

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1644549

**Vendor Name:** 3003 Corporate Hotel LLC

**Check Details:**

**Check Number:** 0337520

**Check Amount:** \$ 2,023.55

**Check Date:** 3/26/2025

**Invoice Details:**

**Invoice Number:** 33994

**Invoice Date:** 3/20/2025

**PO Number:** B0002303

**Voucher Number:** V0878913

**Document Type:** AP Invoice

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**Document Below**

Nicole Thomason <Nicole.Thomason@Hilton.com>

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**[External] DoubleTree INV 33994**

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Nicole Thomason <Nicole.Thomason@Hilton.com>

Thu, Mar 20, 2025 at 07:10 PM UTC

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

BCC:

**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,

Attached is invoice 33994.

Thank you J

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**

Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33994

COD

INVOICE DATE 3/20/2025

425 FAWELL BLVD

CURRENT DATE 3/20/2025

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

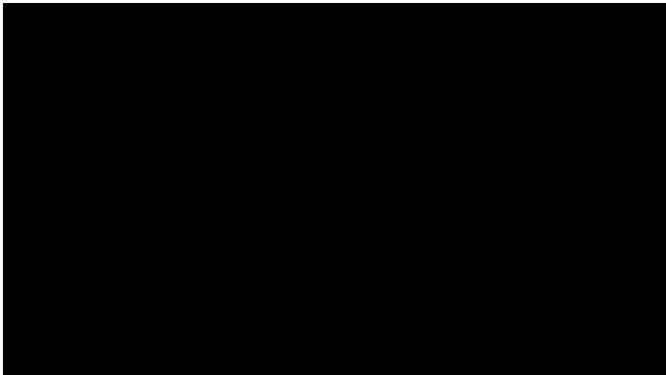
UNITED STATES OF AMERICA

YOUR P/O #

Page: 1

**Hilton**

*Michael Jackson History*

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
3/16/2025	229683 B	851604		\$105.45
3/16/2025	229682 B	851605		\$105.45
3/16/2025	229685 B	851606		\$105.45
3/16/2025	229680 B	851607		\$105.45
3/16/2025	229687 B	851608		\$105.45
3/16/2025	230484 B	851609		\$105.45
3/16/2025	229679 B	851610		\$105.45
3/16/2025	229688 B	851611		\$105.45
3/16/2025	229681 B	851612		\$105.45
3/16/2025	229684 B	851613		\$105.45
3/16/2025	229686 B	851614		\$105.45
3/18/2025	231114 A	852306		\$20.00

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™

HOMEWOOD  
SUITES  
by hilton™

HOME2  
by hilton™

Hilton  
Grand Vacations

Hilton  
HONORS

*Total: !!*

PAYMENT DUE UPON RECEIPT

\$1,179.95

QUESTIONS CONCERNING THIS INVOICE?

CALL: NICOLE THOMASON  
630-245-7634

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

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**2 attachments**

image001.jpg

COLLEGE OF DUPAGE INV 33994.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

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

Room H 832  
Arrival Date 3/14/2025 12:00:00 AM  
Departure Date 3/14/2026 12:00:00 AM

Adult/Child  
Room Rate

Rate Plan:  
HH #  
AL:  
Car:

COD MICHAEL JACKSON HISTORY  
3/18/2025

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/16/2025	851286	THIRTY 0 THREE	\$10.00
3/16/2025	851287	THIRTY 0 THREE	\$10.00
3/18/2025	852040	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$20.00)
		**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.
	231114 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-20.00

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 439/NKR  
Arrival Date 3/15/2025 10:59:00 PM  
Departure Date 3/16/2025 1:11:00 PM  
Adult/Child 1/0  
Room Rate 95.00  
Rate Plan: RMJ  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/15/2025	851149	GUEST ROOM	\$95.00
3/15/2025	851149	RM LOCAL TAX	\$4.75
3/15/2025	851149	RM STATE TAX	\$5.70
3/16/2025	851407	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/15/2025 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. 229679 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



Hilton  
HONORS



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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

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

Room 532/NDR  
Arrival Date 3/15/2025 10:39:00 PM  
Departure Date 3/16/2025 1:03:00 PM  
Adult/Child 2/0  
Room Rate 95.00  
Rate Plan: RMJ  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/15/2025	851167	GUEST ROOM	\$95.00
3/15/2025	851167	RM LOCAL TAX	\$4.75
3/15/2025	851167	RM STATE TAX	\$5.70
3/16/2025	851401	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/15/2025 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.
	229680 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

