

**ADMINISTRATIVE EXPENSE CLAIM FORM****Debtor: Fayette Memorial Hospital Association, Inc., Case No. 18-07762-JJG-11****NOTE: This form should only be used to make a claim for an Administrative Expense arising or accruing from October 10, 2018 through and including April 30, 2019. IT SHOULD NOT BE USED FOR CLAIMS ARISING PRIOR TO OCTOBER 10, 2018.**

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Fuller Engineering Co LLC

☐

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.

Name and address where notices should be sent:

4135 W. 99th St  
Carmel IN 46032☐

Check box if you have never received any notices from the bankruptcy court in this case.

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

☐

Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number: 317 228 5811

Last four digits of account or other number by which creditor identifies debtor:

**1. Basis for Administrative Claim**

- ☒ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Wages, salaries, and compensation (fill out below)

Last four digits of your SS #:

Unpaid compensation for services performed

from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)**2. Date(s) debt was incurred:**

1/29/19 and 4/14/19

**3. If court judgment, date obtained:****4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$**

579.43

If all or part of your claim is secured, also complete Item 5 below.

☐

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

**5. Please identify the property of the Debtor that secures the claim.**

Description of Property: \_\_\_\_\_

Basis for Perfection: \_\_\_\_\_

Value of Property: \_\_\_\_\_

**6. Offsets, Credits and Setoffs:**☐ All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein☐ This claim is not subject to any setoff or counterclaim.☐ This claim is subject to setoff or counterclaim as follows:

RECEIVED

MAY 24 2019

BMC GROUP

**7. This Administrative Proof of Claim:**☒ is the first filed proof of claim evidencing the claim asserted herein.☐ amends/supplements a proof of claim \_\_\_\_\_ filed on \_\_\_\_\_ or☐ replaces/suspends a proof of claim filed on \_\_\_\_\_**8. Assignment**☐ If the claimant has obtained this claim by Assignment, a copy is attached hereto.**9. Supporting Documentation:**

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Date:

5/17/19

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**FMHA POC**  
  
 00133



**Voice:** 317-228-5800  
**Fax:** 317-228-5810

Invoice Number: 0000013981  
Invoice Date: Jan 29, 2019  
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Fayette Memorial Hospital  
1941 Virginia Avenue  
PO# 125462  
Connersville, IN 47331

Quantity	Item	Description	Unit Price	Amount
1.00	S_136798P1	Tank Humidifier 200//230 11#	258.83	258.83
1.00	S_FREIGHT	UPS FREIGHT	14.16	14.16

Subtotal	272.99
Sales Tax	
Total Invoice Amount	272.99
Payment/Credit Applied	
<b>TOTAL</b>	<b>272.99</b>

Overdue invoices are subject to finance charges.



Fuller Engineering Company, LLC

4135 West 99th Street  
Carmel, IN 46032  
USA

Voice: 317-228-5800

Fax: 317-228-5810

# INVOICE

Invoice Number: 0000014654

Invoice Date: Apr 16, 2019

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**Bill To:**

Fayette Memorial Hospital  
1941 Virginia Avenue  
Connersville, IN 47331

**Ship to:**

Fayette Memorial Hospital  
1941 Virginia Avenue  
PO# 125490  
Connersville, IN 47331

Customer ID	Customer PO	Payment Terms	
3607	125490	NET 30	
Sales Rep ID	Shipping Method	Ship Date	Due Date
	UPS Ground	4/16/19	5/16/19

Quantity	Item	Description	Unit Price	Amount
1.00	S_136798P1	Tank Humidifier 200//230 11#	291.25	291.25
1.00	S_FREIGHT	Freight Charges	15.19	15.19

Please direct all ACH  
notifications to  
**ACH@FULLERENGR.COM**

Subtotal	306.44
Sales Tax	
Total Invoice Amount	306.44
Payment/Credit Applied	
<b>TOTAL</b>	<b>306.44</b>

Overdue invoices are subject to finance charges.