

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM


YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID s999

Amount/Classification
UNKNOWN Unsecured

\$4040⁵⁴

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Check this box to indicate that this claim amends a previously filed claim.

Claim Number (if known):

Filed on: _____

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

RECEIVED

AUG 05 2010

BMC GROUP

In re:
Barcalounger Corporation

Case Number:
10-11637

NOTE: See Reverse for List of Debtors/Case Numbers/ important details. Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).

Name of Creditor and Address: the person or other entity to whom the debtor owes money or property

 24838952000895
CINDIE SWEET
PO BOX 1252
ALPHARETTA, GA 30239

Creditor Telephone Number **678 520 7284**

Name and address where payment should be sent (if different from above):

Payment Telephone Number ()

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ **4040⁵⁴**

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.
If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM:
o Unpaid travel + setup of High Point Showers
o Unpaid merchandising fees

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as:

4. SECURED CLAIM (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information

Nature of property or right of setoff:

Real Estate Motor Vehicle Other _____

Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Basis for Perfection: _____

Secured Claim Amount: \$ _____ **DO NOT** include the priority portion of your claim here.
Unsecured Claim Amount: \$ ~~4040⁵⁴~~

Amount of arrearage and other charges as of time case fi included in secured claim,

5. PRIORITY CLAIM

Unsecured Priority Claim Amount: \$ **4040⁵⁴** Include **ONLY** the priority portion of your unsecured claim here.

Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

You **MUST** specify the priority of the claim:

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- Wages, salaries, or commissions (up to \$11,725*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
- Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____).

* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

SECTION 503(b)(9) CLAIM \$ _____

Check this box if your claim is for the value of goods received by the debtor within 20 days before the date of commencement of the case (11 U.S.C. § 503(b)(9)). Include the amount of such claim in the space for "Amount entitled to priority" above.

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See instruction 7 and definition of "redacted" on reverse side.) If the documents are not available, please explain.

DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on August 6, 2010 for Non-Governmental Claimants OR on or before November 15, 2010 for Governmental Units.

THIS SPACE FOR COURT USE ONLY

BY MAIL TO:
BMC Group, Inc
Attn: Barcalounger Corporation Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:
BMC Group, Inc
Attn: Barcalounger Corporation Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Barcalounger

00297

DATE **8/3/10** SIGNATURE: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Cindie Sweet

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

<p>Court, Name of Debtor, and Case Number: Fill in the name of the federal judicial district where the bankruptcy case was filed (for example Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Debtor Name</th> <th style="text-align: left;">Case No</th> </tr> </thead> <tbody> <tr> <td>American of Martinsville, Inc.</td> <td>10-11638</td> </tr> <tr> <td>Barcalounger Corporation</td> <td>10-11637</td> </tr> </tbody> </table> <p>Creditor's Name and Address: Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).</p> <p>1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.</p> <p>2. Basis for Claim: State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.</p> <p>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.</p> <p>3a. Debtor May Have Scheduled Account As: Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.</p> <p>4. Secured Claim: Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.</p>	Debtor Name	Case No	American of Martinsville, Inc.	10-11638	Barcalounger Corporation	10-11637	<p>5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a). If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority. Claims entitled to administrative priority under 11 U.S.C. § 503(b)(9) should be asserted by filling in the appropriate information on this Proof of Claim form. All other administrative claims must be asserted by an appropriate "request" under 11 U.S.C. § 503(a) and should not be asserted on this Proof of Claim form.</p> <p>6. Credits: An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>7. Supporting Documents: Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.</p> <p>Date and Signature: The person filing this proof of claim <u>must</u> sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.</p> <p>Date-Stamped Copy Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.</p> <p><i>Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.</i></p> <p>Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."</p>
Debtor Name	Case No						
American of Martinsville, Inc.	10-11638						
Barcalounger Corporation	10-11637						

