

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085802
Vendor Name: HLIL Associates LLC
Invoice Number: 33518
Invoice Date: 03/11/20
PO Number:
Check Number: E0079903
Check Amount: \$ 421.80
Check Date: 04/22/2020
Department ID: 11601
Reviewer Name: None
Voucher Number: V0607787
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Nicole.Thomason@Hilton.com
Sent: Wed Mar 11 10:28:03 CDT 2020
To: invoicing@cod.edu
CC: mcgowan@cod.edu
Subject: DoubleTree Inv 33518- Rooms

Hello,

Attached is the invoice room the room side of Road Rebel INV 33518.
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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Phone (630) 505-0900 • Fax (630) 505-8948
For reservations across the nation
www.doubletree.com or 1-800-222-TREE

Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE#

33518

APPROVED

INVOICE DATE

3/11/2020

COD

CURRENT DATE

3/11/2020

04/14/20 - ELLEN MCGOWAN

YOUR P/O #

C2489

Hilton

UNITED STATES OF AMERICA

Page: 1

Road Rebel

| DATE | Folio # | AR TRANS | DESCRIPTION | AMOUNT |
|----------|---------|----------|----------------|----------|
| 3/7/2020 | 79310 B | 218376 | Rm 225 [RTD FR | \$105.45 |
| 3/7/2020 | 79323 B | 218377 | Rm 226 [RTD FR | \$105.45 |
| 3/9/2020 | 82060 B | 219083 | Rm 227 [RTD FR | \$105.45 |
| 3/9/2020 | 82062 A | 219085 | Rm 205 [RTD FR | \$105.45 |

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
SUITES BY HILTON

Hilton
Grand Vacations

Hilton
HONORS

PAYMENT DUE UPON RECEIPT

Total: \$421.80

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 225/NKRD
 Arrival Date 3/6/2020 12:00:00 PM
 Departure Date 3/8/2020 12:15:00 PM

Adult/Child 2/0
 Room Rate 59.00

Rate Plan: RRR
 HH #
 AL
 Car

Confirmation Number: 87928976

3/11/2020

Hilton

| DATE | REFERENCE | DESCRIPTION | AMOUNT |
|------------------------|-----------|--|------------|
| 3/6/2020 | 217743 | GUEST ROOM | \$95.00 |
| 3/6/2020 | 217743 | RM LOCAL TAX | \$4.75 |
| 3/6/2020 | 217743 | RM STATE TAX | \$5.70 |
| 3/7/2020 | 217971 | Direct Bill - COLLEGE OF DUPAGE-HOPPER | (\$105.45) |
| | | **BALANCE** | \$0.00 |
| EXPENSE REPORT SUMMARY | | | |
| | | 3/6/2020 STAY TOTAL | |
| ROOM AND TAX | | \$105.45 \$105.45 | |
| DAILY TOTAL | | \$105.45 \$105.45 | |

| |
|--|
| 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 |

| | |
|----------------------|---------------------|
| DATE OF CHARGE | FOLIO NO./CHECK NO. |
| | 79310 B |
| AUTHORIZATION | INITIAL |
| PURCHASES & SERVICES | |
| TAXES | |
| TIPS & MISC. | |
| TOTAL AMOUNT | -105.45 |

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 226/NKR
Arrival Date 3/6/2020 12:00:00 PM
Departure Date 3/8/2020 12:44:00 PM

Adult/Child 1/0
Room Rate 59.00

Rate Plan: RRR
HH #
AL:
Car:

Confirmation Number: 86096656

3/11/2020

Hilton

| DATE | REFERENCE | DESCRIPTION | AMOUNT |
|-------------------------------|-----------|--|------------|
| 3/6/2020 | 217744 | GUEST ROOM | \$95.00 |
| 3/6/2020 | 217744 | RM LOCAL TAX | \$4.75 |
| 3/6/2020 | 217744 | RM STATE TAX | \$5.70 |
| 3/7/2020 | 217972 | Direct Bill - COLLEGE OF DUPAGE-HOPPER | (\$105.45) |
| | | **BALANCE** | \$0.00 |
| EXPENSE REPORT SUMMARY | | | |
| | | 3/6/2020 STAY TOTAL | |
| ROOM AND TAX | | \$105.45 \$105.45 | |
| DAILY TOTAL | | \$105.45 \$105.45 | |

