

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 May 1, 2019 through August 31, 2019 ONLY.

Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>FRIENDS OFFICE</u>	<input type="checkbox"/>	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: <u>FRIENDS OFFICE</u> <u>ATTN: DENNIS MITCHELL</u>	<input type="checkbox"/>	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): <u>2300 BRIGHT ROAD</u> <u>FINDLAY, OH 45840</u>	<input checked="" type="checkbox"/>	Check box if the address differs from the address on the envelope sent to you by the court.
Telephone number: <u>419-427-1704</u>		

Last four digits of account or other number by which creditor identifies debtor: 2716

1. Basis for Administrative Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
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2. Date(s) debt was incurred: <u>MAY 1ST, 2019 THROUGH JULY 5TH, 2019</u>	3. If court judgment, date obtained:
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4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 5748.98 **- SEE ATTACHED INVOICES**

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: <u>OFFICE SUPPLIES</u> Basis for Perfection: <u>N/A</u> Value of Property: <u>N/A</u>	6. Offsets, Credits and Setoffs: <input checked="" type="checkbox"/> All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein <input type="checkbox"/> This claim is not subject to any setoff or counterclaim. <input type="checkbox"/> This claim is subject to setoff or counterclaim as follows:
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7. This Administrative Proof of Claim: <input checked="" type="checkbox"/> is the first filed proof of claim evidencing the claim asserted herein. <input type="checkbox"/> amends/supplements a proof of claim _____ filed on _____ or _____ <input type="checkbox"/> replaces/suspends a proof of claim filed on _____	8. Assignment <input type="checkbox"/> If the claimant has obtained this claim by Assignment, a copy is attached hereto.
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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: <u>9/9/19</u>	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): <div style="text-align: center;">  <u>DENNIS R. MITCHELL, CONTROLLER</u> </div>
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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
00222

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

IN RE:)
)
FAYETTE MEMORIAL HOSPITAL) Case No. 18-07762-JJG-11
ASSOCIATION, INC. d/b/a FAYETTE)
REGIONAL HEALTH SYSTEMS,)
Debtor.)

ANY PERSON OR ENTITY THAT IS REQUIRED TO FILE A CLAIM ON OR BEFORE THE CLAIMS BAR DATE, BUT FAILS TO DO SO, MAY BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM (A) ASSERTING ANY SUCH CLAIM AGAINST THE DEBTOR AND/OR ITS BANKRUPTCY ESTATE AND (B) RECEIVING PAYMENT FROM THE DEBTOR'S ESTATE OR A DISTRIBUTION ON ACCOUNT OF SUCH CLAIM UNDER ANY PLAN CONFIRMED IN THIS CASE.

YOUR RIGHTS MAY BE AFFECTED BY THIS NOTICE and you should read these papers carefully and consult with your attorney. If you do not have an attorney, you may wish to consult one.

Dated: September 6, 2019

NOTICE OF DEADLINE FOR FILING ADMINISTRATIVE CLAIMS ARISING DURING THE PERIOD BETWEEN MAY 1, 2019 AND AUGUST 31, 2019

PLEASE TAKE NOTICE. The United States Bankruptcy Court for the Southern District of Indiana, Indianapolis Division, has entered an Order Establishing Claims Bar Date (the "**Bar Date Order**") setting **October 18, 2019** (the "**Claims Bar Date**") as the deadline for all persons and entities, including individuals, partnerships, corporations, estates, trusts and governmental units (except those persons and entities described below), who have or may have any claim against Fayette Memorial Hospital Association, Inc., d/b/a Fayette Regional Health Systems (the "**Debtor**") that arose **during the period between May 1, 2019 and August 31, 2019** to file a request for allowance and/or payment of such claim pursuant to 11 U.S.C. § 503 (an "**Administrative Expense Claim**").

Pursuant to 11 U.S.C. § 503, "after notice and a hearing, there shall be allowed, administrative expenses, other than claims allowed under section 502(f) of [title 11], including – the actual, necessary costs and expenses of preserving the estate. . ."

Any person or entity asserting an Administrative Expense Claim against the Debtor's bankruptcy estate shall file such claim on or before the Claims Bar Date. Each proof of claim must substantially conform to the **Administrative Proof of Claim Form attached to this Notice**. Proofs of Claim may be filed by sending them to Debtor's Claims Agent, BMC Group, Inc., either: (1) by regular mail to BMC Group, Inc., Attn: FMHA Claims Processing, PO Box 90100, Los Angeles, CA 90009 or (2) by messenger or overnight delivery to BMC Group, Inc., Attn: FMHA Claims Processing, 3732 West 120th Street, Hawthorne, CA 90250, **so as to be RECEIVED on or before October 18, 2019**. Facsimile, email or other electronic submission will not be accepted. Proofs of claim shall be deemed filed when actually received by BMC Group, Inc. Timely filed proofs of claim that are entitled to prima facie validity will be deemed allowed unless and until objected to by the Debtor or other party in interest. Should an objection be filed, you will receive notice and an opportunity to respond.

