

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1212793  
Vendor Name: Chef by Request - CBR Ind.  
Invoice Number: E15500A  
Invoice Date: 06/12/18  
PO Number: P0358546  
Check Number: E0068726  
Check Amount: \$ 7,615.25  
Check Date: 08/15/2018  
Department ID: 11201  
Reviewer Name:  
Voucher Number: V0517160  
Redaction Type: None  
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

-----  
From: zerrudom@cod.edu  
Sent: Wed Aug 15 09:19:20 CDT 2018  
To: invoicing@cod.edu  
CC:  
Subject: Attached Document  
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-----  
From: junokasm@cod.edu  
Sent: Tue Jun 19 17:56:31 CDT 2018  
To: junokasm@cod.edu,invoicing@cod.edu  
CC:  
Subject: Scanned from a Xerox Multifunction Device  
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Please open the attached document. It was scanned and sent to you using a Xerox Multifunction Device.  
Attachment File Type: pdf, Multi-Page Multifunction Printer Location: AR201WC7835 Device Name:  
PRN303

[attachment: Scanned from a Xerox Multifunction Printer.pdf]



INVOICE

E0068027 voided

P# 061178  
STARTEDPO# 358546  
ok to closeClient/Organization  
COD  
Address  
425 Fawell BlvdEvent Date  
6/12/2018 (Tue)Telephone  
(630) 942-3008  
Booking Contact  
Tom MurrayFax  
(630) 790-9806  
Site ContactEvent #  
E15500  
Guests  
160 (Act)Party Name  
COD Subscriber PreviewTheme  
Family Style DeliCoordinator  
Jake JacobsonCategory  
Corporate

160	~ The Evening's Deli Dinner ~ @ 15.00	2,400.00
160	Upgraded disposable 10" plate, Reflections fork, knife and Bello Lino napkin @ 1.00	160.00
16	Family style disposable platters, trays & serving utensils for 13 tables @ 5.00	80.00
3	Chef By Request professional servers @ 14.00	420.00
1	Local Delivery with Staff @ 65.00	65.00
1	Seated gratuity - at the client's discretion @ 400.00	400.00

AP-VERIFIED  
06/20/18 - MARIA ZERRUDO

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Linen	Total
Subtotal	2,560.00	0.00	0.00	0.00	565.00	0.00	400.00	0.00	3,525.00
Total	2,560.00	0.00	0.00	0.00	565.00	0.00	400.00	0.00	3,525.00

Paid  
Balance  
0.00  
3,525.00Pay Method  
Ck, C/C, Or Cash  
Card Number

Card Type

Card Holder

Signature

Expires

Gratuity for service staff is not included.

Suggested Gratuity is 15% -20% of food and beverage and may be added upon request.

Thank you for this opportunity to serve you.

01-40-11001-5509001

63 SPECIAL EVENT

F18\_DONOR

Ellen M. Gowan

06/14/18

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1212793  
Vendor Name: Chef by Request - CBR Ind.  
Invoice Number: E15697  
Invoice Date: 07/13/18  
PO Number: P0359349  
Check Number: E0068726  
Check Amount: \$ 7,615.25  
Check Date: 08/15/2018  
Department ID: 11601  
Reviewer Name: None  
Voucher Number: V0519506  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: jjacobson@chefbyrequest.com  
Sent: Mon Jul 16 08:45:05 CDT 2018  
To: hopper@cod.edu  
CC: invoicing@cod.edu  
Subject: Your Event Invoice (Inv1.pdf)  
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7/13 Hospitality



# INVOICE

**APPROVED**  
**07/24/18 - ELLEN MCGOWAN**

Client/Organization COD	Event Date 7/13/2018 (Fri)	Telephone (630) 942-3008	Fax (630) 790-9806	Event # E15697
Address 425 Fawell Blvd		Booking Contact Joe Hopper	Site Contact	Guests 40 (Act)

