

Fill in this information to identify the case:

Debtor 1 Fayette Memorial Hospital Association, Inc.
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Southern District of Indiana, Indianapolis Division
Case number 18-07762-JJG-11

E-Filed on 04/02/2020
Claim # 258

Modified Form 410 Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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.

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.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. **Who is the current creditor?** Weatherby Locums, Inc.
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor Weatherby Healthcare; CHG Healthcare

2. **Has this claim been acquired from someone else?** No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Weatherby Locums, Inc.</u> Name <u>7259 S Bingham Junction Blvd.</u> Number Street <u>Midvale</u> <u>UT</u> <u>84047</u> City State ZIP Code Contact phone <u>(801) 930-3838</u> Contact email <u>steve.riding@chghealthcare.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email

4. **Does this claim amend one already filed?** No
 Yes. Claim number on court claims registry (if known) 74 Filed on 01/15/2019
MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?** No
 Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7 2 5 8

7. How much is the claim? \$ 308,795.05. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
Services Performed

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____ 0.00

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? No

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Yes. *Check one:*

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____ 0.00
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____ 0.00
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____ 0.00
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____ 0.00
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____ 0.00
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____ 0.00

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)? No

Yes. Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____ 0.00

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 04/02/2020
MM / DD / YYYY

Steve R. Riding
Signature

Print the name of the person who is completing and signing this claim:

Name Steve R. Riding
First name Middle name Last name

Title Manager Client Receivables

Company CHG Healthcare
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

_____ City State ZIP Code

Contact phone _____ Email _____

Attachment 1 - Amended Claim No. 74 (Weatherby).pdf

Description -

Fill in this information to identify the case:

Debtor 1 Fayette Memorial Hospital Association, Inc.

Debtor 2 Fayette Regional Health System
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Indiana

Case number 18-07762-JJG-11

Official Form 410**Proof of Claim**

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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.

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.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Weatherby Locums, Inc.</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>Weatherby Healthcare; GHC Healthcare</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Weatherby Locums, Inc.</u> Name <u>7259 S Bingham Junction Blvd</u> Number Street <u>Midvale UT 84047</u> City State ZIP Code Contact phone <u>801-930-3838</u> Contact email <u>steve.riding@chghealthcare.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>74</u> Filed on <u>01/15/2019</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7 2 5 8

7. How much is the claim? \$ 308,795.05. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
Services Performed

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

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

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 4/1/2020
MM / DD / YYYY

Steve Riding _____

Print the name of the person who is completing and signing this claim:

Name Steve R. Riding
First name Middle name Last name

Title Manager Client Receivables

Company CHG Healthcare
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7259 S Bingham Junction Blvd
Number Street

Midvale UT 84047
City State ZIP Code

Contact phone 801-930-3838 Email steve.riding@chghealthcare.com

Amended Claim No. 74 Exhibit A - Weatherby Locums, Inc. Unpaid Pre-Petition Invoice Amounts

Invoice #	Date of Service	Invoice Date	Provider	Invoice Amount
2963929RT	02/18/18-02/21/18	3/19/2018	Cappelli, Michael RADONC	896.32
2976951RT	03/04/18-3/12/18	4/2/2018	Smith, Joseph OB/GYN	1,116.38
2963930RT	3/4/18-3/12/18	3/19/2018	Smith, Joseph OB/GYN	463.60
2962808RI	3/5/18-3/11/18	3/26/2018	Smith, Joseph OB/GYN	28,911.58
2976928RT	3/11/18-3/27/18	4/2/2018	Kazi, Daanish GEN SURG	1,960.26
2989844RT	3/11/18-3/28/18	4/16/2018	Kazi, Daanish GEN SURG	1,188.81
2967535RT	3/12/18	3/26/2018	Smith, Joseph OB/GYN	42.39
2971566RI	3/12/18-3/17/18	3/26/2018	Kazi, Daanish GEN SURG	32,448.19
2970103RT	3/15/18	3/26/2018	Kazi, Daanish GEN SURG	39.03
2980318RI	3/9/18-3/22/18	4/9/2018	Cappelli, Michael RADONC	6,503.30
2975861RI	3/19/18-3/23/18	4/9/2018	Kazi, Daanish GEN SURG	25,175.85
2974454RT	3/20/18	4/2/2018	Kazi, Daanish GEN SURG	48.62
2989873RT	3/20/18-3/23/18	4/16/2018	Cappelli, Michael RADONC	241.71
2963931RT	3/20/18-3/23/18	3/19/2018	Cappelli, Michael RADONC	645.00
2976952RT	3/20/18-3/23/18	4/2/2018	Cappelli, Michael RADONC	336.80
2984182RT	3/23/18-3/27/18	4/9/2018	Kazi, Daanish GEN SURG	114.31
2989845RT	3/25/18-4/2/18	4/16/2018	Smith, Joseph OB/GYN	1,150.74
3002417RT	3/25/18-4/2/18	4/30/2018	Smith, Joseph OB/GYN	618.24
2984343RI	3/26/18-4/1/18	4/9/2018	Smith, Joseph OB/GYN	15,961.00
3007122RT	3/28/18	5/7/2018	Kazi, Daanish GEN SURG	19.71
3001556RT	4/1/18-4/10/18	4/30/2018	Choi, Enid RADONC	99.08
2989872RT	4/1/18-4/4/18	4/16/2018	Choi, Enid RADONC	613.44
2986654RT	4/2/18	4/9/2018	Smith, Joseph OB/GYN	29.45
2992571RI	4/2/18-4/13/19	4/23/2018	Choi, Enid RADONC	26,965.68
3002416RT	4/1/18-5/1/18	4/30/2018	Choi, Enid RADONC	2,653.03
2992571RX	4/9/18	5/7/2018	Choi, Enid RADONC	862.00
3029238RT	4/10/18-5/18/18	5/28/2018	Choi, Enid RADONC	406.28
3002438RT	4/15/18-4/23/18	4/30/2018	Smith, Joseph OB/GYN	643.40
3014500RT	4/15/18-4/23/18	5/14/2018	Smith, Joseph OB/GYN	1,116.38
3001629RI	4/16/18-4/17/18; 4/18/18-4/20/18	5/7/2018	Choi, Enid RADONC	9,601.28
3000495RI	4/16/18-4/22/18	5/7/2018	Smith, Joseph OB/GYN	19,811.58
3001629RX	4/18/18-5/2/18	5/21/2018	Choi, Enid RADONC	1,724.00
3006985RT	4/21/18-4/23/18	5/7/2018	Smith, Joseph OB/GYN	49.00
3014518RT	4/29/18-5/8/18	5/14/2018	Choi, Enid RADONC	687.47
3017177RI	4/30/18-5/11/18	5/21/2018	Choi, Enid RADONC	15,376.45
3026910RT	5/6/18-5/18/18	5/28/2018	Choi, Enid RADONC	1,035.45
3031486RI	5/17/18-5/25/18	6/4/2018	Choi, Enid RADONC	14,542.05
3040634RT	5/20/18-6/5/18	6/11/2018	Choi, Enid RADONC	2,069.46
3032106RT	5/22/18	6/4/2018	Choi, Enid RADONC	93.16
3080274RT	5/28/18-5/30/18	7/23/2018	Choi, Enid RADONC	154.56
3054595RT	5/28/18-6/13/18	6/25/2018	Choi, Enid RADONC	533.57
3042868RI	5/29/18-6/8/18	6/18/2018	Choi, Enid RADONC	18,690.80
3061714RT	5/30/18-6/13/18	7/2/2018	Choi, Enid RADONC	214.13
3066381RT	6/11/18-6/14/18	7/9/2018	Choi, Enid RADONC	128.49
3058671RI	6/12/18-6/15/18	7/2/2018	Choi, Enid RADONC	8,498.70
3062668RI	6/18/18-6/22/18	7/2/2018	Galle, James RADONC	7,015.83
3080247RT	6/18/18-6/26/18	7/23/2018	Galle, James RADONC	146.28
3071420RI	6/25/18-7/6/18	7/16/2018	Galle, James RADONC	14,022.28
3094303RT	7/2/18-7/10/18	8/6/2018	Galle, James RADONC	154.56
3084226RI	7/9/18-7/20/18	7/30/2018	Galle, James RADONC	13,780.51
3107561RT	7/16/18-7/17/18	8/20/2018	Galle, James RADONC	77.28
3173818RT	9/26/18-9/28/18	10/29/2018	Wasilowski, Eric EM	333.14
3155689RI	9/27/2018	10/8/2018	Wasilowski, Eric EM	3,789.80