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 404/NKR  
Arrival Date 3/15/2025 10:57:00 PM  
Departure Date 3/16/2025 1:12:00 PM  
Adult/Child 1/0  
Room Rate 95.00  
Rate Plan: RMJ  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/15/2025	851125	GUEST ROOM	\$95.00
3/15/2025	851125	RM LOCAL TAX	\$4.75
3/15/2025	851125	RM STATE TAX	\$5.70
3/16/2025	851409	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/15/2025 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. 229681 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 430/NKR  
Arrival Date 3/15/2025 11:10:00 PM  
Departure Date 3/16/2025 1:02:00 PM  
Adult/Child 1/0  
Room Rate 95.00  
Rate Plan: RMJ  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/15/2025	851144	GUEST ROOM	\$95.00
3/15/2025	851144	RM LOCAL TAX	\$4.75
3/15/2025	851144	RM STATE TAX	\$5.70
3/16/2025	851399	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/15/2025 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		229682 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
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.	PURCHASES & SERVICES	
	TAXES	
	TIPS & MISC.	
CARD MEMBER'S SIGNATURE X	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 418/NKR  
Arrival Date 3/15/2025 11:09:00 PM  
Departure Date 3/16/2025 1:01:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RMJ  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/15/2025	851135	GUEST ROOM	\$95.00
3/15/2025	851135	RM LOCAL TAX	\$4.75
3/15/2025	851135	RM STATE TAX	\$5.70
3/16/2025	851398	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/15/2025 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		229683 B
CARD MEMBER NAME	AUTHORIZATION	INITIAL
ESTABLISHMENT NO. & LOCATION	PURCHASES & SERVICES	
	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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For reservations across the nation  
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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 704/NKR  
Arrival Date 3/15/2025 11:03:00 PM  
Departure Date 3/16/2025 1:13:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RMJ  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/15/2025	851195	GUEST ROOM	\$95.00
3/15/2025	851195	RM LOCAL TAX	\$4.75
3/15/2025	851195	RM STATE TAX	\$5.70
3/16/2025	851410	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/15/2025 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.
	229684 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 433/NKR  
Arrival Date 3/15/2025 11:08:00 PM  
Departure Date 3/16/2025 1:02:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RMJ  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/15/2025	851145	GUEST ROOM	\$95.00
3/15/2025	851145	RM LOCAL TAX	\$4.75
3/15/2025	851145	RM STATE TAX	\$5.70
3/16/2025	851400	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/15/2025 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.
	229685 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 322/NKR  
Arrival Date 3/15/2025 10:55:00 PM  
Departure Date 3/16/2025 1:14:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RMJ  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/15/2025	851110	GUEST ROOM	\$95.00
3/15/2025	851110	RM LOCAL TAX	\$4.75
3/15/2025	851110	RM STATE TAX	\$5.70
3/16/2025	851412	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/15/2025 STAY TOTAL	
		ROOM AND TAX \$105.45	\$105.45
		DAILY TOTAL \$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		229686 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





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 3/15/2025 10:45:00 PM  
Departure Date 3/16/2025 1:09:00 PM  
Adult/Child 2/0  
Room Rate 95.00  
Rate Plan: RMJ  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/15/2025	851131	GUEST ROOM	\$95.00
3/15/2025	851131	RM LOCAL TAX	\$4.75
3/15/2025	851131	RM STATE TAX	\$5.70
3/16/2025	851404	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/15/2025 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	
DAILY TOTAL		\$105.45 \$105.45	

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		229687 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





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 717/NDR  
Arrival Date 3/15/2025 10:52:00 PM  
Departure Date 3/16/2025 1:12:00 PM

Adult/Child 2/0  
Room Rate 95.00

Rate Plan: RMJ  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/15/2025	851205	GUEST ROOM	\$95.00
3/15/2025	851205	RM LOCAL TAX	\$4.75
3/15/2025	851205	RM STATE TAX	\$5.70
3/16/2025	851408	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/15/2025 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.
	229688 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

