

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1085802
Vendor Name: HLIL Associates LLC
Invoice Number: 33558
Invoice Date: 05/24/21
PO Number: P0374164
Check Number: 0282932
Check Amount: \$ 532.80
Check Date: 07/13/2021
Department ID: 11999
Reviewer Name: None
Voucher Number: V0680518
Redaction Type: None
Document Type: AP Invoice

Document Below



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

Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33558

COD

INVOICE DATE 5/24/2021

425 FAWELL BLVD

CURRENT DATE 5/24/2021

GLEN ELLYN IL 60137

YOUR P/O # 248

UNITED STATES OF AMERICA

Page: 1

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
5/15/2021	93917 B	269368	Rm 221 [RTD FR GARCIA, JOSEFINA:RCPT B]	\$532.80

APPROVED
06/07/21 - ELLEN MCGOWAN

Hilton



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

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

PAYMENT DUE UPON RECEIPT

TOTAL \$532.80

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

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

From: Nicole Thomason <Nicole.Thomason@Hilton.com >
Sent: Mon May 24 13:35:03 CDT 2021
To: invoicing@cod.edu
CC: mcgowan@cod.edu
Subject: [External] DoubleTree INV 33558

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 invoice 33558.
Thank you and have a great day ☺

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 33558.pdf]



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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 5/9/2021 11:00:00 PM
 Departure Date 5/15/2021 1:30:00 PM

Adult/Child 1/0
 Room Rate 80.00

Rate Plan: P17
 HH # 1365699352 BLUE
 AL:
 Car:

Confirmation Number: 54472228
 GARCIA, JOSEFINA
 5/24/2021

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
5/9/2021	268051	GUEST ROOM	\$80.00
5/9/2021	268051	RM LOCAL TAX	\$4.00
5/9/2021	268051	RM STATE TAX	\$4.80
5/10/2021	268231	GUEST ROOM	\$80.00
5/10/2021	268231	RM LOCAL TAX	\$4.00
5/10/2021	268231	RM STATE TAX	\$4.80
5/11/2021	268396	GUEST ROOM	\$80.00
5/11/2021	268396	RM LOCAL TAX	\$4.00
5/11/2021	268396	RM STATE TAX	\$4.80
5/12/2021	268586	GUEST ROOM	\$80.00
5/12/2021	268586	RM LOCAL TAX	\$4.00
5/12/2021	268586	RM STATE TAX	\$4.80
5/13/2021	268776	GUEST ROOM	\$80.00
5/13/2021	268776	RM LOCAL TAX	\$4.00
5/13/2021	268776	RM STATE TAX	\$4.80
5/14/2021	269002	GUEST ROOM	\$80.00
5/14/2021	269002	RM LOCAL TAX	\$4.00
5/14/2021	269002	RM STATE TAX	\$4.80
5/15/2021	269167	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$532.80)
		BALANCE	\$0.00

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

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.
	93917 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-532.80

PAYMENT DUE UPON RECEIPT





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COLLEGE OF DUPAGE-HOPPER
ATTN: JOE HOPPER
COD
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GLEN ELLYN IL 60137
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Adult/Child 1/0
Room Rate 80.00

Rate Plan: P17
HH # 1365699352 BLUE
AL:
Car:

Confirmation Number: 54472228
GARCIA, JOSEFINA
5/24/2021

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
EXPENSE REPORT SUMMARY			
	5/9/2021	5/10/2021	5/11/2021
ROOM AND TAX	\$88.80	\$88.80	\$88.80
DAILY TOTAL	\$88.80	\$88.80	\$88.80
EXPENSE REPORT SUMMARY			
	5/13/2021	5/14/2021	STAY TOTAL
ROOM AND TAX	\$88.80	\$88.80	\$532.80
DAILY TOTAL	\$88.80	\$88.80	\$532.80

ACCOUNT NO.
CARD MEMBER NAME
ESTABLISHMENT NO. & LOCATION
ESTABLISHMENT AGREES TO TRANSFER TO CARD HOLDER FOR PAYMENT
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	93917 B
AUTHORIZATION	INITIAL
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TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-532.80

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