3155689RX	9/27/18	10/15/2018	Wasilowski, Eric EM	3,252.00
3161391RT	9/30/18-10/2/18	10/15/2018	Webb, Jennifer L RADONC	104.76
3173819RT	9/30/18-10/16/18	10/29/2018	Webb, Jennifer L RADONC	2,521.45
3165138RI	10/1/18-10/5/18	10/22/2018	Webb, Jennifer L RADONC	7,053.35
3166260RT	10/2/18	10/22/2018	Webb, Jennifer L RADONC	86.07
3175941RT	10/2/18-10/4/18	10/29/2018	Wasilowski, Eric EM	472.49
3163654RI	10/3/18	10/22/2018	Wasilowski, Eric EM	6,714.40
3171589RX	10/8/18-10/9/18	12/10/2018	Webb, Jennifer L RADONC	4,790.12
TOTAL				\$308,795.05



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
03/19/18	2963929RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Cappelli, Michael RADONC Fayette Regional Health System Connersville, IN	2/18/18-2/21/18	Airfare	1	683.00	683.00
	02/18/18-02/21/18	Car Insurance	3	4.00	12.00
		Car Rental	1	201.32	201.32

Total Invoice	\$ 896.32
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We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Cappelli, Michae RADONC** Provider #: **9838864** Cost Center #: **5437033**

Flight	DELTA AIR LINES Flight #: 3390 Departs: Sun, Feb 18, 2018 05:55 PM From: SAGINAW, MI To: DETROIT METRO, MI Class: Q Ticket #: 00670962435986 Airport Routing: MBS DTW IND DTW MBS
Flight	DELTA AIR LINES Flight #: 3475 Departs: Sun, Feb 18, 2018 07:55 PM From: DETROIT METRO, MI To: INDIANAPOLIS, IN Class: Q Ticket #: 00670962435986 Airport Routing: MBS DTW IND DTW MBS
Flight	DELTA AIR LINES Flight #: 5884 Departs: Wed, Feb 21, 2018 10:14 AM From: INDIANAPOLIS, IN To: DETROIT METRO, MI Class: L Ticket #: 00670962435986 Airport Routing: MBS DTW IND DTW MBS
Flight	DELTA AIR LINES Flight #: 4722 Departs: Wed, Feb 21, 2018 12:10 PM From: DETROIT METRO, MI To: SAGINAW, MI Class: L Ticket #: 00670962435986 Airport Routing: MBS DTW IND DTW MBS

Date of Sale: **9-Feb-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 658.00**
Service Fee: **\$ 25.00**
Total Travel: **\$ 683.00**

AVIS

Avis Invoice

PLEASE WRITE THE RENTAL AGREEMENT NUMBER ON ALL CORRESPONDENCE AND NOTE ANY COMMENTS ON THIS DOCUMENT. **AVIS RENT A CAR SYSTEMS, INC**
REMIT TO : 7876 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
 RENTAL AGREEMENT NUMBER: **U758540812**
 FOR BILLING INQUIRIES: **1-800-959-3300**

28FEB18

RENTED:	18FEB18/21:21	AT:APO INDIANAPOLIS	VEHICLE DATES	GP	MILES OUT	MILES IN	DRIVEN
RETURNED:	21FEB18/08:32	AT:APO INDIANAPOLIS	SIL INFI QX7R RWD	XG	29301	29493	192
DUE IN:	21FEB18/09:14	AT:APO INDIANAPOLIS	FL DZHC35				

RENTED BY:	RENTAL DETAILS	CHARGES
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CAPPELLI, MICHAEL
WEATHERBY HEALTHCARE
 PO BOX 713100
 *****NO RSN NO PGO*****
 SALT LAKE CITY UT 84171

NET TIME AND MILEAGE	141.00 *
CUSTOMER FACILITATION CHARGES	12.00 *
REGISTRATION FEE	1.17
COUNTY SURCHARGE	9.35
ERF FEE CHARGES	1.80 *
REFUELING CHARGE	5.00 *
SURCHARGE	7.76
AIRPORT CONCESSION FEE @ 11.11%	15.99 *
TAXES @ 7.00% ON 175.79	12.25
TOTAL CHARGES	USD 206.32

WIZ#: AVXXXXX-XX-X998-7
 ACCOUNT#: AVXXXXX-XX-X998-7
 CREDIT ID # BXXXXXX0
 AWD#: T211749Y5437033
 COST CONTROL#: 09401951US6
 VOUCHER#: 2E
 RES#: 46565363
 RATE: 989-798-8450
 ARC#: 989-798-8450
 LOCAL PHONE#: 989-798-8450
 FREQ. TRVL#: DRIVER LICENSE

Additional charge of \$4.00/day
for insurance

TAXABLE ITEMS *

RENTAL AGREEMENT NUMBER
U758540812

PAYMENT DUE UPON RECEIPT. USD 206.32

AVIS

AVIS



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/02/18	2976951RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Smith, Joseph OB/GYN Fayette Regional Health System Connersville, IN	03/04/18-03/12/18	Car Rental	1	466.14	466.14
		Car Insurance	8	4.00	32.00
	3/4/18-3/12/18	Lodging	1	618.24	618.24

Total Invoice	\$ 1,116.38
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We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9740980**
Provider Name/Specialty : **Smith, Joseph OB/GYN**
Cost Center # : **5318886**

Date(s)	Description	Charges	Credits
Sun, Mar 4, 2018 - Mon, Mar 12, 2018	Room & Tax Only	\$ 618.24	\$
03-12-18	Wright Express XXXX-XXXX-XXXX-8393	\$	\$ 618.24
Total		\$ 618.24	\$ 618.24
Balance			\$ 0.00



Fed Tax Id : 430724835

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

16585902
638953323
90100282008
12-Mar-2018

Bill To Information

CHG MANAGEMENT INC
P.O. BOX 713500
SALT LAKE CITY, UT - 84171-3500

Rental Information

Reservation Number : 1036109231
Driver : SMITH, JOSEPH
Pickup Date/Time : 03/04/2018 13:40
Return Date/Time : 03/12/2018 08:16
Miles/kms : 232
Car Class : SFAR Requested Class : SFAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2017/GMC/ACADIA7NF1SP 5RF469 35126/35358/232
VIN 1GKKNULS7HZ233562

Rental Branch

CINCINNATI INTL ARPT
579 PETERSBURG RD
HEBRON, KY - 41048-9630

Return Branch

CINCINNATI INTL ARPT
579 PETERSBURG RD
HEBRON, KY-41048-9630

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	1	DAY	55.00	55.00
TIME & DISTANCE	1	WEEK	275.00	275.00
		Sub Total		330.00
CUSTOMER FACILITY CHARGE 7.50/DAY	8	DAY	7.50	60.00
CONCESSION RECOUP FEE 11.11 PCT		PERCENT	11.11	37.64
KENTUCKY U-DRIVE-IT TAX 6 PCT		PERCENT	6.00	19.80
BOONE COUNTY LICENSE FEE 3 PCT		PERCENT	3.00	9.90
VEHICLE LIC COST RECOV FEE 1.10/DAY	8	DAY	1.10	8.80

Total Charges (USD) 466.14

Additional Information

Ext Bill Ref # 1 T198471Y5318886 PO NUMBER n
Additional charge of \$4.00/day
for insurance

Remit Payment in USD to	For Billing Inquiries	Payment Terms
EAN SERVICES, LLC PO BOX 402383 ATLANTA, GA 30384-2383	Tel#:8775306141 ARADMIN@EHI.COM	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.





REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
03/19/18	2963930RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERSVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Smith, Joseph OB/GYN Fayette Regional Health System Connersville, IN	3/4/18-3/12/18	Airfare	1	463.60	463.60

Total Invoice	\$ 463.60
----------------------	------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121



For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Smith, Joseph OB/GYN** Provider #: **9740980** Cost Center #: **5318886**

Flight	DELTA AIR LINES	Flight #: 2287
	Departs: Sun, Mar 4, 2018 11:57 AM	Class: T
	From: ATLANTA, GA	Ticket #: 00670965584645
	To: CINCINNATI, OH	Airport Routing: ATL CVG ATL

Flight	DELTA AIR LINES	Flight #: 1418
	Departs: Mon, Mar 12, 2018 09:41 AM	Class: T
	From: CINCINNATI, OH	Ticket #: 00670965584645
	To: ATLANTA, GA	Airport Routing: ATL CVG ATL

Date of Sale: **14-Feb-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 438.60**
Service Fee: **\$ 25.00**
Total Travel: **\$ 463.60**



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
03/26/18	2962808RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Smith, Joseph OB/GYN Fayette Regional Health System Connersville, IN	3/5-11	24Hr Call	7	2173.00	15,211.00
	3/5-11	Callback	37.25	350.00	13,037.50
	3/5,11	Mileage	140	0.545	76.30
		IN PCF	7	69.54	486.78
		IN PCF Tail	1	100.00	100.00

Total Invoice \$ 28,911.58

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 3/5/2018					
Fayette Regional Health System					
Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	1:00 AM	18.00
Day Total:					42.00

**General
Comments**

Tuesday 3/6/2018					
Fayette Regional Health System					
Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	9:30 AM	2.50
Day Total:					26.50

**General
Comments**

Wednesday 3/7/2018					
Fayette Regional Health System					
Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	5:45 PM	10.75
Day Total:					34.75

**General
Comments**

Thursday 3/8/2018					
Fayette Regional Health System					
Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	11:45 AM	4.75
Day Total:					28.75

**General
Comments**

Friday 3/9/2018**Fayette Regional Health System**

Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	2:00 PM	7.00
Day Total:					31.00

General Comments**Saturday 3/10/2018****Fayette Regional Health System**

Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	23.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 AM	11:00 AM	3.00
Day Total:					26.00

General Comments**Sunday 3/11/2018****Fayette Regional Health System**

Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	6:00 AM	23.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 AM	1:15 PM	5.25
Day Total:					28.25

General Comments**Timesheet Total: 217.25**

Date	Assignment	Comment
3/11/2018	Fayette Regional Health System - Obstetrics/Gynecology-Amee Willhite	<p>1) I started call @ 6am on Monday the 5th April (first day of work).</p> <p>2) Mileage was 140 miles for back and forth from home to the airport (leaving and arriving).</p> <p>3) Gas receipt for \$42.39 - copy sent to Edward Elliott</p> <p>4) The actual sum of hours worked are correct- but For some reason or another Saturday and Sunday was always 1 hr. Short when I put my time in - so I had to put in an extra hour for those days for the sum to turn out correct.</p>

Approvals**Assignment****Approver****Date**Fayette Regional Health System -
Obstetrics/Gynecology-Amee Wil

Willhite, Amee

3/12/2018 6:12:02 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/02/18	2976928RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Kazi, Daanish GEN SURG Fayette Regional Health System Connersville, IN	3/27/18	Airfare	1	292.00	292.00
	3/11/18-3/12/18	Lodging	1	78.98	78.98
	3/12/18-3/23/18	Lodging	1	1,589.28	1,589.28

Total Invoice	\$ 1,960.26
----------------------	--------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Kazi, Daanish GEN SURG** Provider #: **9772438** Cost Center #: **5240564**

Flight	DELTA AIR LINES Flight #: 1342
	Departs: Tue, Mar 27, 2018 02:05 PM From: INDIANAPOLIS, IN To: ATLANTA, GA Class: U Ticket #: 00670978749615 Airport Routing: IND ATL SGF

Flight	DELTA AIR LINES Flight #: 5008
	Departs: Tue, Mar 27, 2018 04:43 PM From: ATLANTA, GA To: SPRINGFIELD, MO Class: U Ticket #: 00670978749615 Airport Routing: IND ATL SGF

Date of Sale: **6-Mar-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 267.00**
Service Fee: **\$ 25.00**
Total Travel: **\$ 292.00**



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **La Quinta Inns 0534**
City : **Indianapolis**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9772438**
Provider Name/Specialty : **Kazi, Daanish GEN SURG**
Cost Center # : **5240564**

Date(s)	Description	Charges	Credits
Sun, Mar 11, 2018 - Mon, Mar 12, 2018	Room & Tax Only	\$ 78.98	\$
03-13-18	Wright Express XXXX-XXXX-XXXX-1869	\$	\$ 78.98
Total		\$ 78.98	\$ 78.98
Balance			\$ 0.00



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **Hampton Inn & Suites**
City : **Richmond**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9772438**
Provider Name/Specialty : **Kazi, Daanish GEN SURG**
Cost Center # : **5240564**

Date(s)	Description	Charges	Credits
Mon, Mar 12, 2018 - Fri, Mar 23, 2018	Room & Tax Only	\$ 1,589.28	\$
03-23-18	Wright Express XXXX-XXXX-XXXX-6232	\$	\$ 1,589.28
Total		\$ 1,589.28	\$ 1,589.28
Balance		\$	0.00



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/16/18	2989844RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Kazi, Daanish GEN SURG	03/11/18-03/24/18	Car Insurance	13	4.00	52.00
		Car Rental	1	992.19	992.19
Fayette Regional Health System Connersville, IN	03/26/18-03/27/18	Car Rental	1	61.17	61.17
		Car Insurance	1	4.00	4.00
	03/27/18-03/28/18	Car Rental	1	75.45	75.45
		Car Insurance	1	4.00	4.00

Total Invoice \$ 1,188.81

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



Fed Tax Id : 430724835

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

16733860
1MRGB9
700025870840
26-Mar-2018

Bill To Information

CHG MANAGEMENT INC
P.O. BOX 713500
SALT LAKE CITY, UT - 84171-3500

Rental Information

Reservation Number : 1259060116
Driver : KAZI, DAANISH
Pickup Date/Time : 03/11/2018 22:29
Return Date/Time : 03/24/2018 11:35
Miles/kms : 942
Car Class : PPAR Requested Class : SFAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2018/CHEV/S15D 7Q11QQ 814569 4786/5728/942
VIN 1GCVKREC6JZ194859

Rental Branch

INDIANAPOLIS APT (ON-SITE)
7801 COL H WEIR COOK MEMORIAL
INDIANAPOLIS, IN - 46241

Return Branch

WEST LAFAYETTE
1452 AVIATION DR
WEST LAFAYETTE, IN-47906-3372

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	13	DAY	55.00	715.00
		Sub Total		715.00
CONCESSION RECOVERY FEE		PERCENT	11.11	79.60
CUSTOMER FACILITY CHARGE	13	DAY	4.00	52.00
MARION COUNTY RENTAL EXCISE TAX		PERCENT	6.00	50.88
RENTAL EXCISE TAX		PERCENT	4.00	33.92
VEHICLE LICENSE FEE RECOVERY	13	DAY	0.11	1.43
SALES TAX		PERCENT	7.00	59.36
Total Charges (USD)				992.19

Additional Information

Ext BilRef # 1 T189063Y5240564 PO NUMBER T189063Y5240564
Additional charge of \$4.00/day
for insurance

Remit Payment in USD to	For Billing Inquiries	Payment Terms
EAN SERVICES, LLC PO BOX 402383 ATLANTA, GA 30384-2383	Tel#:8775306141 ARADMIN@EHI.COM	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.





Fed Tax Id : 430724835

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

16814956
1S95VS
900026244741
02-Apr-2018

Bill To Information

CHG MANAGEMENT INC
P.O. BOX 713500
SALT LAKE CITY, UT - 84171-3500

Rental Information

Reservation Number : 1928776696
Driver : KAZI, DAANISH
Pickup Date/Time : 03/26/2018 14:35
Return Date/Time : 03/27/2018 12:29
Miles/kms : 81
Car Class : SFAR Requested Class : SFAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2017/NISSAN/ARM7P1D4W FL977AAX 15689/15770/81
VIN JN8AY2NE4H9707479

Rental Branch

WEST LAFAYETTE
1452 AVIATION DR
WEST LAFAYETTE, IN - 47906-3372

Return Branch

INDIANAPOLIS APT (ON-SITE)
7801 COL H WEIR COOK MEMORIAL
INDIANAPOLIS, IN-46241

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	1	DAY	55.00	55.00
			Sub Total	55.00
RENTAL EXCISE TAX		PERCENT	4.00	2.20
VEHICLE LICENSE FEE RECOVERY	1	DAY	0.11	0.11
SALES TAX		PERCENT	7.00	3.86
Total Charges (USD)				61.17

Additional Information

Ext Bill Ref # 1 T189063Y5240564 PO NUMBER T189063Y5240564

Additional charge of \$4.00/day
for insurance

Remit Payment in USD to	For Billing Inquiries	Payment Terms
EAN SERVICES, LLC PO BOX 402383 ATLANTA, GA 30384-2383	Tel#:8775306141 ARADMIN@EHI.COM	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.





