

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1644549

Vendor Name: 3003 Corporate Hotel LLC

Check Details:

Check Number: 0336645

Check Amount: \$ 1,265.40

Check Date: 3/11/2025

Invoice Details:

Invoice Number: 33988

Invoice Date: 2/25/2025

PO Number: B0002303

Voucher Number: V0875294

Document Type: AP Invoice

Document Below

Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE#

33988

COD

INVOICE DATE

2/25/2025

425 FAWELL BLVD

CURRENT DATE

2/25/2025

GLEN ELLYN IL 60137

YOUR ACCOUNT #

C2489

UNITED STATES OF AMERICA

YOUR P/O #

Page: 1

Hilton


 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


 E
 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
2/22/2025	228894 B	844305	Rm 337 [RTD FR WYATT, ALEX:RCPT B]	\$105.45
2/22/2025	228896 B	844307	Rm 525 [RTD FR CABOT, THOMAS:RCPT B]	\$105.45
2/22/2025	228890 B	844308	Rm 804 [RTD FR MATHER, GRAIG:RCPT B]	\$105.45
2/22/2025	228891 B	844309	Rm 435 [RTD FR TEBBUTT, GEORGE:RCPT B]	\$105.45
2/22/2025	228889 B	844310	Rm 313 [RTD FR GARHAM, SCOTT:RCPT B]	\$105.45
2/22/2025	228892 B	844311	Rm 309 [RTD FR LEWIS-HALL, JAMES:RCPT B]	\$105.45
2/22/2025	228895 B	844312	Rm 410 [RTD FR KIM, SUNGWON:RCPT B]	\$105.45
2/22/2025	228893 B	844313	Rm 412 [RTD FR HOLTZ, BRIAN:RCPT B]	\$105.45
2/22/2025	228888 B	844314	Rm 537 [RTD FR SCHOFIELD, SIMON:RCPT B]	\$105.45

Barricade Bays

Total: !!

PAYMENT DUE UPON RECEIPT

\$949.05

QUESTIONS CONCERNING THIS INVOICE?

CALL: NICOLE THOMASON

630-245-7634

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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

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

Room 537/NKR
Arrival Date 2/21/2025 2:06:00 PM
Departure Date 2/22/2025 1:35:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RBB
HH #
AL:
Car:

Confirmation Number: 52155549
SCHOFIELD, SIMON
2/25/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843937	GUEST ROOM	\$95.00
2/21/2025	843937	RM LOCAL TAX	\$4.75
2/21/2025	843937	RM STATE TAX	\$5.70
2/22/2025	844091	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.		DATE OF CHARGE	FOLIO NO./CHECK NO.
			228888 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	
		TIPS & MISC.	
CARD MEMBER'S SIGNATURE		TOTAL AMOUNT	-105.45
X			

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 313/NKR
Arrival Date 2/21/2025 2:01:00 PM
Departure Date 2/22/2025 12:08:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RBB
HH #
AL:
Car:

Confirmation Number: 52154081
GARHAM, SCOTT
2/25/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843895	GUEST ROOM	\$95.00
2/21/2025	843895	RM LOCAL TAX	\$4.75
2/21/2025	843895	RM STATE TAX	\$5.70
2/22/2025	844079	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 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.
	228889 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 804/NKR
Arrival Date 2/21/2025 2:03:00 PM
Departure Date 2/22/2025 12:02:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RBB
HH #
AL:
Car:

Confirmation Number: 52153289

MATHER, GRAIG

2/25/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843964	GUEST ROOM	\$95.00
2/21/2025	843964	RM LOCAL TAX	\$4.75
2/21/2025	843964	RM STATE TAX	\$5.70
2/22/2025	844077	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 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.
	228890 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 435/NKR
Arrival Date 2/21/2025 2:08:00 PM
Departure Date 2/22/2025 12:08:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RBB
HH #
AL:
Car:

Confirmation Number: 52152501
TEBBUTT, GEORGE
2/25/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843924	GUEST ROOM	\$95.00
2/21/2025	843924	RM LOCAL TAX	\$4.75
2/21/2025	843924	RM STATE TAX	\$5.70
2/22/2025	844078	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		228891 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT	TAXES	
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.	TIPS & MISC.	
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-105.45

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 309/NKR
Arrival Date 2/21/2025 2:01:00 PM
Departure Date 2/22/2025 12:08:00 PM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RBB
HH #
AL:
Car:

Confirmation Number: 52151908

LEWIS-HALL, JAMES

2/25/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843892	GUEST ROOM	\$95.00
2/21/2025	843892	RM LOCAL TAX	\$4.75
2/21/2025	843892	RM STATE TAX	\$5.70
2/22/2025	844080	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 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.
	228892 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
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 412/NKR
Arrival Date 2/21/2025 1:50:00 PM
Departure Date 2/22/2025 1:32:00 PM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RBB
HH # 638671038 SILVER
AL:
Car:

Confirmation Number: 52151186
HOLTZ, BRIAN
2/25/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843913	GUEST ROOM	\$95.00
2/21/2025	843913	RM LOCAL TAX	\$4.75
2/21/2025	843913	RM STATE TAX	\$5.70
2/22/2025	844088	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 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.
	228893 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



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HOTELS & RESORTS™

canopy
by hilton



CURIO
A COLLECTION BY HILTON™



TAPESTRY
COLLECTION
BY HILTON™





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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 337/NKR
Arrival Date 2/21/2025 1:51:00 PM
Departure Date 2/22/2025 9:49:00 AM

Adult/Child 1/0
Room Rate 95.00

Rate Plan: RBB
HH # 285320857 SILVER
AL:
Car:

