

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1085802  
Vendor Name: HLIL Associates LLC  
Invoice Number: 33549  
Invoice Date: 04/16/21  
PO Number: P0373106  
Check Number: E0084386  
Check Amount: \$ 444.00  
Check Date: 04/28/2021  
Department ID: 11601  
Reviewer Name: None  
Voucher Number: V0672634  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: Nicole Thomason <Nicole.Thomason@Hilton.com >  
Sent: Fri Apr 16 11:06:31 CDT 2021  
To: invoicing@cod.edu  
CC: mcgowan@cod.edu  
Subject: [External] DoubleTree Invoice 33549  
-----

CAUTION: This email originated from outside of COD's system. Do not click links, open attachments, or respond with sensitive information unless you recognize the sender and know the content is safe.

Hello,

Please see attached DoubleTree invoice 33549.  
Thank you and have a great weekend!

Kind regards,

**Nicole Thomason**  
**Accounts Receivable Manager**  
**DoubleTree by Hilton Lisle/Naperville**  
3003 Corporate West Drive  
Lisle, IL 60532  
Phn: 630-245-7634  
Fax: 630-505-8948

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[attachment: COD INV 33549.pdf]



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

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33549

COD

INVOICE DATE 4/16/2021

425 FAWELL BLVD

CURRENT DATE 4/16/2021

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Hilton

Page: 1

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
4/9/2021	92328 B	262759	Rm 105 [RTD FR FAROUK, WAEL:RCPT B]	\$444.00

WALDORF  
ASTORIA  
HOTELS & RESORTS

CONRAD  
HOTELS & RESORTS

**APPROVED**  
**04/20/21 - ELLEN MCGOWAN**

canopy  
by hilton  
Hilton  
HOTELS & RESORTS  
CURIO

Send all Payments to  
DoubleTree by Hilton Lisle Naperville  
3003 Corporate West Drive  
Lisle, IL 60532

DOUBLETREE  
by hilton

TAPESTRY  
COLLECTION  
by hilton

EMBASSY  
SUITES  
by hilton

Hilton  
Garden  
Inn

Hampton  
by hilton

tru  
by hilton

HOMESWOOD  
SUITES  
by hilton

HOME2  
by hilton

Hilton  
Grand Vacations

PAYMENT DUE UPON RECEIPT

QUESTIONS CONCERNING THIS INVOICE?  
CALL: NICOLE THOMASON  
630-245-7634

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

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 105/NKRD  
 Arrival Date 4/4/2021 7:15:00 PM  
 Departure Date 4/9/2021 1:57:00 PM

Adult/Child 1/0  
 Room Rate 80.00

Rate Plan: LV8  
 HH # 122978385 BLUE  
 AL:  
 Car:

Confirmation Number: 97614751  
 FAROUK, WAEI  
 4/16/2021

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
4/4/2021	262124	GUEST ROOM	\$80.00
4/4/2021	262124	RM LOCAL TAX	\$4.00
4/4/2021	262124	RM STATE TAX	\$4.80
4/5/2021	262203	GUEST ROOM	\$80.00
4/5/2021	262203	RM LOCAL TAX	\$4.00
4/5/2021	262203	RM STATE TAX	\$4.80
4/6/2021	262302	GUEST ROOM	\$80.00
4/6/2021	262302	RM LOCAL TAX	\$4.00
4/6/2021	262302	RM STATE TAX	\$4.80
4/7/2021	262411	GUEST ROOM	\$80.00
4/7/2021	262411	RM LOCAL TAX	\$4.00
4/7/2021	262411	RM STATE TAX	\$4.80
4/8/2021	262519	GUEST ROOM	\$80.00
4/8/2021	262519	RM LOCAL TAX	\$4.00
4/8/2021	262519	RM STATE TAX	\$4.80
4/9/2021	262652	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$444.00)
		**BALANCE**	\$0.00

ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT ADDRESS 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.
	92328 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-444.00

PAYMENT DUE UPON RECEIPT

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  
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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 105/NKRD  
 Arrival Date 4/4/2021 7:15:00 PM  
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Adult/Child 1/0  
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Rate Plan: LV8  
 HH # 122978385 BLUE  
 AL:  
 Car:

Confirmation Number: 97614751  
 FAROUK, WAEI  
 4/16/2021

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
EXPENSE REPORT SUMMARY			
		4/4/2021 4/5/2021 4/6/2021 4/7/2021	
ROOM AND TAX		\$88.80 \$88.80 \$88.80 \$88.80	
DAILY TOTAL		\$88.80 \$88.80 \$88.80 \$88.80	
EXPENSE REPORT SUMMARY			
		4/8/2021 STAY TOTAL	
ROOM AND TAX		\$88.80 \$444.00	
DAILY TOTAL		\$88.80 \$444.00	



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.  
 92328 B

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT -444.00

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

PAYMENT DUE UPON RECEIPT