Fed Tax Id : 430724835

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

16814956
1SSJKS
700025961952
02-Apr-2018

Bill To Information

CHG MANAGEMENT INC
P.O. BOX 713500
SALT LAKE CITY, UT - 84171-3500

Rental Information

Reservation Number : 1259064758
Driver : KAZI, DAANISH
Pickup Date/Time : 03/27/2018 18:03
Return Date/Time : 03/28/2018 10:01
Miles/kms : 127
Car Class : SFAR Requested Class : SFAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2018/CHEV/S15D 7PKR36 6WY990 13098/13225/127
VIN 1GCVKREC8JZ156310

Rental Branch

SPRINGFIELD A/P (IN TERMINAL)
2300 N. AIRPORT BLVD SUITE107
SPRINGFIELD, MO - 65802

Return Branch

LEBANON
601 A NORTH JEFFERSON
LEBANON, MO-65536-2798

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	1	DAY	55.00	55.00
			Sub Total	55.00
CONCESSION FEE RECOVERY		PERCENT	11.11	6.25
CUSTOMER FACILITY CHARGE	1	DAY	4.50	4.50
MIDFIELD FEE		PERCENT	5.00	3.12
VEHICLE LICENSE FEE RECOVERY	1	DAY	1.25	1.25
SALES TAX		PERCENT	7.60	5.33
Total Charges (USD)				75.45

Additional Information

Ext Bill Ref # 1 T189063Y5240564 PO NUMBER T189063Y5240564

Additional charge of \$4.00/day
for insurance

Remit Payment in USD to	For Billing Inquiries	Payment Terms
EAN SERVICES, LLC PO BOX 402383 ATLANTA, GA 30384-2383	Tel#:8775306141 ARADMIN@EHI.COM	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.





Weatherby

HEALTHCARE

An EEO/AA employer
Tax ID: 65-0592339

REMIT TO:

WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
03/26/18	2967535RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Smith, Joseph OB/GYN	3/12	Fuel	1	42.39	42.39

Total Invoice	\$ 42.39
----------------------	-----------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

7:58:30 AM 3/12/2018
CircleK/Shell 12227
1202 EADS PARKWAY E
EAST LAWREIN 47025-8
(812)539-2568

SHELL
1206 EAST EADS PARKW
LAWRENCEBURG IN
47025

Merch #: 57428159701

Appr: 012838

Invoice #: 649178

1 - UNLEADED

PUMP No.	11
Gallons	16.830
PRICE/G	\$2.519
TOTAL FUEL	\$42.39
TOTAL SALE	\$42.39

VISA

XXXX XXXX XXXX 3687

Save at least
\$0.05/gal on every
fuel purchase with
INSTANT GOLD STATUS.
Download the Fuel
Rewards app and join
today!

03/12/2018 07:54:09

THANK YOU

HAVE A NICE DAY



Weatherby

HEALTHCARE

An EEO/AA employer
Tax ID: 65-0592339

REMIT TO:

WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
03/26/18	2971566RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Kazi, Daanish GEN SURG	3/12-16	Days	5	1824.36	9,121.80
	3/12-16	Pager Call Wkdy	5	345.00	1,725.00
Fayette Regional Health System Connersville, IN	3/17-18	24Hr Call	2	1824.36	3,648.72
	3/17-18	Callback	14.5	345.00	5,002.50
	3/12-16	Callback Wkdy	36.5	345.00	12,592.50
		IN PCF	7	36.81	257.67
		IN PCF Tail	1	100.00	100.00

Total Invoice \$ 32,448.19

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 3/12/2018					
Fayette Regional Health System					
General Surgery-Amee Willhite		WORKED	7:00 AM	3:00 PM	8.00
General Surgery-Amee Willhite	On Call	ONCALL	3:00 PM	7:00 AM	16.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	6:00 PM	8:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 PM	9:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	3:00 PM	6:00 PM	3.00
Day Total:					30.00

**General
Comments**

Tuesday 3/13/2018					
Fayette Regional Health System					
General Surgery-Amee Willhite		WORKED	7:00 AM	3:00 PM	8.00
General Surgery-Amee Willhite	On Call	ONCALL	3:00 PM	7:00 AM	16.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	3:00 PM	5:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	5:00 PM	6:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	6:00 PM	7:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 PM	8:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 PM	10:00 PM	2.00
Day Total:					31.00

**General
Comments**

Wednesday 3/14/2018					
Fayette Regional Health System					
General Surgery-Amee Willhite		WORKED	7:00 AM	3:00 PM	8.00
General Surgery-Amee Willhite	On Call	ONCALL	3:00 PM	7:00 AM	16.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	3:00 PM	5:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	5:00 PM	6:00 PM	1.00

General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	6:00 PM	8:30 PM	2.50
				Day Total:	29.50

**General
Comments**

Thursday 3/15/2018

Fayette Regional Health System

General Surgery-Amee Willhite		WORKED	7:00 AM	3:00 PM	8.00
General Surgery-Amee Willhite	On Call	ONCALL	3:00 PM	7:00 AM	16.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	3:00 PM	5:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	5:00 PM	6:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	6:00 PM	8:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 PM	9:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	9:00 PM	10:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	10:00 PM	12:00 AM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	12:00 AM	1:00 AM	1.00
				Day Total:	34.00

**General
Comments**

Friday 3/16/2018

Fayette Regional Health System

General Surgery-Amee Willhite		WORKED	7:00 AM	3:00 PM	8.00
General Surgery-Amee Willhite	On Call	ONCALL	3:00 PM	7:00 AM	16.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	3:00 PM	5:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	5:00 PM	6:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	6:00 PM	10:00 PM	4.00

General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	10:00 PM	11:00 PM	1.00
Day Total:					32.00

General Comments

Saturday 3/17/2018

Fayette Regional Health System

General Surgery-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	11:00 AM	4.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	11:00 AM	1:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	1:00 PM	1:30 PM	0.50
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	1:30 PM	3:30 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	3:30 PM	4:00 PM	0.50
Day Total:					33.00

General Comments

Sunday 3/18/2018

Fayette Regional Health System

General Surgery-Amee Willhite		WORKED	1:30 PM	4:30 PM	3.00
General Surgery-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	11:00 AM	4.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	11:00 AM	1:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	1:00 PM	1:30 PM	0.50
Day Total:					33.50

General Comments

Timesheet Total: 223.00

Approvals

Assignment	Approver	Date
Fayette Regional Health System - General Surgery-Amee Willhite	Willhite, Amee	3/19/2018 12:53:23 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
03/26/18	2970103RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Kazi, Daanish GEN SURG	3/15	Fuel	1	39.03	39.03

Total Invoice	\$ 39.03
----------------------	-----------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

DUPLICATE MAY NOT BE VALID FOR REFUND
KROGER FUEL #914
RICHMOND

IN. 47374
765-935-1244

PUMP# 8.....
UNL.....@2.399./gal.....
VOLUME 16.268..gal.....
GAS TOTAL.....39.03.....
TAX.....0.00.....
***BAL.....39.03.....

*****1674
REF#: .02697D

VISA.....39.03.....
03/15/18.08:41pm.....
914.123.225.88888123.....

I agree to pay the
above Total Amount
according to Card
Issuer Agreement.

... THANK YOU FOR
SHOPPING KROGER!