DEFINITIONS

INFORMATION

<p>DEBTOR A debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p> <p>CREDITOR A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.</p> <p>CLAIM A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.</p> <p>PROOF OF CLAIM A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page</p> <p>SECURED CLAIM Under 11 U.S.C. §506(a) A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.</p>	<p>The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).</p> <p>UNSECURED NONPRIORITY CLAIM If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.</p> <p>UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.</p> <p>Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other</p>	<p>document showing that the lien has been filed or recorded.</p> <p>Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.</p> <p>Offers to Purchase a Claim Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.</p>
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ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com

The Barcalounger Company

TRAVEL EXPENSE REPORT

NAME <i>Cindie Sweet</i>	DEPARTMENT	DEPT. NO.	WEEK ENDING <i>4/3/10</i>
PURPOSE OF TRIP <i>High Point Market Show room SET UP</i>	MAIL CHECK TO (STREET) <i>PO Box 1252</i>	(CITY AND ZONE) <i>Alpharetta</i>	(STATE) <i>GA</i>

30009

INSTRUCTIONS:

1. Use ink or typewriter only.
2. Cost reports should be submitted at the end of each week.
3. Tips and taxes should be submitted at the end of each week.
4. If no advances have been received, write "none" in the advances space!
5. Submit this report to your immediate superior.
6. Approver should forward report to accounts payable.
7. Forward unused transportation furnished by company to accounts payable.

DAY	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
DATE		<i>3/29</i>	<i>3/30</i>	<i>3/31</i>	<i>4/1</i>	<i>4/2</i>	<i>4/3</i>	
DAILY ITINERARY	FROM	<i>Atlanta</i>			<i>High Point</i>			
	TO				<i>Atlanta</i>			
	TO	<i>High Point</i>			<i>Atlanta</i>			
1. MILEAGE PERSONAL VEHICLE		<i>330</i>	<i>5</i>	<i>10</i>	<i>330</i>			
2. AUTO OR TRUCK ALLOWANCE		<i>132</i>	<i>2</i>	<i>4</i>	<i>132</i>			<i>270</i>
3. AIR OR RAIL FARE FUR. BY EMP.*								
4. CAR RENTAL EXPENSE								
5. MISC. CAR EXP.* (E)								
6. TAXI, BUS, TROLLEY (E)								
7. ROOM*		<i>71⁶⁶</i>	<i>71⁶⁶</i>	<i>71⁶⁶</i>				<i>214⁹⁶</i>
8. BREAKFAST			<i>402</i>	<i>171</i>				<i>171</i>
9. LUNCH			<i>801</i>					<i>402</i>
10. DINNER			<i>1786</i>					<i>2587</i>
11. TELEPHONE OR TELEGRAPH (E)								
12. LAUNDRY OR VALET (E)								
13. ENTERTAINMENT								
14. TIPS								
15. MISCELLANEOUS (E)		<i>250</i>	<i>250</i>	<i>250</i>	<i>250</i>			<i>1000</i>
16. PERIOD TOTALS		<i>(153⁶⁶)</i>	<i>335⁶⁹</i>	<i>1105</i> <i>345²²</i>	<i>382</i>			<i>1516⁵⁸</i>

3B. TRANSPORTATION PURCHASED BY COMPANY

MODE	TICKET NO.	FROM	TO	TO	AMOUNT	DATE	LOCATION	AMOUNT
AIR								

17. LESS ADVANCES RECEIVED

3C. UNUSED TRANSPORTATION PURCHASED BY COMPANY

MODE	TICKET NO.	FROM	TO	TO	NO. COUPONS

TOTAL ADVANCES REC.

