
PO Number: P0369362  
Check Number: E0079830  
Check Amount: \$ 1,054.50  
Check Date: 04/14/2020  
Department ID: 11601  
Reviewer Name: None  
Voucher Number: V0607767  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: Nicole.Thomason@Hilton.com  
Sent: Wed Mar 11 10:36:11 CDT 2020  
To: invoicing@cod.edu  
CC: mcgowan@cod.edu  
Subject: DoubleTree Invoice 33520- Dogman  
-----

Hello,

Please see attached invoice 33520.  
Thank you ☺

Kind regards,

Nicole Thomason  
Credit Manager/ Accounts Receivable



DoubleTree by Hilton Lisle Naperville  
3003 Corporate West Drive  
Lisle, IL 60532

+1 630-245-7634 **Direct**  
+1 630-505-0900 **Hotel**

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DOUBLETREE  
by Hilton  
LISLE NAPERVILLE

3003 Corporate West Drive • Lisle, IL 60532  
Phone (630) 505-0900 • Fax (630) 505-8948  
For reservations across the nation  
www.doubletree.com or 1-800-222-TREE

Name & Address

**04/09/20 - ELLEN MCGOWAN**

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33520  
INVOICE DATE 3/11/2020  
CURRENT DATE 3/11/2020  
YOUR ACCOUNT # C2489  
YOUR P/O #

COD

425 FAWELL BLVD

GLEN ELLYN IL 60137

UNITED STATES OF AMERICA

Page: 1

**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

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

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
3/7/2020	80056 B	218380	Rm 810 [RTD FR	\$210.90
3/7/2020	80052 B	218381	Rm 828 [RTD FR	\$210.90
3/7/2020	80054 B	218382	Rm 830 [RTD FR	\$210.90
3/7/2020	80053 B	218383	Rm 837 [RTD FR	\$210.90
3/7/2020	80055 B	218384	Rm 840 [RTD FR	\$210.90

PAYMENT DUE UPON RECEIPT

\$1,054.50

QUESTIONS CONCERNING THIS INVOICE?

CALL: NICOLE THOMASON  
630-245-7634

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT



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Name & Address

COLLEGE OF DUPAGE-HOPPER  
ATTN: JOE HOPPER  
COD  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
UNITED STATES OF AMERICA

Room 828/NKR  
Arrival Date 3/5/2020 4:26:00 PM  
Departure Date 3/7/2020 1:28:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RDG  
HH #  
AL:  
Car:

Confirmation Number: 82417080

3/11/2020

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/5/2020	217264	GUEST ROOM	\$95.00
3/5/2020	217264	RM LOCAL TAX	\$4.75
3/5/2020	217264	RM STATE TAX	\$5.70
3/6/2020	217908	GUEST ROOM	\$95.00
3/6/2020	217908	RM LOCAL TAX	\$4.75
3/6/2020	217908	RM STATE TAX	\$5.70
3/7/2020	218030	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		**BALANCE**	\$0.00
<b>EXPENSE REPORT SUMMARY</b>			
		3/5/2020 3/6/2020 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	\$210.90
DAILY TOTAL		\$105.45 \$105.45	\$210.90

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
CARD MEMBER NAME	AUTHORIZATION	80052 B
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	INITIAL
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.	
	TOTAL AMOUNT	-210.90
	CARD MEMBER'S SIGNATURE	

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

PAYMENT DUE UPON RECEIPT





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Name & Address

COLLEGE OF DUPAGE-HOPPER  
 ATTN: JOE HOPPER  
 COD  
 425 FAWELL BLVD  
 GLEN ELLYN IL 60137  
 UNITED STATES OF AMERICA

Room 837/NKR  
 Arrival Date 3/5/2020 4:28:00 PM  
 Departure Date 3/7/2020 1:29:00 PM

Adult/Child 1/0  
 Room Rate 95.00

Rate Plan: RDG  
 HH #  
 AL:  
 Car:

Confirmation Number: 82679288

3/11/2020

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/5/2020	217270	GUEST ROOM	\$95.00
3/5/2020	217270	RM LOCAL TAX	\$4.75
3/5/2020	217270	RM STATE TAX	\$5.70
3/6/2020	217913	GUEST ROOM	\$95.00
3/6/2020	217913	RM LOCAL TAX	\$4.75
3/6/2020	217913	RM STATE TAX	\$5.70
3/7/2020	218032	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/5/2020 3/6/2020 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	\$210.90
DAILY TOTAL		\$105.45 \$105.45	\$210.90

ACCOUNT NO.

CARD MEMBER NAME

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.