Hilton  
HOTELS & RESORTS

CURIO  
A COLLECTION BY HILTON™

DOUBLETREE  
by hilton

TAPESTRY  
COLLECTION  
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Hampton  
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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 3/15/2025 11:11:00 PM  
Departure Date 3/16/2025 1:09:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RMJ  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/15/2025	851147	GUEST ROOM	\$95.00
3/15/2025	851147	RM LOCAL TAX	\$4.75
3/15/2025	851147	RM STATE TAX	\$5.70
3/16/2025	851405	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/15/2025 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.
	230484 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT





**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1644549

**Vendor Name:** 3003 Corporate Hotel LLC

**Check Details:**

**Check Number:** 0337520

**Check Amount:** \$ 2,023.55

**Check Date:** 3/26/2025

**Invoice Details:**

**Invoice Number:** 33995

**Invoice Date:** 3/20/2025

**PO Number:** B0002303

**Voucher Number:** V0878912

**Document Type:** AP Invoice

---

**Document Below**



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Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33995

COD

INVOICE DATE 3/20/2025

425 FAWELL BLVD

CURRENT DATE 3/20/2025

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Page: 1

John Waters

Hilton



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Hilton  
HOTELS & RESORTS

CURIO  
A COLLECTION BY HILTON

DOUBLE TREE  
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TAPESTRY  
COLLECTION  
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EMBASSY  
SUITES  
BY HILTON

Hilton  
Garden  
Inn

Hampton  
BY HILTON

tru  
BY HILTON

HOMESWOOD  
SUITES  
BY HILTON

HOME2  
BY HILTON

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Hilton  
HONORS

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
3/17/2025	228247 B	851931	Rm 616 [RTD FR WATERS, JOHN:RCPT B]	\$210.90

PAYMENT DUE UPON RECEIPT

\$210.90

QUESTIONS CONCERNING THIS INVOICE?

CALL: NICOLE THOMASON  
630-245-7634

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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 616/NDRX  
Arrival Date 3/15/2025 3:48:00 PM  
Departure Date 3/17/2025 10:33:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RJW  
HH # 427761179 SILVER  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/15/2025	851184	GUEST ROOM	\$95.00
3/15/2025	851184	RM LOCAL TAX	\$4.75
3/15/2025	851184	RM STATE TAX	\$5.70
3/16/2025	851568	GUEST ROOM	\$95.00
3/16/2025	851568	RM LOCAL TAX	\$4.75
3/16/2025	851568	RM STATE TAX	\$5.70
3/17/2025	851675	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$210.90)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/15/2025 3/16/2025 STAY TOTAL	
ROOM AND TAX		\$105.45 \$105.45	\$210.90
DAILY TOTAL		\$105.45 \$105.45	\$210.90

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.
	228247 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-210.90

PAYMENT DUE UPON RECEIPT



Nicole Thomason <Nicole.Thomason@Hilton.com>

---

**[External] DoubleTree INV 33995**

---

Nicole Thomason <Nicole.Thomason@Hilton.com>

Thu, Mar 20, 2025 at 07:13 PM UTC

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

BCC:

**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,

Attached is invoice 33995.

Thank you J

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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---

**2 attachments**

COLLEGE OF DUPAGE INV 33995.pdf

image001.jpg

**Information:**

**Drawer:** Accounts Payable - Invoices

**Vendor Number:** 1644549

**Vendor Name:** 3003 Corporate Hotel LLC

**Check Details:**

**Check Number:** 0337520

**Check Amount:** \$ 2,023.55

**Check Date:** 3/26/2025

**Invoice Details:**

**Invoice Number:** 33993

**Invoice Date:** 3/20/2025

**PO Number:** B0002303

**Voucher Number:** V0878911

**Document Type:** AP Invoice

---

**Document Below**



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Name & Address

ORIGINAL

COLLEGE OF DUPAGE-HOPPER

INVOICE# 33993

COD

INVOICE DATE 3/20/2025

425 FAWELL BLVD

CURRENT DATE 3/20/2025

GLEN ELLYN IL 60137

YOUR ACCOUNT # C2489

UNITED STATES OF AMERICA

YOUR P/O #

Page: 1

DONT Let The Pigeon  
Drive The Bus.