If you have previously filed an Administrative Expense Claim with the Bankruptcy Court seeking allowance and/or payment of a claim against the Debtor, or if the Bankruptcy Court has entered an order allowing or otherwise resolving your claim against the Debtor, you do NOT need to file anything further unless you have an additional or different claim.

/s/ Wendy D. Brewer
Wendy D. Brewer (#22669-49)
FELTZ MADDON DICKENS PLC
333 N. Alabama Street, Ste. 350
Indianapolis, IN 46204
Tel: (317) 215-6220
E-Mail: wbrewer@fmdlegal.com

-and-

Laura M. Brymer (#30989-10)
FELTZ MADDON DICKENS PLC
101 S. Fifth Street, Ste. 2700
Louisville, KY 40202
Tel: (502) 588-2000
E-mail: lbrymer@fmdlegal.com
Attorneys for the Debtor



INVOICE

INVOICE NUMBER 1255089-0

INVOICE DATE 06/18/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 850	FAYETTE REGIONAL HEALTH SYSTE ENVIRONMENTAL SERV-BASEMT 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER	
SHORT PO#	KELLY KNAPKE	NET 15	DAY3	CHARGE	DF2	

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
3535Q	SPA	**Attention :EVS Who Called : Sarah Garrett All Depts PEROXY FBC,12/CS Email: sarahg@fayetteregional.org	CS	2		2	35.88	71.76

Subtotal	71.76
Tax	
Total Due	71.76

If paid by credit card, a 3% fee may be added.



INVOICE

INVOICE NUMBER **1262876-0**

INVOICE DATE **06/11/19**

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 954	FAYETTE REGIONAL HEALTH SYSTE MATERIALS MGMT-BASEMENT 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER	
190610-P3AS SHORT PO#	KELLY KNAPKE	NET 15	DAY3	CHARGE	DF2	

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
00704	FEL	Customer P/O#190610-P3AS **Attention :190610-P3AS Who Called : Sarah Garrett All Depts	CT	10		10	69.96	699.60
30336CT	DYM	BOX, STOR/FILE, LTR, 12PK LABEL, MULTIPURP, 1X2-1/8, CT Email: sarahg@fayetteregional.org	CT	4		4	172.90	691.60

Subtotal 1391.20

Tax

If paid by credit card, a 3% fee may be added.

Total Due 1391.20



INVOICE

INVOICE NUMBER 1264778-0

INVOICE DATE 06/14/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 890	FAYETTE REGIONAL HEALTH SYSTE HEALTH INFO-MED RECS-FLR2 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER	
SHORT PO#	KELLY KNAPKE	NET 15	DAY3	CHARGE	DF2	

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
44834	QUA	**Attention :HIM ROSEANN Who Called : Sarah Garrett All Depts ENVELOPE, RSTP, PLN, 11.5X14.5 Email: sarahg@fayetteregional.org	BX	1		1	39.98	39.98

Subtotal	39.98
Tax	
Total Due	39.98

If paid by credit card, a 3% fee may be added.



INVOICE

INVOICE NUMBER 1265985-0

INVOICE DATE 06/19/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 950	FAYETTE REGIONAL HEALTH SYSTE EXECUTIVE LEAD-ADMIN FLR2 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER	
SHORT PO#	KELLY KNAPKE	NET 15	DAY3	CHARGE	DF2	

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
25971	ACC	**Attention :Carol A. Wynn Who Called : Carol Wynn 635/950/951 COVER, RPRT, PRSBRD, 11X8.5, BK Email: carolw@fayetteregional.org	EA	10		10	2.27	22.70

Subtotal 22.70

Tax

If paid by credit card, a 3% fee may be added.

Total Due 22.70



INVOICE

INVOICE NUMBER 1266595-0

INVOICE DATE 06/20/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 786	FAYETTE REGIONAL HEALTH SYSTE FRHS OP RECOVERY-PARK RD 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER	
SHORT PO#	KELLY KNAPKE	NET 15	DAY3	CHARGE	DF2	

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
		**Attention :Amy Brawner Who Called : Michele Collier 786						
37013	PFX	FOLDER, FILE, LTR, 1/3, MLA, 100	BX	2		2	5.69	11.38
63110	BSN	PAD, JR LEGAL, 5X8, 50SH, WE	DZ	1		1	6.77	6.77
63107	BSN	PAD, JR LEGAL, 5X8, 50SH, CA	DZ	1		1	6.79	6.79
63107	BSN	PAD, JR LEGAL, 5X8, 50SH, CA	DZ	1		1	6.79	6.79
63106	BSN	PAD, LEGAL, 8.5X14, 50SH, CA	DZ	1		1	15.18	15.18
		Email: michelec@fayetteregional.org						

Subtotal 46.91

Tax

If paid by credit card, a 3% fee may be added.