CARD MEMBER'S SIGNATURE

X

DATE OF CHARGE FOLIO NO./CHECK NO.

80053 B

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT -210.90

PAYMENT DUE UPON RECEIPT



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



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Name & Address

COLLEGE OF DUPAGE-HOPPER  
ATTN: JOE HOPPER  
COD  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
UNITED STATES OF AMERICA

Room 830/NKR  
Arrival Date 3/5/2020 4:30:00 PM  
Departure Date 3/7/2020 1:28:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RDG  
HH #  
AL  
Car:

Confirmation Number: 87922200

3/11/2020

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/5/2020	217265	GUEST ROOM	\$95.00
3/5/2020	217265	RM LOCAL TAX	\$4.75
3/5/2020	217265	RM STATE TAX	\$5.70
3/6/2020	217909	GUEST ROOM	\$95.00
3/6/2020	217909	RM LOCAL TAX	\$4.75
3/6/2020	217909	RM STATE TAX	\$5.70
3/7/2020	218031	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/5/2020 3/6/2020 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	\$210.90
DAILY TOTAL		\$105.45 \$105.45	\$210.90

ACCOUNT NO.
CARD MEMBER NAME
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 X

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

DATE OF CHARGE	FOLIO NO./CHECK NO. 80054 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-210.90

PAYMENT DUE UPON RECEIPT



CONRAD  
HOTELS & RESORTS



CURIO  
A COLLECTION BY HILTON



TAPESTRY  
COLLECTION  
BY HILTON



HOMWOOD  
SUITES  
BY HILTON



Hilton  
HONORS



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Name & Address

COLLEGE OF DUPAGE-HOPPER  
ATTN: JOE HOPPER  
COD  
425 FAWELL BLVD  
GLEN ELLYN IL 60137  
UNITED STATES OF AMERICA

Room 840/NDR  
Arrival Date 3/5/2020 4:31:00 PM  
Departure Date 3/7/2020 1:29:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RDG  
HH #  
AL:  
Car:

Confirmation Number: 85825112

3/11/2020

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/5/2020	217273	GUEST ROOM	\$95.00
3/5/2020	217273	RM LOCAL TAX	\$4.75
3/5/2020	217273	RM STATE TAX	\$5.70
3/6/2020	217914	GUEST ROOM	\$95.00
3/6/2020	217914	RM LOCAL TAX	\$4.75
3/6/2020	217914	RM STATE TAX	\$5.70
3/7/2020	218033	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/5/2020 3/6/2020 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	\$210.90
DAILY TOTAL		\$105.45 \$105.45	\$210.90

ACCOUNT NO.	
CARD MEMBER NAME	
ESTABLISHMENT NO. & LOCATION 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 X	

DATE OF CHARGE	FOLIO NO./CHECK NO. 80055 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
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



CONRAD  
HOTELS & RESORTS

canopy  
by hilton



CURIO  
A COLLECTION BY HILTON



TAPESTRY  
COLLECTION  
by hilton

EMBASSY  
SUITES  
by hilton



HOMWOOD  
SUITES  
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**Name & Address**

COLLEGE OF DUPAGE-HOPPER  
 ATTN: JOE HOPPER  
 COD  
 425 FAWELL BLVD  
 GLEN ELLYN IL 60137  
 UNITED STATES OF AMERICA

Room 810/NDR  
 Arrival Date 3/5/2020 4:32:00 PM  
 Departure Date 3/7/2020 1:19:00 PM  
 Adult/Child 1/0  
 Room Rate 95.00  
 Rate Plan: RDG  
 HH #  
 AL:  
 Car:

Confirmation Number: 81368728

3/11/2020



DATE	REFERENCE	DESCRIPTION	AMOUNT
3/5/2020	217255	GUEST ROOM	\$95.00
3/5/2020	217255	RM LOCAL TAX	\$4.75
3/5/2020	217255	RM STATE TAX	\$5.70
3/6/2020	217899	GUEST ROOM	\$95.00
3/6/2020	217899	RM LOCAL TAX	\$4.75
3/6/2020	217899	RM STATE TAX	\$5.70
3/7/2020	218027	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		**BALANCE**	\$0.00
<b>EXPENSE REPORT SUMMARY</b>			
		3/5/2020 3/6/2020 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45 \$210.90	
DAILY TOTAL		\$105.45 \$105.45 \$210.90	

  

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			80056 B
CARD MEMBER NAME		AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION		PURCHASES & SERVICES	
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.		TAXES	
CARD MEMBER'S SIGNATURE		TIPS & MISC.	
X			
		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

