

**Information:**

**Drawer:** Accounts Payable - Invoices **Vendor Number:** 1784224 **Vendor Name:** Ketapanen Kitchen Catering LLC

**Check Details:**

**Check Number:** E0110592 **Check Amount:** \$ 1,025.00 **Check Date:** 11/18/2025

**Invoice Details:**

**Invoice Number:** 000294 **Invoice Date:** 11/6/2025 **PO Number:** NULL  
**Voucher Number:** V0914010

**Document Type:** AP Invoice

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**Document Below**

## Check Request Form

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Administrative Procedure 2.21, Vendor Payment.

Date: \_\_\_\_\_ Vendor ID: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
<b>Total</b>			<b>\$</b>

Check the appropriate box below:

- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Description on Check:

Other Instructions:

### All requests will require the following approvals:

Requester: \_\_\_\_\_ Print Name: \_\_\_\_\_

Budget Officer: \_\_\_\_\_ Print Name: \_\_\_\_\_

Requests \$10,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$25,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Board Approval Date (only required if request is \$25,000 and over): \_\_\_\_\_

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)**



Ketapanen Kitchen Catering LLC  
chefjessica@ketapanenkitchen.com | (708) 551-8722

Invoice #000294

Issue date  
Sep 23, 2025

## Invoice #000294

Customer	Invoice Details	Deposit	Balance
Camila Fernandez fernandezc804@cod.edu	PDF created November 6, 2025 \$1,700.00	Due Sep 23, 2025 \$850.00	Due November 6, 2025 \$850.00

Event  
11/13/25  
2 p.m.  
College of Dupage

Items	Quantity	Price	Amount
Cultural Ed - Cooking Demo	1	\$1,200.00	\$1,200.00
Cooking Demo Samples	100	\$5.00	\$500.00
Subtotal			\$1,700.00

**Total Due** **\$1,700.00**

**Deposit** \$850.00  
**\$175.00 Overdue** • Due on Sep 23, 2025  
**Balance** \$850.00  
Unpaid • Due on Nov 6, 2025

**Payments**  
Nov 3, 2025 (Other) \$675.00  
SQUARE ACH



### Pay online

To pay your invoice go to <https://squareup.com/u/5kopaNhe>  
Or open the camera on your mobile device and place the QR code in the camera's view.

"McKellin, Maren" <mckellin@cod.edu>

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**Ketapanen Kitchen Catering LLC Payment**

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"McKellin, Maren" <mckellin@cod.edu>

Fri, Nov 7, 2025 at 01:31 PM UTC

CC: Fernandez Cifuentes, Camila <fernandezc804@cod.edu>

BCC:

Please pay the attached.

Thanks,

Maren

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**1 attachment**

Check Request Jessica Walks First (updated).pdf