Party Name COD Hospitality	Theme Dinner	Coordinator Jake Jacobson	Category Corporate
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40	Country Comfort @ 13.25	530.00
1	Balsamic Roasted Portobello Mushroom~ zucchini, tri-color peppers and @ 6.00	6.00
4	Cream Cheese Iced Carrot Cake Squares with Walnuts (doz) @ 19.00	76.00
40	Upgraded disposable 10" & 6" plate, Reflections fork, knife and napkin @ 1.25	50.00
1	Corporate Local Delivery. Set Up and Return @ 49.00	49.00

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Linens	Total
Subtotal	612.00	0.00	0.00	50.00	49.00	0.00	0.00	0.00	711.00
Total	612.00	0.00	0.00	50.00	49.00	0.00	0.00	0.00	711.00

Paid	0.00
Balance	711.00

Pay Method Ck, C/C, Or Cash	Card Type	Card Holder	Signature
Card Number		Expires	

**Gratuity for service staff is not included.**

**Suggested Gratuity is 15% -20% of food and beverage and may be added upon request.**

**Thank you for this opportunity to serve you.**

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1212793  
Vendor Name: Chef by Request - CBR Ind.  
Invoice Number: E15703  
Invoice Date: 07/20/18  
PO Number: P0359351  
Check Number: E0068726  
Check Amount: \$ 7,615.25  
Check Date: 08/15/2018  
Department ID: 11201  
Reviewer Name: None  
Voucher Number: V0521513  
Redaction Type: None  
Document Type: AP Invoice

Document Below



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From: jjacobson@chefbyrequest.com  
Sent: Fri Jul 20 15:44:54 CDT 2018  
To: hopper@cod.edu  
CC: invoicing@cod.edu  
Subject: Your Event Invoice (Inv1.pdf)  
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7/20 Hospitality



# INVOICE

Client/Organization COD	Event Date 7/20/2018 (Fri)	Telephone (630) 942-3008	Fax (630) 790-9806	Event # E15703
Address 425 Fawell Blvd	Booking Contact Joe Hopper	Site Contact	Guests 45 (Act)	

Party Name COD Hospitality	Theme BBQ Buffet	Coordinator Jake Jacobson	Category Corporate
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45 ~ HOT OFF THE GRILL BBQ ~ @ 16.95 762.75  
1 Corporate Local Delivery, Set Up & Return @ 49.00 49.00

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Linens	Total
Subtotal	762.75	0.00	0.00	0.00	49.00	0.00	0.00	0.00	811.75
Total	762.75	0.00	0.00	0.00	49.00	0.00	0.00	0.00	811.75

Paid	0.00
Balance	811.75

Pay Method Ck, C/C, Or Cash	Card Type	Card Holder	Signature
Card Number	Expires		

**APPROVED**

**07/26/18 ELLEN MCGOWAN**

Gratuity for service staff is not included.  
Suggested Gratuity is 15% - 20% of food and beverage and may be added upon request.

**Thank you for this opportunity to serve you.**

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1212793  
Vendor Name: Chef by Request - CBR Ind.  
Invoice Number: E15698  
Invoice Date: 07/27/18  
PO Number: P0359529  
Check Number: E0068726  
Check Amount: \$ 7,615.25  
Check Date: 08/15/2018  
Department ID: 11601  
Reviewer Name: None  
Voucher Number: V0521887  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: jjacobson@chefbyrequest.com  
Sent: Mon Jul 30 08:46:19 CDT 2018  
To: hopper@cod.edu  
CC: invoicing@cod.edu  
Subject: Your Event Invoice  
-----

Hi Joe:

The invoice for 7/27 is attached. Please let me know how you would like to handle the 7/26 incident with the under cooked chicken