18. BALANCE DUE COMPANY
(SUBMIT PERSONAL CHECK FOR THIS AMT.)

19. BALANCE DUE EMPLOYEE

1516⁵⁸

EMP. SIGN <i>Cindie Sweet</i>	DATE <i>4/3/10</i>	APPROVED BY:	DATE
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*RECEIPT REQUIRED

(E) EXPLAIN NECESSITY FOR EXPENSE

Welcome to

KANGAROO EXPRESS

820 N. Main Street
High Point, NC 27262
STORE # 3788

COPY
Receipt 1642623

Qty	Name	Price	Total
1	TOASTCHEE/NONFLEX	0.79	0.79
1	XTR SPRMNT/BIGPACK	1.39	1.39
1	PENTRY HOT CUP 24J16/	1.59	1.59
SubTotal			3.77
State Sales Tax			0.23
Special Sales Tax 2			0.02
Total		4.02	

Received

Cash 20.02

Change Cash -16.00

03/30/2010 9:31:26 AM Pos:1 Cashier:127

Questions or comments call 1-877-576-6123

Welcome to

KANGAROO EXPRESS

820 N. Main Street
High Point, NC 27262
STORE # 3788

COPY
Receipt 2414775

Qty	Name	Price	Total
1	PENTRY HOT CUP 24J16/	1.59	
SubTotal			
State Sales Tax			0.12
Total		1.71	

Received

Cash 5.00

Change Cash -3.29

03/31/2010 8:25:23 AM Pos:2 Cashier:117

Questions or comments call 1-877-576-6123



265 EASTCHESTER DRIVE - HIGH POINT,
 STORE # 341 - PHONE # 336-869-6317
 IF YOU ARE NOT COMPLETELY SATISFIED
 WITH YOUR VISIT TODAY PLEASE CALL
 STORE MANAGER: Mike Turner St. Dir.
 YOUR CASHIER: Shambrea G
 CUSTOMER 40998981341

DEER PARK #20 PC 1.45 B
 SC 1160 VIC SAVINGS .45-B
 PRICE YOU PAY 1.00
 CASHIER HAS BYPASSED AGE VALIDATION
 BOHEMIAN MERLOT 6.49 T
 **** 7.75% NC SALES TAX .50
 **** 2% NC SALES TAX .02
 **** BALANCE DUE 8.01
 VF DEBIT 28.01

 DEBIT \$\$\$\$\$\$28.01
 ACCOUNT # *****5246
 REF # 456045
 EFT SEQ # 7107

CASH BACK 20.00

COUPONS TENDERED .45
 3/29/10 5:19 PM 0341 01 0105 7058

** YOU SAVED .45 ON THIS ORDER **
 PRESENT YOUR VIC CARD WITH EVERY ORDER
 TO RECEIVE PROMOTIONAL DISCOUNTS!

 NO ONE REWARDS LOYALTY LIKE HT!

EARN 1 POINT FOR EVERY \$1 SPENT ON ANY
 ORAL CARE ITEMS BETWEEN 12/9/09 AND
 6/1/10. COLLECT 40 POINTS AND
 RECEIVE AN ELECTRONIC COUPON FOR \$5
 OFF YOUR NEXT PURCHASE OF \$5.
 THRU 6/8/10. NO LIMIT.

RCP#7:
 THANK
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 FER
 11



265 EASTCHESTER DRIVE - HIGH POINT,
 STORE # 341 - PHONE # 336-869-6317
 IF YOU ARE NOT COMPLETELY SATISFIED
 WITH YOUR VISIT TODAY PLEASE CALL
 STORE MANAGER: Mike Turner St. 1
 YOUR CASHIER: Shambrea G
 CUSTOMER 4099898134

CASHIER HAS BYPASSED AGE VALIDATION
 CHAT ST MICH 9.99
 1.10 1b @ 5.99 / 1b
 WT 4470 HT SALAD BAR 6.59 B
 **** 7.75% NC SALES TAX 1.28
 **** BALANCE DUE 17.86
 DEBIT 17.86

 DEBIT \$\$\$\$17.86
 ACCOUNT # *****5246
 REF # 4575744
 EFT SEQ # 4099

CHANGE .00

3/31/10 5:48 PM 0341 01 0300 7001

TOTAL VIC SAVINGS THIS YEAR \$.45

 NO ONE REWARDS LOYALTY LIKE HT!