Total Due 46.91



INVOICE

INVOICE NUMBER 1266596-0

INVOICE DATE 06/20/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 760	FAYETTE REGIONAL HEALTH SYSTE FRCP ADOLEXCENT BEHAVIOR 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER		SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER
SHORT PO#		KELLY KNAPKE	NET 15	DAY3	CHARGE	DF2

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
70724	ACC	**Attention :Emily Foster Who Called : Emily Foster 760 FASTENER, PRONG, 8.5"CC, 3.5"	BX	1		1	20.60	20.60
05122	SPR	PAPER, COPY, 20#, 8.5X11, CA Email: emilyf@fayetteregional.org	RM	1		1	5.29	5.29

	Subtotal	25.89
	Tax	
If paid by credit card, a 3% fee may be added.	Total Due	25.89



INVOICE

INVOICE NUMBER 1266600-0

INVOICE DATE 06/20/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 50	FAYETTE REGIONAL HEALTH SYSTE CARDIAC/PULMONARY REHAB 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER	
SHORT PO#	KELLY KNAPKE	NET 15	DAY3	CHARGE	DF2	

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
CF226A	HEW	**Attention :nancy Who Called : Sarah Garrett All Depts CRTDG, LSR, HP 26A BK, STD Email: sarahg@fayetteregional.org	EA	1		1	118.23	118.23

Subtotal	118.23
Tax	
Total Due	118.23

If paid by credit card, a 3% fee may be added.



INVOICE

INVOICE NUMBER 1267777-0

INVOICE DATE 06/25/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 772	FAYETTE REGIONAL HEALTH SYSTE INTERNAL MED-DR KAPOOR 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER		SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER
SHORT PO#		KELLY KNAPKE	NET 15	DAY3	CHARGE	DF2

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
37890	QUA	**Attention :kim c Who Called : Kim Craig 772 ENVELOPE, CLASP, HVYDTY, 9X12 Email: kimc@fayetteregional.org	BX	2		2	16.46	32.92

Subtotal 32.92

Tax

If paid by credit card, a 3% fee may be added.

Total Due 32.92



INVOICE

INVOICE NUMBER 1267789-0

INVOICE DATE 06/25/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 850	FAYETTE REGIONAL HEALTH SYSTE ENVIRONMENTAL SERV-BASEMT 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER	
SHORT PO#	KELLY KNAPKE	NET 15	DAY3	CHARGE	DF2	

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
		**Attention :EVS Who Called : Sarah Garrett All Depts						
303Q	CAN	BOWL CLEANER, 23% HCL ACID, 12/C	CS	1		1	27.50	27.50
01163	CPC	CLEANER, WOOD, MURPHY'S, BR	EA	2		2	6.84	13.68
1001744	AMR	REFILL, AIR FRSHNR, MTR, LEMON Email: sarahg@fayettheregional.org	CT	2		2	99.43	198.86

Subtotal	240.04
Tax	
Total Due	240.04

If paid by credit card, a 3% fee may be added.



INVOICE

INVOICE NUMBER 1268019-1

INVOICE DATE 07/02/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 954	FAYETTE REGIONAL HEALTH SYSTE MATERIALS MGMT-BASEMENT 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER	
190625-PKW0 SHORT PO#	KELLY KNAPKE	NET 15	DFUR	CHARGE	DF2	

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
00704	FEL	Customer P/O#190625-PKW0 **Attention :190625-PKW0 Who Called : Sarah Garrett All Depts BOX, STOR/FILE, LTR, 12PK Email: sarahg@fayetteregional.org	CT	8		8	69.96	559.68

Subtotal 559.68

Tax

If paid by credit card, a 3% fee may be added.

Total Due 559.68



INVOICE

INVOICE NUMBER 1268019-1

INVOICE DATE 07/02/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 954	FAYETTE REGIONAL HEALTH SYSTE MATERIALS MGMT-BASEMENT 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER	
190625-PKW0 SHORT PO#	KELLY KNAPKE	NET 15	DFUR	CHARGE	DF2	

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
00704	FEL	Customer P/O#190625-PKW0 **Attention :190625-PKW0 Who Called : Sarah Garrett All Depts BOX, STOR/FILE, LTR, 12PK Email: sarahg@fayetteregional.org	CT	8		8	69.96	559.68

Subtotal 559.68

Tax

If paid by credit card, a 3% fee may be added.

