

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085802
Vendor Name: HLIL Associates LLC
Invoice Number: 33546
Invoice Date: 12/21/20
PO Number: P0371991
Check Number: E0082781
Check Amount: \$ 632.70
Check Date: 01/06/2021
Department ID: 11601
Reviewer Name: None
Voucher Number: V0657439
Redaction Type: None
Document Type: AP Invoice

Document Below

From: Nicole Thomason <Nicole.Thomason@Hilton.com >
Sent: Mon Dec 21 14:19:19 CST 2020
To: invoicing@cod.edu
CC: mcgowan@cod.edu
Subject: DoubleTree invoice 33546

Hello,

please see attached invoice 33546.
Thank you and Happy Holidays ☺

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

[attachment: COD INV 33546.pdf]



Name & Address

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

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33546

COD

INVOICE DATE 12/21/2020

425 FAWELL BLVD

CURRENT DATE 12/21/2020

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Hilton

Page: 1

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
12/20/2020	88720 B	248804	Rm 223 [RTD FR CALDWELL, TOBY:RCPT B]	\$105.45
12/20/2020	88717 B	248805	Rm 221 [RTD FR HALE, BEN:RCPT B]	\$105.45
12/20/2020	88719 B	248806	Rm 222 [RTD FR HINDS, SCOTT:RCPT B]	\$105.45
12/20/2020	88722 B	248808	Rm 204 [RTD FR STANG, ERIC:RCPT B]	\$105.45
12/20/2020	88718 B	248810	Rm 202 [RTD FR POTTERS, MICHAEL:RCPT B]	\$105.45
12/20/2020	88721 B	248811	Rm 201 [RTD FR PEICKERT, ZACH:RCPT B]	\$105.45

W
WALDORF
ASTORIA
HOTELS & RESORTS

CONRAD
HOTELS & RESORTS

canopy
HOTELS

H
Hilton
HOTELS & RESORTS

CURIO
HOTELS BY HILTON

DOUBLE TREE
HOTELS

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COLLECTION
BY HILTON

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EMBASSY
SUITES
BY HILTON

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Garden
Inn

Hampton
by Hilton

tru
by Hilton

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SUITES
BY HILTON

HOME
SUITES BY HILTON

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HONORS

APPROVED
12/23/20 - ELLEN MCGOWAN

PAYMENT DUE UPON RECEIPT

\$632.70

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 221/NKR
 Arrival Date 12/19/2020 1:31:00 PM
 Departure Date 12/20/2020 11:40:00 AM
 Adult/Child 1/0
 Room Rate 95.00
 Rate Plan: P17
 HH #
 AL:
 Car:

Confirmation Number. 92885839

HALE, BEN
 12/21/2020

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/19/2020	248666	GUEST ROOM	\$95.00
12/19/2020	248666	RM LOCAL TAX	\$4.75
12/19/2020	248666	RM STATE TAX	\$5.70
12/20/2020	248722	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/19/2020 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

88717 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC

TOTAL AMOUNT

-105.45

PAYMENT DUE UPON RECEIPT



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Name & Address

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

Room 202/NKR
Arrival Date 12/19/2020 1:36:00 PM
Departure Date 12/20/2020 1:23:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: P17
HH #
AL:
Car:

Confirmation Number: 91837679

POTTERS, MICHAEL

12/21/2020

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/19/2020	248661	GUEST ROOM	\$95.00
12/19/2020	248661	RM LOCAL TAX	\$4.75
12/19/2020	248661	RM STATE TAX	\$5.70
12/20/2020	248735	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/19/2020 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 NOT AVAILABLE IF THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND

DATE OF CHARGE

FOLIO NO / CHECK NO

88718 B

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PURCHASES & SERVICES

TAXES

TIPS & MISC

TOTAL AMOUNT

-105.45

PAYMENT DUE UPON RECEIPT



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COLLECTION
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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 222/NKR
Arrival Date 12/19/2020 1:32:00 PM
Departure Date 12/20/2020 1:21:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan P17
HH #
AL:
Car:

Confirmation Number: 93148687

HINDS, SCOTT

12/21/2020

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/19/2020	248667	GUEST ROOM	\$95.00
12/19/2020	248667	RM LOCAL TAX	\$4.75
12/19/2020	248667	RM STATE TAX	\$5.70
12/20/2020	248725	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/19/2020 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

88719 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC

TOTAL AMOUNT

-105.45

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 223/NKR
 Arrival Date 12/19/2020 1:37:00 PM
 Departure Date 12/20/2020 11:40:00 AM
 Adult/Ch Id 1/0
 Room Rate 95.00
 Rate Plan: P17
 HH #
 AL:
 Car:

Confirmation Number: 90265455
 CALDWELL, TOBY
 12/21/2020

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/19/2020	248668	GUEST ROOM	\$95.00
12/19/2020	248668	RM LOCAL TAX	\$4.75
12/19/2020	248668	RM STATE TAX	\$5.70
12/20/2020	248721	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/19/2020 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

88720 B

AUTHORIZATION

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TAXES

TIPS & MISC

TOTAL AMOUNT

-105.45

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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 201/NKR
 Arrival Date 12/19/2020 1:35:00 PM
 Departure Date 12/20/2020 1:23:00 PM

Adult/Child 1/0
 Room Rate 95.00

Rate Plan: P17
 HH #
 AL:
 Car:

Confirmation Number: 93411407
 PEICKERT, ZACH
 12/21/2020

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/19/2020	248660	GUEST ROOM	\$95.00
12/19/2020	248660	RM LOCAL TAX	\$4.75
12/19/2020	248660	RM STATE TAX	\$5.70
12/20/2020	248737	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/19/2020 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.
 88721 B

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC

TOTAL AMOUNT -105.45

PAYMENT DUE UPON RECEIPT



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Name & Address

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

Room 204/NKR
Arrival Date 12/19/2020 1:37:00 PM
Departure Date 12/20/2020 1:22:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan P17
HH #
AL
Car

Confirmation Number: 93150447
STANG, ERIC
12/21/2020

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
12/19/2020	248662	GUEST ROOM	\$95.00
12/19/2020	248662	RM LOCAL TAX	\$4.75
12/19/2020	248662	RM STATE TAX	\$5.70
12/20/2020	248730	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		12/19/2020 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION IF MERCHANT AGREES TO TRANSMIT TO CARD HOLDER'S PERSON
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
88722 B

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC

TOTAL AMOUNT -105.45

PAYMENT DUE UPON RECEIPT

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