EARN 1 POINT FOR EVERY \$1 SPENT ON ANY
 ORAL CARE ITEMS BETWEEN 12/9/09 AND
 6/1/10. COLLECT 40 POINTS AND
 RECEIVE AN ELECTRONIC COUPON FOR \$5
 OFF YOUR NEXT PURCHASE OF \$5.
 THRU 6/8/10. NO LIMIT

RCP#7
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The Barcalounger Company

TRAVEL EXPENSE REPORT

NAME Cindie Sweet		DEPARTMENT	DEPT. NO.	WEEK ENDING 3/20
PURPOSE OF TRIP High Point Merchandise Meetg		MAIL CHECK TO (STREET) Po Box 1252	(CITY AND ZONE) Alpharetta	(STATE) GA 30009

INSTRUCTIONS:

1. Use ink or typewriter only.
2. Cost reports should be submitted at the end of each week.
3. Tips and taxes should be submitted at the end of each week.
4. If no advances have been received, write "none" in the advances space!
5. Submit this report to your immediate superior.
6. Approver should forward report to accounts payable.
7. Forward unused transportation furnished by company to accounts payable.

DAY	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
DATE		3/15	3/16	3/17	3/18	3/19		
DAILY ITINERARY		Alpharetta	Atlanta	Atlanta	Alpharetta			
1. MILEAGE PERSONAL VEHICLE		385		385				
2. AUTO OR TRUCK ALLOWANCE		154		154				308
3. AIR OR RAIL FARE FUR. BY EMP.*								
4. CAR RENTAL EXPENSE								
5. MISC. CAR EXP.* (E)								
6. TAXI, BUS, TROLLEY (E)								
7. ROOM*								
8. BREAKFAST				10 ⁹⁵				10 ⁹⁵
9. LUNCH								
10. DINNER		29 ⁵⁴	26 ⁰²	26⁰²				55 ⁵⁶
11. TELEPHONE OR TELEGRAPH (E)								
12. LAUNDRY OR VALET (E)								
13. ENTERTAINMENT								
14. TIPS								
15. MISCELLANEOUS (E)			2 ⁵⁰	2 ⁵⁰				5 ⁰⁰
16. PERIOD TOTALS		193 ⁵⁴	276 ⁰²	414 ⁹⁵				874 ⁵⁴

3B. TRANSPORTATION PURCHASED BY COMPANY						17. LESS ADVANCES RECEIVED		
MODE	TICKET NO.	FROM	TO	TO	AMOUNT	DATE	LOCATION	AMOUNT
AIR								
3C. UNUSED TRANSPORTATION PURCHASED BY COMPANY						TOTAL ADVANCES REC. <input checked="" type="checkbox"/>		
MODE	TICKET NO.	FROM	TO	TO	NO. COUPONS	18. BALANCE DUE COMPANY (SUBMIT PERSONAL CHECK FOR THIS AMT.)		<input checked="" type="checkbox"/>
						19. BALANCE DUE EMPLOYEE		874 ⁵⁴

EMP. SIGN. Cindie Sweet	DATE 3/20/10	APPROVED BY:	DATE
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*RECEIPT REQUIRED

(E) EXPLAIN NECESSITY FOR EXPENSE

The Barcalounger Company

TRAVEL EXPENSE REPORT

NAME <i>Candie Sweet</i>	DEPARTMENT	DEPT. NO.	WEEK ENDING <i>4/17/10</i>
PURPOSE OF TRIP <i>High Point Market Show Room SET UP</i>	MAIL CHECK TO (STREET) <i>PO Box 1252</i>	(CITY AND ZONE) <i>Alpharetta</i>	(STATE) <i>Georgia</i>

INSTRUCTIONS:

1. Use ink or typewriter only.
2. Cost reports should be submitted at the end of each week.
3. Tips and taxes should be submitted at the end of each week.
4. If no advances have been received, write "none" in the advances space!
5. Submit this report to your immediate superior.
6. Approver should forward report to accounts payable.
7. Forward unused transportation furnished by company to accounts payable.