Hilton



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HOTELS & RESORTS

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by hilton



CURIO  
A COLLECTION BY HILTON



TAPESTRY  
COLLECTION  
BY HILTON



DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
3/10/2025	226877 B	849216		\$105.45
3/10/2025	226881 B	849223		\$105.45
3/10/2025	226880 B	849224		\$105.45
3/10/2025	226882 B	849225		\$105.45
3/10/2025	226879 B	849226		\$105.45
3/10/2025	226883 B	849227		\$105.45

PAYMENT DUE UPON RECEIPT

\$632.70

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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 511/NDR  
Arrival Date 3/9/2025 11:26:00 AM  
Departure Date 3/10/2025 7:31:00 AM

Adult/Child 2/0  
Room Rate 95.00

Rate Plan: RDL  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/9/2025	848878	GUEST ROOM	\$95.00
3/9/2025	848878	RM LOCAL TAX	\$4.75
3/9/2025	848878	RM STATE TAX	\$5.70
3/10/2025	848939	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/9/2025 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.
	226877 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  
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EMBASSY  
SUITES  
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Hampton  
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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 519/NKR  
Arrival Date 3/9/2025 11:26:00 AM  
Departure Date 3/10/2025 12:58:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RDL  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/9/2025	848882	GUEST ROOM	\$95.00
3/9/2025	848882	RM LOCAL TAX	\$4.75
3/9/2025	848882	RM STATE TAX	\$5.70
3/10/2025	849052	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/9/2025 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  
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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.

226879 B

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

-105.45

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COLLECTION  
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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 509/NKR  
Arrival Date 3/9/2025 11:26:00 AM  
Departure Date 3/10/2025 12:55:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RDL  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/9/2025	848876	GUEST ROOM	\$95.00
3/9/2025	848876	RM LOCAL TAX	\$4.75
3/9/2025	848876	RM STATE TAX	\$5.70
3/10/2025	849047	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/9/2025 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.
	226880 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 504/NKR  
Arrival Date 3/9/2025 11:26:00 AM  
Departure Date 3/10/2025 11:55:00 AM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RDL  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/9/2025	848875	GUEST ROOM	\$95.00
3/9/2025	848875	RM LOCAL TAX	\$4.75
3/9/2025	848875	RM STATE TAX	\$5.70
3/10/2025	849035	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/9/2025 STAY TOTAL	
ROOM AND TAX		\$105.45	\$105.45
DAILY TOTAL		\$105.45	\$105.45

ACCOUNT NO.	DATE OF CHARGE	FOLIO NO./CHECK NO.
		226881 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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Phone (630) 505-0900 • Fax (630) 505-8948  
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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 513/NKR  
Arrival Date 3/9/2025 11:26:00 AM  
Departure Date 3/10/2025 12:56:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RDL  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/9/2025	848880	GUEST ROOM	\$95.00
3/9/2025	848880	RM LOCAL TAX	\$4.75
3/9/2025	848880	RM STATE TAX	\$5.70
3/10/2025	849050	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/9/2025 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.
	226882 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT

W  
WALDORF  
ASTORIA  
HOTELS & RESORTS

CONRAD  
HOTELS & RESORTS

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BY HILTON

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COLLECTION  
BY HILTON

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SUITES  
BY HILTON

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Garden  
Inn

Hampton  
BY HILTON

tru  
BY HILTON

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SUITES  
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HOME  
BY HILTON

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Phone (630) 505-0900 • Fax (630) 505-8948  
For reservations across the nation  
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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 512/NKR  
Arrival Date 3/9/2025 11:26:00 AM  
Departure Date 3/10/2025 2:01:00 PM

Adult/Child 1/0  
Room Rate 95.00

Rate Plan: RDL  
HH #  
AL:  
Car:

Hilton

DATE	REFERENCE	DESCRIPTION	AMOUNT
3/9/2025	848879	GUEST ROOM	\$95.00
3/9/2025	848879	RM LOCAL TAX	\$4.75
3/9/2025	848879	RM STATE TAX	\$5.70
3/10/2025	849069	Direct Bill - COLLEGE OF DUPAGE-HOPPER	(\$105.45)
		**BALANCE**	\$0.00
EXPENSE REPORT SUMMARY			
		3/9/2025 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.
	226883 B
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	-105.45

PAYMENT DUE UPON RECEIPT



CONRAD  
HOTELS & RESORTS

canopy  
BY HILTON



CURIO  
A COLLECTION BY HILTON



TAPESTRY  
COLLECTION  
BY HILTON



HOMEWOOD  
SUITES  
BY HILTON

HOME2  
SUITES BY HILTON

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