Confirmation Number: 52150408

WYATT, ALEX

2/25/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843907	GUEST ROOM	\$95.00
2/21/2025	843907	RM LOCAL TAX	\$4.75
2/21/2025	843907	RM STATE TAX	\$5.70
2/22/2025	844040	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	
ACCOUNT NO.			
CARD MEMBER NAME			
ESTABLISHMENT NO. & LOCATION <small>ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT</small>			
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.
	228894 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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
Arrival Date
Departure Date

410/NKR
2/21/2025 1:53:00 PM
2/22/2025 1:31:00 PM

Adult/Child
Room Rate

1/0
95.00

Rate Plan:
HH #
AL:
Car:

RBB
2359784572 BLUE

Confirmation Number: 52149705

KIM, SUNGWON

2/25/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843911	GUEST ROOM	\$95.00
2/21/2025	843911	RM LOCAL TAX	\$4.75
2/21/2025	843911	RM STATE TAX	\$5.70
2/22/2025	844087	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		228895 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
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.		
CARD MEMBER'S SIGNATURE	TOTAL AMOUNT	-105.45

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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www.doubletree.com or 1-800-222-TREE

Name & Address

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

Room 525/NKRD
Arrival Date 2/21/2025 10:28:00 PM
Departure Date 2/22/2025 10:39:00 AM
Adult/Child 1/0
Room Rate 95.00
Rate Plan: RBB
HH #
AL:
Car:

Confirmation Number: 52148641
CABOT, THOMAS
2/25/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/21/2025	843928	GUEST ROOM	\$95.00
2/21/2025	843928	RM LOCAL TAX	\$4.75
2/21/2025	843928	RM STATE TAX	\$5.70
2/22/2025	844070	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/21/2025 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. 228896 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.

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1644549

Vendor Name: 3003 Corporate Hotel LLC

Check Details:

Check Number: 0336645

Check Amount: \$ 1,265.40

Check Date: 3/11/2025

Invoice Details:

Invoice Number: 33990

Invoice Date: 3/5/2025

PO Number: B0002303

Voucher Number: V0875724

Document Type: AP Invoice

Document Below

Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33990

COD

INVOICE DATE 3/5/2025

425 FAWELL BLVD

CURRENT DATE 3/5/2025

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Page: 1

Hilton

Ada Twist Tour

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
2/25/2025	228219 B	845110	Rm 408 [RTD FR IVETTE, ALIZAE:RCPT B]	\$105.45
2/25/2025	228218 B	845111	Rm 406 [RTD FR CARADONNA, MAGGIE:RCPT B]	\$105.45
2/25/2025	228220 B	845114	Rm 411 [RTD FR KLINE, KELSEY:RCPT B]	\$105.45


 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
HILTON


 tru
BY HILTON


 HOMESWOOD
 SUITES
BY HILTON


 HOME2
SUITES BY HILTON


 Hilton
 Grand Vacations

Hilton
 HONORS

PAYMENT DUE UPON RECEIPT

\$316.35

QUESTIONS CONCERNING THIS INVOICE?

CALL: NICOLE THOMASON
 630-245-7634

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT



3003 Corporate West Drive • Lisle, IL 60532
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www.doubletree.com or 1-800-222-TREE

Name & Address

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

Room 406/NDR
Arrival Date 2/24/2025 9:58:00 AM
Departure Date 2/25/2025 7:00:00 AM

Adult/Child 2/0
Room Rate 95.00

Rate Plan: RTT
HH #
AL:
Car:

Confirmation Number: 54638469
CARADONNA, MAGGIE
3/5/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/24/2025	844796	GUEST ROOM	\$95.00
2/24/2025	844796	RM LOCAL TAX	\$4.75
2/24/2025	844796	RM STATE TAX	\$5.70
2/25/2025	844884	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/24/2025 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. 228218 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT





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Phone (630) 505-0900 • Fax (630) 505-8948
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www.doubletree.com or 1-800-222-TREE

Name & Address

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

Room 408/NDR
Arrival Date 2/24/2025 10:01:00 AM
Departure Date 2/25/2025 6:57:00 AM

Adult/Child 2/0
Room Rate 95.00

Rate Plan: RTT
HH #
AL:
Car:

Confirmation Number: 54637415

IVETTE, ALIZAE

3/5/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/24/2025	844797	GUEST ROOM	\$95.00
2/24/2025	844797	RM LOCAL TAX	\$4.75
2/24/2025	844797	RM STATE TAX	\$5.70
2/25/2025	844882	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/24/2025 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.
	228219 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT





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

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

Room 411/NDR
Arrival Date 2/24/2025 10:05:00 AM
Departure Date 2/25/2025 12:01:00 PM

Adult/Child 2/0
Room Rate 95.00

Rate Plan: RTT
HH #
AL:
Car:

Confirmation Number: 54636118

KLINE, KELSEY

3/5/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
2/24/2025	844800	GUEST ROOM	\$95.00
2/24/2025	844800	RM LOCAL TAX	\$4.75
2/24/2025	844800	RM STATE TAX	\$5.70
2/25/2025	844933	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		BALANCE	\$0.00
EXPENSE REPORT SUMMARY			
		2/24/2025 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.
	228220 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



Nicole Thomason <Nicole.Thomason@Hilton.com>

[External] DoubleTree INV 33990

Nicole Thomason <Nicole.Thomason@Hilton.com>

Wed, Mar 5, 2025 at 08:11 PM UTC

CC: Junokas, Molly <junokasm@cod.edu>

BCC:

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Hello,

Attached is invoice 33990.
Thank you and have a great day

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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