..... Thank You
... Have a Nice Day

DUPLICATE MAY NOT BE VALID FOR REFUND



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/09/18	2980318RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Cappelli, Michael RADONC Fayette Regional Health System Connersville, IN	3/21-22	Days	2	2357.00	4,714.00
	3/19-20	12Hr Call	2	700.00	1,400.00
		IN PCF	34	11.45	389.30

Total Invoice	\$ 6,503.30
----------------------	--------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

		Time Code Description	Time Code	In	Out	Hours
Monday 3/19/2018						
Fayette Regional Health System						
Radiation Oncology-Gail Marcum		On Call	ONCALL	10:00 PM	11:00 PM	1.00
					Day Total:	1.00
From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments	
Tuesday 3/20/2018						
Fayette Regional Health System						
Radiation Oncology-Gail Marcum		On Call	ONCALL	10:00 PM	11:00 PM	1.00
					Day Total:	1.00
From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments	
Wednesday 3/21/2018						
Fayette Regional Health System						
Radiation Oncology-Gail Marcum			WORKED	8:00 AM	12:00 PM	4.00
Radiation Oncology-Gail Marcum			WORKED	1:00 PM	5:00 PM	4.00
					Day Total:	8.00
From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments	
Thursday 3/22/2018						
Fayette Regional Health System						
Radiation Oncology-Gail Marcum			WORKED	8:00 AM	12:00 PM	4.00
Radiation Oncology-Gail Marcum			WORKED	1:00 PM	5:00 PM	4.00
					Day Total:	8.00
From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments	
						Timesheet Total:
						18.00



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/09/18	2975861RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Kazi, Daanish GEN SURG Fayette Regional Health System Connersville, IN	3/19-23	Days	5	1824.36	9,121.80
	3/19-23	Pager Call Wkdy	5	345.00	1,725.00
	3/19-23	Callback Wkdy	41	345.00	14,145.00
		IN PCF	5	36.81	184.05

Total Invoice	\$ 25,175.85
----------------------	---------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 3/19/2018					
Fayette Regional Health System					
General Surgery-Amee Willhite		WORKED	7:00 AM	3:00 PM	8.00
General Surgery-Amee Willhite	On Call	ONCALL	3:00 PM	7:00 AM	16.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	3:00 PM	5:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	5:00 PM	6:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	6:00 PM	7:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 PM	8:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 PM	8:30 PM	0.50
Day Total:					29.50

**General
Comments**

Tuesday 3/20/2018					
Fayette Regional Health System					
General Surgery-Amee Willhite		WORKED	7:00 AM	3:00 PM	8.00
General Surgery-Amee Willhite	On Call	ONCALL	3:00 PM	7:00 AM	16.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	3:00 PM	5:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	5:00 PM	5:30 PM	0.50
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	6:00 PM	7:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 PM	11:00 PM	4.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	11:00 PM	12:00 AM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	5:30 PM	6:00 PM	0.50
Day Total:					33.00

**General
Comments**

Wednesday 3/21/2018					
Fayette Regional Health System					
General Surgery-Amee Willhite		WORKED	7:00 AM	3:00 PM	8.00
General Surgery-Amee Willhite	On Call	ONCALL	3:00 PM	7:00 AM	16.00

General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	6:00 PM	7:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 PM	8:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 PM	1:00 AM	5.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	3:00 PM	6:00 PM	3.00
				Day Total:	34.00

**General
Comments**

Thursday 3/22/2018

Fayette Regional Health System

General Surgery-Amee Willhite		WORKED	7:00 AM	3:00 PM	8.00
General Surgery-Amee Willhite	On Call	ONCALL	3:00 PM	7:00 AM	16.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	3:00 PM	5:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	5:00 PM	6:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	6:00 PM	7:00 PM	1.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 PM	10:00 PM	3.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	10:00 PM	11:30 PM	1.50
				Day Total:	32.50

**General
Comments**

Friday 3/23/2018

Fayette Regional Health System

General Surgery-Amee Willhite		WORKED	7:00 AM	9:00 AM	2.00
General Surgery-Amee Willhite	On Call	ONCALL	9:00 AM	5:00 PM	8.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	11:00 AM	1:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	9:00 AM	11:00 AM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	1:00 PM	3:00 PM	2.00
General Surgery-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	3:00 PM	5:00 PM	2.00
				Day Total:	18.00

**General
Comments**

Timesheet Total: 147.00

Approvals

Assignment	Approver	Date
Fayette Regional Health System - General Surgery-Amee Willhite	Willhite, Amee	3/26/2018 3:02:32 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/02/18	2974454RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Kazi, Daanish GEN SURG	3/20	Fuel	1	48.62	48.62

Total Invoice	\$ 48.62
----------------------	-----------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

Welcome to Shell
**WELCOME TO
Babook Inc**

765-962-6912
51373260036

SHELL OIL PRODUCTS US
5890 NATIONAL RD EAST ()
RICHMOND IN 47374

Description	Qty	Amount
UNLD CR #04	18.354G	48.62
SELF @ 2.649/ G		
	Subtotal	48.62
	Tax	0.00
TOTAL		48.62
	CREDIT \$	48.62

XXXX XXXX XXXX 1674
VISA
Swiped
APPROVED
AUTH # 08535D
INV # 034405

Bonus Savings
Don't miss out on
INSTANT GOLD STATUS!
Join Fuel Rewards
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\$0.05/gal on every
fuel purchase.
Pick up a FREE card
and register at
fuelrewards.com/gold
or download the Fuel
Rewards app to join!

Please come again

THANKS, COME AGAIN

ST# AB123 TILL XXXX DR# 0 TRAN# 9049075
CSH: 0 03/20/18 15:06:59



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/16/18	2989873RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Cappelli, Michael RADONC Fayette Regional Health System Connersville, IN	03/20/18-03/23/18	Car Rental	1	229.71	229.71
		Car Insurance	3	4.00	12.00

Total Invoice	\$ 241.71
----------------------	------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

AVIS

Avis Invoice

PLEASE WRITE THE RENTAL AGREEMENT NUMBER ON ALL CORRESPONDENCE AND NOTE ANY COMMENTS ON THIS DOCUMENT. **AVIS RENT A CAR SYSTEMS, INC**
REMIT TO : 7876 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
 RENTAL AGREEMENT NUMBER: **U758615126**
 FOR BILLING INQUIRIES: **1-800-959-3300**

01APR18

RENTED:	20MAR18/21:33	AT:APO INDIANAPOLIS	VEHICLE DATES	GP	MILES OUT	MILES IN	DRIVEN
RETURNED:	23MAR18/11:20	AT:APO INDIANAPOLIS	BLK INFI QX8A AWD	XP	33297	33400	103
DUE IN:	23MAR18/09:14	AT:APO INDIANAPOLIS	CO TQI441				

RENTED BY:	RENTAL DETAILS	CHARGES
------------	----------------	---------

CAPPELLI, MICHAEL
WEATHERBY HEALTHCARE
PO BOX 713100*RETURNEDONTIME
*******NO RSN NO PGO*******
SALT LAKE CITY UT 84171

NET TIME AND MILEAGE	165.00 *
CUSTOMER FACILITATION CHARGES	12.00 *
REGISTRATION FEE	1.17
COUNTY SURCHARGE	10.69
SURCHARGE	8.75
AIRPORT CONCESSION FEE @ 11.11%	18.46 *
TAXES @ 7.00% ON 195.46	13.64

WIZ#: AVXXXXX-XX-X998-7
 ACCOUNT#: AVXXXXX-XX-X998-7
 CREDIT ID # BXXXXXX0
 AWD#: T213756Y5280435
 COST CONTROL#: 10644728US3
 VOUCHER#: UH
 RES#: 46565363
 RATE: 989-798-8450
 ARC#: 989-798-8450
 LOCAL PHONE#: 989-798-8450
 FREQ. TRVL#: DRIVER LICENSE

TOTAL CHARGES USD 229.71

Additional charge of \$4.00/day
for insurance

TAXABLE ITEMS *

AVIS

RENTAL AGREEMENT NUMBER
U758615126

PAYMENT DUE UPON RECEIPT. USD 229.71



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
03/19/18	2963931RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Cappelli, Michael RADONC Fayette Regional Health System Connersville, IN	3/20/18-3/23/18	Airfare	1	645.00	645.00

Total Invoice	\$ 645.00
----------------------	------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Cappelli, Michae RADONC** Provider #: **9838864** Cost Center #: **5280435**