Total Due 559.68



INVOICE

INVOICE NUMBER 1268073-0

INVOICE DATE 06/26/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 830	FAYETTE REGIONAL HEALTH SYSTE PLANT OPERATIONS-BASEMENT 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER	
SHORT PO#	KELLY KNAPKE	NET 15	DAY3	CHARGE	DF2	

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
002220	ANN	**Attention :Belinda Who Called : Belinda Suggs 830/831/850/851/ OUTDOOR U.S. FLAGS, 4' X 6' Email: belindas@fayettheregional.org	EA	1		1	54.15	54.15

Subtotal	54.15
Tax	
Total Due	54.15

If paid by credit card, a 3% fee may be added.



INVOICE

INVOICE NUMBER 1268127-0

INVOICE DATE 06/26/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 954	FAYETTE REGIONAL HEALTH SYSTE MATERIALS MGMT-BASEMENT 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER	
SHORT PO#	KELLY KNAPKE	NET 15	DAY3	CHARGE	DF2	

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
27075	SAN	**Attention :Sarah Garrett Who Called : Sarah Garrett All Depts HIGHLIGHTER, PCKT, ACCENT, 5PK	ST	1		1	3.97	3.97
9179301	FEL	PHOTO GEL MOUSE PAD WRIST REST Email: sarahg@fayetteregional.org	EA	1		1	11.99	11.99

Subtotal 15.96

Tax

If paid by credit card, a 3% fee may be added.

Total Due 15.96



INVOICE

INVOICE NUMBER **1269927-0**

INVOICE DATE **07/02/19**

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 954	FAYETTE REGIONAL HEALTH SYSTE MATERIALS MGMT-BASEMENT 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER	SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER	
190701-PR5C SHORT PO#	KELLY KNAPKE	NET 15	DFUR	CHARGE	DF2	

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
30336CT 00704	DYM FEL	Customer P/O#190701-PR5C **Attention :190701-PR5C Who Called : Sarah Garrett All Depts LABEL, MULTIPURP, 1X2-1/8, CT BOX, STOR/FILE, LTR, 12PK Email: sarahg@fayetteregional.org	CT CT	1 30		1 30	172.90 69.96	172.90 2098.80

Subtotal 2271.70

Tax

If paid by credit card, a 3% fee may be added.

Total Due 2271.70



INVOICE

INVOICE NUMBER 1270201-0

INVOICE DATE 07/02/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 850	FAYETTE REGIONAL HEALTH SYSTE ENVIRONMENTAL SERV-BASEMT 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER		SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER
SHORT PO#		KELLY KNAPKE	NET 15	DFUR	CHARGE	DF2

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
303Q	CAN	**Attention :EVS Who Called : Sarah Garrett All Depts BOWL CLEANER, 23% HCL ACID, 12/C Email: sarahg@fayetteregional.org	CS	2		2	27.50	55.00

Subtotal 55.00

Tax

If paid by credit card, a 3% fee may be added.

Total Due 55.00



INVOICE

INVOICE NUMBER 1270203-0

INVOICE DATE 07/02/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 21	FAYETTE REGIONAL HEALTH SYSTE RADIOLOGY - 1ST FLOOR 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER		SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER
SHORT PO#		KELLY KNAPKE	NET 15	DFUR	CHARGE	DF2

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
95102	VER	**Attention :RADIOLOGY Who Called : Sarah Garrett All Depts DVD-R, 4.7GB, 16X, 100 SPINDLE Email: sarahg@fayetteregional.org	PK	1		1	28.99	28.99

Subtotal	28.99
Tax	
Total Due	28.99

If paid by credit card, a 3% fee may be added.



INVOICE

INVOICE NUMBER 1271336-0

INVOICE DATE 07/05/19

P.O. BOX 1645
FINDLAY, OH 45839

PHONE: 800-427-1704
EMAIL: ar@friendsoffice.com

BILL TO ADDRESS		CUSTOMER #	SHIP TO ADDRESS			
FAYETTE REGIONAL HEALTH ATTN ACCOUNTS PAYABLE 1941 VIRGINIA AVE CONNERSVILLE IN 47331 765-825-5131		32716 955	FAYETTE REGIONAL HEALTH SYSTE CARE MGMT/QUALITY/RISK 1941 VIRGINIA AVE CONNERSVILLE IN 47331			
CUSTOMER PURCHASE ORDER		SALESPERSON	TERMS	ROUTE	PAYCODE	ORDER TAKER
SHORT PO#		KELLY KNAPKE	NET 15	DAY3	CHARGE	DF2

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
98525	VER	**Attention :Amanda Sudhoff Who Called : Amanda Sudhoff 955 DRIVE, USB, STORE'N'GO, 128GB Email: amandas@fayetteregional.org	EA	1		1	38.95	38.95

Subtotal 38.95

Tax

If paid by credit card, a 3% fee may be added.

Total Due 38.95