DAY	SUN	MON	TUES	WED	THUR	FRI	SAT	TOTAL
DATE	<i>4/11/10</i>	<i>4/12/10</i>	<i>4/13/10</i>	<i>4/14/10</i>	<i>4/15/10</i>	<i>4/16</i>	<i>4/17</i>	
DAILY ITINERARY	FROM <i>Atlanta</i>				TO <i>High Pt</i>			
	TO <i>High Point</i>				FROM <i>Atlanta</i>			
1. MILEAGE PERSONAL VEHICLE	<i>330</i>				<i>330</i>			
2. AUTO OR TRUCK ALLOWANCE	<i>132</i>				<i>132</i>			<i>264</i>
3. AIR OR RAIL FARE FUR. BY EMP.*								
4. CAR RENTAL EXPENSE								
5. MISC. CAR EXP.* (E)								
6. TAXI, BUS, TROLLEY (E)								
7. ROOM*	<i>78⁴⁹</i>	<i>78⁴⁹</i>	<i>78⁴⁹</i>	<i>78⁴⁹</i>				<i>313⁹⁶</i>
8. BREAKFAST								
9. LUNCH								
10. DINNER	<i>17¹³</i>	<i>8⁵³</i>		<i>17⁶¹</i>	<i>28¹¹</i>			<i>71⁴⁴</i>
11. TELEPHONE OR TELEGRAPH (E)								
12. LAUNDRY OR VALET (E)								
13. ENTERTAINMENT								
14. TIPS								
15. MISCELLANEOUS (E)		<i>250</i>	<i>250</i>	<i>250</i>	<i>250</i>			<i>1000</i>
16. PERIOD TOTALS	<i>227⁶²</i>	<i>337⁰²</i>	<i>328⁴⁹</i>	<i>346¹⁶</i>	<i>410¹¹</i>			<i>1649⁴⁰</i>

3B. TRANSPORTATION PURCHASED BY COMPANY	17. LESS ADVANCES RECEIVED																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>MODE</th> <th>TICKET NO.</th> <th>FROM</th> <th>TO</th> <th>TO</th> <th>AMOUNT</th> <th>DATE</th> <th>LOCATION</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr> <td>AIR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	MODE	TICKET NO.	FROM	TO	TO	AMOUNT	DATE	LOCATION	AMOUNT	AIR																		
MODE	TICKET NO.	FROM	TO	TO	AMOUNT	DATE	LOCATION	AMOUNT																				
AIR																												

3C. UNUSED TRANSPORTATION PURCHASED BY COMPANY	TOTAL ADVANCES REC.																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>MODE</th> <th>TICKET NO.</th> <th>FROM</th> <th>TO</th> <th>TO</th> <th>NO. COUPONS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	MODE	TICKET NO.	FROM	TO	TO	NO. COUPONS													
MODE	TICKET NO.	FROM	TO	TO	NO. COUPONS														

EMP. SIGN. <i>Candie Sweet</i>	DATE <i>4/16</i>	APPROVED BY:	DATE
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*RECEIPT REQUIRED (E) EXPLAIN NECESSITY FOR EXPENSE

Reply's BBQ
THANK YOU

PANCHO VILLAS MEXICAN
206 W FAIRFIELD RD
HIGH POINT, NC 27263

Merchant ID: 9940

Ref #: 022

Server ID: 8

Sale

XXXXXXXXXXXX5246

VISA

Entry Method: Swiped

Amount:

\$ 23.11

Tip:

5⁰⁰

Total:

28¹¹

04/15/10

21:53:11

Inv #: 000139

Appr Code: 195545

Apprvd: Online

Batch#: 000337

Customer Copy

THANK YOU!

KITCHEN CHECK

This Duplicate Check Used For Ordering Only

DATE	SERVER	TABLE NO.	NO. PERSONS	CHECK NO.
				3648385

676-520-7138

~~428~~ S Main St #201

425

\$17.67

KITCHEN CHECK

This Duplicate Check Used For Ordering Only

DATE	SERVER	TABLE NO.	NO. PERSONS	CHECK NO.
				3649694

336-884-8838

~~428~~ S Main St #201

428

428

\$17.13

50-448491A

D3127-4