Flight	DELTA AIR LINES Flight #: 3660 Departs: Tue, Mar 20, 2018 05:30 PM From: SAGINAW, MI To: DETROIT METRO, MI Class: U Ticket #: 00670969856395 Airport Routing: MBS DTW IND DTW MBS
Flight	DELTA AIR LINES Flight #: 3475 Departs: Tue, Mar 20, 2018 07:59 PM From: DETROIT METRO, MI To: INDIANAPOLIS, IN Class: U Ticket #: 00670969856395 Airport Routing: MBS DTW IND DTW MBS
Flight	DELTA AIR LINES Flight #: 6232 Departs: Fri, Mar 23, 2018 10:14 AM From: INDIANAPOLIS, IN To: DETROIT METRO, MI Class: H Ticket #: 00670969856395 Airport Routing: MBS DTW IND DTW MBS
Flight	DELTA AIR LINES Flight #: 3588 Departs: Fri, Mar 23, 2018 12:15 PM From: DETROIT METRO, MI To: SAGINAW, MI Class: H Ticket #: 00670969856395 Airport Routing: MBS DTW IND DTW MBS

Date of Sale: **21-Feb-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 620.00**
Service Fee: **\$ 25.00**
Total Travel: **\$ 645.00**



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/02/18	2976952RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Cappelli, Michael RADONC	3/20/18-3/22/18	Lodging	1	154.56	154.56
	3/22/18-3/23/18	Lodging	1	182.24	182.24
Fayette Regional Health System Connersville, IN					

Total Invoice	\$ 336.80
----------------------	------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9838864**
Provider Name/Specialty : **Cappelli, Michael RADONC**
Cost Center # : **5280435**

Date(s)	Description	Charges	Credits
Tue, Mar 20, 2018 - Thu, Mar 22, 2018	Room & Tax Only	\$ 154.56	\$
03-22-18	Wright Express XXXX-XXXX-XXXX-8703	\$	\$ 154.56
Total		\$ 154.56	\$ 154.56
Balance			\$ 0.00



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **Crowne Plaza Airport**
City : **Indianapolis**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9838864**
Provider Name/Specialty : **Cappelli, Michael RADONC**
Cost Center # : **5280435**

Date(s)	Description	Charges	Credits
Thu, Mar 22, 2018 - Fri, Mar 23, 2018	Room & Tax Only	\$ 182.24	\$
03-23-18	Wright Express XXXX-XXXX-XXXX-6947	\$	\$ 182.24
Total		\$ 182.24	\$ 182.24
Balance			\$ 0.00



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/09/18	2984182RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Kazi, Daanish GS	3/23	Fuel	1	25.57	25.57
	3/24	Fuel	1	40.15	40.15
	3/27	Fuel	1	23.59	23.59
Fayette Regional Health System Connersville, IN	3/26	Luggage Fee	1	25.00	25.00

Total Invoice	\$ 114.31
----------------------	------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

Welcome to Shell

SHELL
8703 COL HW COOK MEM
INDIANAPOLIS, IN
46241
57446126401
03/27/2018 546657301
12:18:32 PM

PUMP# 17
REGULAR 8.281G
PRICE/GAL \$2.849

FUEL TOTAL \$ 23.59

CREDIT \$ 23.59

XXXX XXXX XXXX 1674

VISA

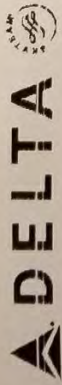
Swiped

APPROVED

AUTH # 092940

INV # 017731

Bonus Savings
Don't miss out on
INSTANT GOLD STATUS!
Join Fuel Rewards
and save at least
\$.05/gal on every
fuel purchase.
Pick up a FREE card
and register at
fuelrewards.com/gold
or download the Fuel
Rewards app to join!



DELTA

KAZI/DAANISH

**NOT VALID FOR *

TRANSPORTATION

EXCESS BAGGAGE

IND DL ATL 9E SGF

EBC

25.00

DUPE PSGR RECEIPT
26MAR18 0066

DL/WW

IND FTO

440

26MAR

ELECTRONIC
EFEE COLLECTION

THIS IS YOUR RECEIPT

NON REFUNDABLE/
NO CHANGES/NON TR
ANSFERABLE/NOT
VALID FOR TRAVEL

G32MEY /DL

NOT VALID FOR TRAVEL

VIXXXXXXXXXXXX1674/03297D

006 8296348080

006 8296348080

USD25.00

KROGER FUEL #824
W. Lafayette,
IN 49706
765-463-1556

PLUS CUSTOMER
*****6401

PUMP# 9
1111036802.529 /gal
VOLUME 15.874 gal

GAS TOTAL 40.15
UNL

TAX 0.00
***BAL 40.15

*****1674
*

REF#: 01889D

VISA 40.15
03/24/18 11:17am
824 124 40 88888124

Mar Points=681
Feb Points=20

Each Month Points
Do Not Combine *****

YOU SAVED \$0.03 /GA

I agree to pay the
above Total Amount
according to Card
Issuer Agreement.
THANK YOU FOR
SHOPPING KROGER!
We Appreciate
Customer Loyalty

WELCOME

5210083

THANK YOU

DATE 03/23/18 15:34

TRAN# 9039304

PUMP# 03

SERVICE LEVEL: SELF

PRODUCT: BLUE

GALLONS: 9.473

PRICE/G: \$ 2.699

FUEL SALE \$ 25.57

CREDIT \$25.57

VISA

XXXXXXXXXXXX1674

Auth #: 05859D

Ref: 90890010

Resp Code: 000

Term ID: 00003

Stan: 06901229331

SITE ID: 5210083

VISA

XXXXXXXXXXXX1674

Stan: 06901229331

HAVE A NICE DAY

Connersville IN



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/16/18	2989845RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Smith, Joseph OB/GYN Fayette Regional Health System Connersville, IN	3/25/18-4/2/18	Airfare	1	652.60	652.60
	03/25/18-04/02/18	Car Rental	1	466.14	466.14
		Car Insurance	8	4.00	32.00

Total Invoice	\$ 1,150.74
----------------------	--------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Smith, Joseph OB/GYN** Provider #: **9740980** Cost Center #: **5318894**

Flight	DELTA AIR LINES Flight #: 2287
	Departs: Sun, Mar 25, 2018 11:57 AM From: ATLANTA, GA To: CINCINNATI, OH Class: T Ticket #: 00670983490855 Airport Routing: ATL CVG ATL

Flight	DELTA AIR LINES Flight #: 1418
	Departs: Mon, Apr 2, 2018 09:41 AM From: CINCINNATI, OH To: ATLANTA, GA Class: L Ticket #: 00670983490855 Airport Routing: ATL CVG ATL

Date of Sale: **8-Mar-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 627.60**
Service Fee: **\$ 25.00**
Total Travel: **\$ 652.60**



Fed Tax Id : 430724835

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

16814956
639197524
90100996285
02-Apr-2018

Bill To Information

CHG MANAGEMENT INC
P.O. BOX 713500
SALT LAKE CITY, UT - 84171-3500

Rental Information

Reservation Number : 1036998744
Driver : SMITH, JOSEPH
Pickup Date/Time : 03/25/2018 13:36
Return Date/Time : 04/02/2018 07:47
Miles/kms : 269
Car Class : SFAR Requested Class : SFAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2018/CHEVROLE/ 7QMVCP HFF7198 3804/4073/269
VIN 3GNAXSEVXJS581234

Rental Branch

CINCINNATI INTL ARPT
579 PETERSBURG RD
HEBRON, KY - 41048-9630

Return Branch

CINCINNATI INTL ARPT
579 PETERSBURG RD
HEBRON, KY-41048-9630

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	1	DAY	55.00	55.00
TIME & DISTANCE	1	WEEK	275.00	275.00
		Sub Total		330.00
CUSTOMER FACILITY CHARGE 7.50/DAY	8	DAY	7.50	60.00
CONCESSION RECOUP FEE 11.11 PCT		PERCENT	11.11	37.64
KENTUCKY U-DRIVE-IT TAX 6 PCT		PERCENT	6.00	19.80
BOONE COUNTY LICENSE FEE 3 PCT		PERCENT	3.00	9.90
VEHICLE LIC COST RECOV FEE 1.10/DAY	8	DAY	1.10	8.80

Total Charges (USD) 466.14

Additional Information

Ext Bill Ref # 1 T198472Y5318894 PO NUMBER 12
Additional charge of \$4.00/day for insurance

Remit Payment in USD to	For Billing Inquiries	Payment Terms
EAN SERVICES, LLC PO BOX 402383 ATLANTA, GA 30384-2383	Tel#:8775306141 ARADMIN@EHI.COM	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.





REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/30/18	3002417RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Smith, Joseph OB/GYN Fayette Regional Health System Connersville, IN	3/25/18-4/2/18	Lodging	1	618.24	618.24

Total Invoice	\$ 618.24
----------------------	------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9740980**
Provider Name/Specialty : **Smith, Joseph OB/GYN**
Cost Center # : **5318894**

Date(s)	Description	Charges	Credits
Sun, Mar 25, 2018 - Mon, Apr 2, 2018	Room & Tax Only	\$ 618.24	\$
04-02-18	Wright Express XXXX-XXXX-XXXX-3370	\$	\$ 618.24
Total		\$ 618.24	\$ 618.24
Balance			\$ 0.00



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/09/18	2984343RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Smith, Joseph OB/GYN Fayette Regional Health System Connersville, IN	3/26-4/1 4/1	24Hr Call	7.04	2173.00	15,297.92
		Mileage	140	0.545	76.30
		IN PCF	7	69.54	486.78
		IN PCF Tail	1	100.00	100.00

Total Invoice \$ 15,961.00

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 3/26/2018					
Fayette Regional Health System					
Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 AM	10:00 AM	2.00
Day Total:					26.00

**General
Comments**

Tuesday 3/27/2018					
Fayette Regional Health System					
Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 AM	10:00 AM	2.00
Day Total:					26.00

**General
Comments**

Wednesday 3/28/2018					
Fayette Regional Health System					
Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 AM	9:30 AM	1.50
Day Total:					25.50

**General
Comments**

Thursday 3/29/2018					
Fayette Regional Health System					
Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 AM	9:00 AM	1.00
Day Total:					25.00

**General
Comments**

Friday 3/30/2018**Fayette Regional Health System**

Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 AM	9:30 AM	1.50
Day Total:					25.50

General Comments**Saturday 3/31/2018****Fayette Regional Health System**

Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 AM	9:00 AM	1.00
Day Total:					25.00

General Comments**Sunday 4/1/2018****Fayette Regional Health System**

Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	8:00 AM	9:00 AM	1.00
Day Total:					25.00

General Comments**Timesheet Total: 178.00**

Date	Assignment	Comment
4/1/2018	Fayette Regional Health System - Obstetrics/Gynecology-Amee Willhite	1) Started call @ 06:00 on the 25th of March. 2) Mileage was 140 miles back and forth from home and airport leaving and returning. 3) Receipt for gas was \$29.45. Receipt was sent to Edward Elliott.

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Obstetrics/Gynecology-Amee Wil	Willhite, Amee	4/2/2018 1:02:36 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
05/07/18	3007122RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERSVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Kazi, Daanish GS Fayette Regional Health Syste Connerville, IN	3/28	Fuel	1	19.71	19.71

Total Invoice	\$ 19.71
----------------------	-----------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

Y RD General Store
75 Wavy Leaf Dr
Linn Creek, MO 65052
573-873-2850

Sales Receipt

Transaction #: 273966
Date: 3/28/2018 Time: 7:31:47 PM
Cashier: 25 Register #: 1

Item	Description	Amount
87	87 GAS	\$19.71
	8.32 @ \$2.37	
		=====
	Sub Total	\$19.71
	Total	\$19.71
	Credit Card Tendered	\$19.71
	Card: XXXXXXXXXXXX1674	
	Auth: 05270D	
	Change Due	\$0.00



273966

Thank you for shopping
Y RD General Store
We hope you'll come back soon!



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/30/18	3001556RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC Fayette Regional Health Syste Connersville, IN	4/1-4/4	Parking	1	69.00	69.00
	4/10	Fuel	1	18.02	18.02
	4/4	Fuel	1	12.06	12.06

Total Invoice	\$ 99.08
----------------------	-----------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

DETROIT METRO AIRPORT

Customer Service Number:

1-800-642-1978

McNamara Terminal

Detroit, MI 48242

Parking Facility

Card Account : XXXXXXXXXXXX1578

Card Type : VISA

Authorization Code : 000026

Cashier : 127 Seq # 8199

License Plate : 00G4645

Ent : 15:27 04/01/18 Lane 16

Exit: 15:23 04/04/18 Lane 68

Duration: 2D(s) 23H(s) 56M(s)

Rate Code: 22 Shift: 005

FEE	\$	69.00
AMOUNT TEND	\$	69.00
CASH	\$	0.00
CREDIT CARD	\$	69.00
CHECK	\$	0.00
CHANGE	\$	0.00

PAID AT CT \$ 69.00

Taxes Included

*** Thank You ***

*** Customer Copy ***

Welcome to Shell

SHELL
8703 COL HW COOK MEM
INDIANAPOLIS, IN
46241
57446126401
04/10/2018 546678395
06:31:04 PM

PUMP# 20
REGULAR 6.2156
PRICE/GAL \$2.899

FUEL TOTAL \$ 18.02

CREDIT \$ 18.02

XXXX XXXX XXXX 8117
VISA
Swiped
APPROVED
AUTH # 818393
INV # 262178

.....
Please come again

Welcome to Shell
TRUENORTH
FAST FRIENDLY CLEAN
TRUE TO YOU

57424419703
SHELL
584 WEST NATIONAL
ROAD
VANDALIA OH
45377

DATE 04/04/18 12:25
TRAN# 9044298
PUMP# 04
SERVICE LEVEL: SELF
PRODUCT: UNLD
GALLONS: 4.714
PRICE/G: \$ 2.559
FUEL SALE \$ 12.06
CREDIT \$12.06

XXXX XXXX XXXX 8117
VISA
Swiped
APPROVED
AUTH # 004022
INV # 111674

Please come again
NOW HIRING
Join Our Team
Apply Online
truenorthstores.com

DETROIT METRO AIRPORT 

1578-000172-02:04:19 04/10/18 20:33-000 00-\$069.00

821934
SOUTHLAND PRINTING
SHREVEPORT, LA.



RECEIPT



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/16/18	2989872RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC	4/1/18-4/4/18	Airfare	1	381.60	381.60
	4/1/18-4/4/18	Lodging	1	231.84	231.84
Fayette Regional Health System Connersville, IN					

Total Invoice	\$ 613.44
----------------------	------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121



For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Choi, Enid RADONC** Provider #: **9878767** Cost Center #: **5381869**

Flight	DELTA AIR LINES	Flight #: 4773
	Departs: Sun, Apr 1, 2018 04:24 PM	Class: U
	From: DETROIT METRO, MI	Ticket #: 00670981612136
	To: DAYTON, OH	Airport Routing: DTW DAY DTW

Flight	DELTA AIR LINES	Flight #: 5146
	Departs: Wed, Apr 4, 2018 01:37 PM	Class: U
	From: DAYTON, OH	Ticket #: 00670981612136
	To: DETROIT METRO, MI	Airport Routing: DTW DAY DTW

Date of Sale: **8-Mar-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 356.60**
Service Fee: **\$ 25.00**
Total Travel: **\$ 381.60**



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9878767**
Provider Name/Specialty : **Choi, Enid RADONC**
Cost Center # : **5381869**

Date(s)	Description	Charges	Credits
Sun, Apr 1, 2018 - Wed, Apr 4, 2018	Room & Tax Only	\$ 231.84	\$
04-04-18	Wright Express XXXX-XXXX-XXXX-6461	\$	\$ 231.84
Total		\$ 231.84	\$ 231.84
Balance			\$ 0.00



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/09/18	2986654RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Smith, Joseph OBGYN Fayette Regional Health Connersville, IN	4/2	Fuel	1	29.45	29.45

Total Invoice	\$ 29.45
----------------------	-----------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

7:31:02 AM 4/2/2018
Order Number: 2734445
Circle K/Shell 2227
1202 EADS PARKWAY E
EAST LAWRENCEBURG, IN 47025-84
(812)539-2568

Register: 100

(DUPLICATE RECEIPT)

ICR

(DUPLICATE RECEIPT)

Pay at Pump Sale

Pump # 5 1 - UNLEADED

11.784 Gallons @ \$2.499/Gal \$29.45

Sub. Total: \$29.45

Tax: \$0.00

Total: \$29.45

Discount Total: \$0.00

TOTAL \$29.45

VISA: \$29.45

Change \$0.00

SHELL
1206 EAST EADS PARKW
LAWRENCEBURG IN
47025
Merch #: 57428159701
Appr: 002375
Invoice #: 819755

VISA
XXXX XXXX XXXX 3687

Save at least
\$0.05/gal on every
fuel purchase with
INSTANT GOLD STATUS.