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. |
| | 79323 B |
| AUTHORIZATION | INITIAL |
| PURCHASES & SERVICES | |
| TAXES | |
| TIPS & MISC. | |
| TOTAL AMOUNT | -105.45 |

PAYMENT DUE UPON RECEIPT

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
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EMBASSY
SUITES
by hilton

Hilton
Garden
Inn

Hampton
by Hilton

tru
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 227/NKRD
 Arrival Date 3/6/2020 4:49:00 PM
 Departure Date 3/8/2020 12:44:00 PM

Adult/Child 2/0
 Room Rate 95.00

Rate Plan: RRR
 HH #
 AL
 Car

Confirmation Number: 92056330

3/11/2020

Hilton

| DATE | REFERENCE | DESCRIPTION | AMOUNT |
|------------------------|-----------|--|------------|
| 3/6/2020 | 217745 | GUEST ROOM | \$95.00 |
| 3/6/2020 | 217745 | RM LOCAL TAX | \$4.75 |
| 3/6/2020 | 217745 | RM STATE TAX | \$5.70 |
| 3/9/2020 | 218815 | Direct Bill - COLLEGE OF DUPAGE-HOPPER | (\$105.45) |
| | | **BALANCE** | \$0.00 |
| EXPENSE REPORT SUMMARY | | | |
| | | 3/6/2020 STAY TOTAL | |
| ROOM AND TAX | | \$105.45 | \$105.45 |
| DAILY TOTAL | | \$105.45 | \$105.45 |

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. |
| | 82060 B |
| AUTHORIZATION | INITIAL |
| PURCHASES & SERVICES | |
| TAXES | |
| TIPS & MISC. | |
| TOTAL AMOUNT | -105.45 |

PAYMENT DUE UPON RECEIPT

W
 WALDORF
 ASTORIA
 HOTELS & RESORTS

CONRAD
 HOTELS & RESORTS

canopy
 BY HILTON

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 HOTELS & RESORTS

CURIO
 A COLLECTION BY HILTON

DOUBLETREE
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 BY HILTON

E
 EMBASSY
 SUITES
 BY HILTON

Hilton
 Garden
 Inn

Hampton
 BY HILTON

tru
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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 205/NKRD
 Arrival Date 3/6/2020 4:00:00 PM
 Departure Date 3/8/2020 1:19:00 PM

Adult/Child 1/0
 Room Rate 59.00

Rate Plan: LV8
 HH #
 AL:
 Car:

Confirmation Number: 90745898

3/11/2020

Hilton

| DATE | REFERENCE | DESCRIPTION | AMOUNT |
|-------------------------------|-----------|--|------------|
| 3/6/2020 | 217728 | GUEST ROOM | \$95.00 |
| 3/6/2020 | 217728 | RM LOCAL TAX | \$4.75 |
| 3/6/2020 | 217728 | RM STATE TAX | \$5.70 |
| 3/7/2020 | 218160 | GUEST ROOM | \$59.00 |
| 3/7/2020 | 218160 | RM LOCAL TAX | \$2.95 |
| 3/7/2020 | 218160 | RM STATE TAX | \$3.54 |
| 3/8/2020 | 218414 | *THIRTY O THREE | \$10.70 |
| 3/8/2020 | 218543 | VS *6017 | (\$76.19) |
| 3/9/2020 | 218816 | Direct Bill - COLLEGE OF DUPAGE-HOPPER | (\$105.45) |
| | | **BALANCE** | \$0.00 |
| EXPENSE REPORT SUMMARY | | | |
| | | 3/6/2020 3/7/2020 3/8/2020 STAY TOTAL | |
| ROOM AND TAX | | \$105.45 \$65.49 \$0.00 | \$170.94 |
| FOOD AND BEVERAGE | | \$0.00 \$0.00 \$10.70 | \$10.70 |
| DAILY TOTAL | | \$105.45 \$65.49 \$10.70 | \$181.64 |

| |
|---|
| ACCOUNT NO VS *6017 |
| CARD MEMBER NAME WICKY, ANTONIN |
| 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 |

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

| | |
|-----------------------------------|--------------------------------------|
| DATE OF CHARGE 3/8/2020 | FOLIO NO./CHECK NO 82062 A |
| AUTHORIZATION 085805 | INITIAL |
| PURCHASES & SERVICES | |
| TAXES | |
| TIPS & MISC. | |
| TOTAL AMOUNT | -105.45 |

PAYMENT DUE UPON RECEIPT