Thanks,

Jake



INVOICE

**APPROVED**

**08/02/18 - ELLEN MCGOWAN**

Client/Organization COD	Event Date 7/27/2018 (Fri)	Telephone (630) 942-3008	Fax (630) 790-9806	Event # E15698
Address 425 Fawell Blvd		Booking Contact Joe Hopper	Site Contact	Guests 40 (Act)

Party Name COD Hospitality	Theme Dinner	Coordinator Jake Jacobson	Category Corporate
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40	Perfect Parmesan @ 12.95	518.00
2	Organic Vegetable Brochette~grilled shitake caps, Japanese eggplant, @ 6.00	12.00
4	Fresh Baked Jumbo Cookie Assortment (doz) @ 17.00	68.00
40	Upgraded disposable 10" & 6" plate, Reflections fork, knife and napkin @ 1.25	50.00
1	Corporate Local Delivery. Set Up and Return @ 49.00	49.00

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Linens	Total
Subtotal	598.00	0.00	0.00	50.00	49.00	0.00	0.00	0.00	697.00
Total	598.00	0.00	0.00	50.00	49.00	0.00	0.00	0.00	697.00

Paid	0.00
Balance	697.00

Pay Method Ck, C/C, Or Cash	Card Type	Card Holder	Signature
Card Number		Expires	

**Gratuity for service staff is not included.**

**Suggested Gratuity is 15% -20% of food and beverage and may be added upon request.**

**Thank you for this opportunity to serve you.**

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1212793  
Vendor Name: Chef by Request - CBR Ind.  
Invoice Number: E15701  
Invoice Date: 07/26/18  
PO Number:  
Check Number: E0068726  
Check Amount: \$ 7,615.25  
Check Date: 08/15/2018  
Department ID: 11601  
Reviewer Name: None  
Voucher Number: V0522187  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: jjacobson@chefbyrequest.com  
Sent: Tue Jul 31 11:08:43 CDT 2018  
To: hopper@cod.edu  
CC: invoicing@cod.edu  
Subject: Your Event Invoice (Inv1.pdf)  
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7/26 with refund



# INVOICE

Client/Organization COD	Event Date 7/26/2018 (Thu)	Telephone (630) 942-3008	Fax (630) 790-9806	Event # E15701
Address 425 Fawell Blvd		Booking Contact Joe Hopper	Site Contact	Guests 50 (Act)

Party Name COD Hospitality	Theme Dinner	Coordinator Jake Jacobson	Category Corporate
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50	Refund due to undercooked chicken @ -6.95	-347.50
50	Summer Grill @ 11.95	597.50
2	Fresh Spinach Ravioli~ enveloped with portobello mushroom and organic @ 6.00	12.00
5	Super Chocolate Fudge Brownies (doz) @ 17.00	85.00
50	Upgraded disposable 10" & 6" plate, Reflections fork, knife and napkin @ 1.25	62.50
1	Corporate Local Delivery. Set Up and Return @ 49.00	49.00

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Linens	Total
Subtotal	347.00	0.00	0.00	62.50	49.00	0.00	0.00	0.00	458.50
Total	347.00	0.00	0.00	62.50	49.00	0.00	0.00	0.00	458.50

Paid	0.00
Balance	458.50

Pay Method Ck, C/C, Or Cash	Card Type	Card Holder	Signature
Card Number		Expires	

**APPROVED**  
 Gratuity for service staff is not included.  
 Suggested Gratuity is 15% - 20% of food and beverage and is added upon request.  
**07/31/18 - ELLEN MCCOWAN**  
 Thank you for this opportunity to serve you.



Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1212793  
Vendor Name: Chef by Request - CBR Ind.  
Invoice Number: E15702  
Invoice Date: 08/03/18  
PO Number: P0359638  
Check Number: E0068726  
Check Amount: \$ 7,615.25  
Check Date: 08/15/2018  
Department ID: 11601  
Reviewer Name: None  
Voucher Number: V0522379  
Redaction Type: None  
Document Type: AP Invoice

Document Below

-----  
From: jjacobson@chefbyrequest.com  
Sent: Mon Aug 06 08:30:04 CDT 2018  
To: hopper@cod.edu  
CC: invoicing@cod.edu  
Subject: Your Event Invoice (Inv1.pdf)  
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8/3 Hospitality



# INVOICE

Client/Organization COD	Event Date 8/3/2018 (Fri)	Telephone (630) 942-3008	Fax (630) 790-9806	Event # E15702
Address 425 Fawell Blvd		Booking Contact Joe Hopper	Site Contact	Guests 40 (Act)

Party Name COD Hospitality	Theme Dinner	Coordinator Jake Jacobson	Category Corporate
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40	Summer Grill @ 11.95	478.00
4	Organic Vegetable Brochette~grilled shitake caps, Japanese eggplant, @ 8.00	32.00
4	Super Chocolate Fudge Brownies (doz) @ 17.00	68.00
40	Upgraded disposable 10" & 6" plate, Reflections fork, knife and napkin @ 1.25	50.00
1	Corporate Local Delivery. Set Up and Return @ 49.00	49.00

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Linens	Total
Subtotal	578.00	0.00	0.00	50.00	49.00	0.00	0.00	0.00	677.00
Total	578.00	0.00	0.00	50.00	49.00	0.00	0.00	0.00	677.00

**APPROVED**

Paid	0.00
Balance	677.00

Pay Method Ck, C/C, Or Cash	Card Type	Card Hold	Signature
Card Number		Expires	

**08/13/18 - ELLEN MCGOWAN**

**Gratuity for service staff is not included.**

**Suggested Gratuity is 15% -20% of food and beverage and may be added upon request.**

**Thank you for this opportunity to serve you.**

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1212793  
Vendor Name: Chef by Request - CBR Ind.  
Invoice Number: E15699  
Invoice Date: 08/02/18  
PO Number: P0359638  
Check Number: E0068726  
Check Amount: \$ 7,615.25  
Check Date: 08/15/2018  
Department ID: 11601  
Reviewer Name: None  
Voucher Number: V0522403  
Redaction Type: None  
Document Type: AP Invoice

Document Below

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From: jjacobson@chefbyrequest.com  
Sent: Fri Aug 03 08:52:11 CDT 2018  
To: hopper@cod.edu  
CC: invoicing@cod.edu  
Subject: Your Event Invoice  
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8/2 Hospitality...



# INVOICE

Client/Organization COD	Event Date 8/2/2018 (Thu)	Telephone (630) 942-3008	Fax (630) 790-9806	Event # E15699
Address 425 Fawell Blvd	Booking Contact Joe Hopper	Site Contact	Guests 40 (Act)	

Party Name COD Hospitality	Theme Dinner	Coordinator Jake Jacobson	Category Corporate
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40	Country Comfort @ 13.25	530.00
5	Balsamic Roasted Portobello Mushroom~ zucchini, tri-color peppers and @ 6.00	30.00
4	Cream Cheese Iced Carrot Cake Squares with Walnuts (doz) @ 19.00	76.00
40	Upgraded disposable 10" & 6" plate, Reflections fork, knife and napkin @ 1.25	50.00
1	Corporate Local Delivery. Set Up and Return @ 49.00	49.00

	Food	Beverage	Liquor	Equipment	Labor	Room	Other	Linens	Total
Subtotal	636.00	0.00	0.00	50.00	49.00	0.00	0.00	0.00	735.00
Total	636.00	0.00	0.00	50.00	49.00	0.00	0.00	0.00	735.00

**APPROVED**  
**08/13/18- ELLEN MCGOWAN**

Pay Method Ck, C/C, Or Cash	Card type	Card holder	Signature
Card Number		Expires	

Paid	0.00
Balance	735.00

**Gratuity for service staff is not included.**  
**Suggested Gratuity is 15% -20% of food and beverage and may be added upon request.**  
**Thank you for this opportunity to serve you.**