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/23/18	2992571RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayettheregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC Fayette Regional Health System Connersville, IN	4/2-3	Days	2	2303.00	4,606.00
	4/2-3	Overtime Wkdy	16.25	431.00	7,003.75
	4/4-8	12Hr Call	5	700.00	3,500.00
	4/2,5,8	Mileage	75	0.545	40.88
		IN PCF	7	11.45	80.15
		PCF Min Adjust	1	19.85	19.85
		IN PCF Tail	1	100.00	100.00
	4/9-10	Days	2	2303.00	4,606.00
	4/9-10	Overtime Wkdy	11.25	431.00	4,848.75
	4/11-13	12Hr Call	3	700.00	2,100.00
	IN PCF	7	11.45	80.15	
	PCF Min Adjust	1	-19.85	-19.85	

Total Invoice \$ 26,965.68

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours	
Monday 4/2/2018						
Fayette Regional Health System						
Radiation Oncology-Gail Marcum		WORKED	8:15 AM	10:30 PM	14.25	
					Day Total: 14.25	
Local Miles (paid if previously agreed upon)	General Comments					
25	home to airport on Sunday					
Tuesday 4/3/2018						
Fayette Regional Health System						
Radiation Oncology-Gail Marcum		WORKED	7:30 AM	1:30 AM	18.00	
					Day Total: 18.00	
General Comments						
Wednesday 4/4/2018						
Fayette Regional Health System						
Radiation Oncology-Gail Marcum		On Call	ONCALL	12:00 PM	4:15 PM	4.25
					Day Total: 4.25	
General Comments						
check films + 3.75 hours overtime						
Thursday 4/5/2018						
Fayette Regional Health System						
Radiation Oncology-Gail Marcum		WORKED	12:00 PM	5:45 PM	5.75	
					Day Total: 5.75	
Round Trip Miles (paid if previously agreed upon)	General Comments					
25	check films + 5.25 hours overtime; mileage from ai					

Friday 4/6/2018**Fayette Regional Health System**

Radiation Oncology-Gail Marcum	On Call	ONCALL	12:00 PM	4:00 PM	4.00
Day Total:					4.00

General Comments

check films + 4
hours overtime

Saturday 4/7/2018**Fayette Regional Health System**

Radiation Oncology-Gail Marcum	On Call	ONCALL	12:00 PM	3:30 PM	3.50
Day Total:					3.50

General Comments

no films

Sunday 4/8/2018**Fayette Regional Health System**

Radiation Oncology-Gail Marcum		WORKED	12:00 PM	12:45 PM	0.75
Day Total:					0.75

Local Miles (paid if previously agreed upon)

25

General Comments

travel from home to
airport

Timesheet Total: 50.50

Date	Assignment	Comment
4/8/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	Per my records: 16 hours regular work (2700) 33 hours overtime (6600) 1.5 hours checking films (W/Th/F) (1087.50) 50 miles to/from airport

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	Marcum, Gail	4/10/2018 8:48:39 AM

	Time Code Description	Time Code	In	Out	Hours
Monday 4/9/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	2:45 AM	18.75
				Day Total:	18.75
General Comments					
Tuesday 4/10/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	6:30 PM	10.50
				Day Total:	10.50
From City	To City	Local Miles (paid if previously agreed upon)	General Comments		
Connersville	Detroit	25			
Wednesday 4/11/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours)	CALBACK	6:00 PM	10:45 PM	4.75
				Day Total:	16.75
General Comments					
Thursday 4/12/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours)	CALBACK	6:00 PM	7:30 PM	1.50
				Day Total:	13.50
General Comments					
Friday 4/13/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00

Radiation Oncology-Gail Marcum	Callback (Patient CALBACK Contact Hours)	6:00 PM	6:45 PM	0.75
			Day Total:	12.75

**General
Comments**

Sunday 4/15/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	Callback (Patient CALBACK Contact Hours)	12:00 PM	2:15 PM	2.25
			Day Total:	2.25

From City	To City	Local Miles (paid if previously agreed upon)	General Comments
Detroit	Connersville	25	
			Timesheet Total: 74.50

Date	Assignment	Comment
4/15/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	Per my records: 16 hours regular work, 22.5 hours overtime, 3 days checking films (W/Th/F), 50 miles to/from airport

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilihite, amee	4/17/2018 12:49:59 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/30/18	3002416RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC	4/8/18-4/10/18	Airfare	1	950.40	950.40
	4/15/18-4/17/18	Airfare	1	591.40	591.40
	4/29/18-5/1/18	Airfare	1	423.40	423.40
Fayette Regional Health System Connersville, IN	04/01/18-04/04/18	Car Insurance	3	4.00	12.00
		Car Rental	1	145.14	145.14
	04/08/18-04/10/18	Car Rental	1	101.51	101.51
		Car Insurance	2	4.00	8.00
	04/15/18-04/17/18	Car Rental	1	104.06	104.06
		Car Insurance	2	4.00	8.00
	4/8/18-4/10/18	Lodging	1	154.56	154.56
	4/15/18-4/17/18	Lodging	1	154.56	154.56

Total Invoice \$ 2,653.03

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Choi, Enid RADONC** Provider #: **9878767** Cost Center #: **5381869**

Flight	DELTA AIR LINES	Flight #: 2756
	Departs: Sun, Apr 8, 2018 05:40 PM	Class: H
	From: DETROIT METRO, MI	Ticket #: 00670998089775
	To: INDIANAPOLIS, IN	Airport Routing: DTW IND DTW

Flight	DELTA AIR LINES	Flight #: 2756
	Departs: Tue, Apr 10, 2018 07:25 PM	Class: Q
	From: INDIANAPOLIS, IN	Ticket #: 00670998089775
	To: DETROIT METRO, MI	Airport Routing: DTW IND DTW

Date of Sale: **29-Mar-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: \$ **925.40**
Service Fee: \$ **25.00**
Total Travel: \$ **950.40**

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Choi, Enid RADONC** Provider #: **9878767** Cost Center #: **5381869**

Flight	DELTA AIR LINES	Flight #: 2756
	Departs: Sun, Apr 15, 2018 05:40 PM	Class: L
	From: DETROIT METRO, MI	Ticket #: 00670998091105
	To: INDIANAPOLIS, IN	Airport Routing: DTW IND DTW

Flight	DELTA AIR LINES	Flight #: 2756
	Departs: Tue, Apr 17, 2018 07:25 PM	Class: L
	From: INDIANAPOLIS, IN	Ticket #: 00670998091105
	To: DETROIT METRO, MI	Airport Routing: DTW IND DTW

Date of Sale: **30-Mar-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 566.40**
Service Fee: **\$ 25.00**
Total Travel: **\$ 591.40**

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Choi, Enid RADONC** Provider #: **9878767** Cost Center #: **5381869**

Flight	DELTA AIR LINES	Flight #: 2756
	Departs: Sun, Apr 29, 2018 05:40 PM	Class: U
	From: DETROIT METRO, MI	Ticket #: 00670999837012
	To: INDIANAPOLIS, IN	Airport Routing: DTW IND DTW

Flight	DELTA AIR LINES	Flight #: 3578
	Departs: Tue, May 1, 2018 07:30 PM	Class: U
	From: INDIANAPOLIS, IN	Ticket #: 00670999837012
	To: DETROIT METRO, MI	Airport Routing: DTW IND DTW

Date of Sale: **2-Apr-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 398.40**
Service Fee: **\$ 25.00**
Total Travel: **\$ 423.40**



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9878767**
Provider Name/Specialty : **Choi, Enid RADONC**
Cost Center # : **5381869**

Date(s)	Description	Charges	Credits
Sun, Apr 8, 2018 - Tue, Apr 10, 2018	Room & Tax Only	\$ 154.56	\$
04-10-18	Wright Express XXXX-XXXX-XXXX-6986	\$	\$ 154.56
Total		\$ 154.56	\$ 154.56
Balance			\$ 0.00



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9878767**
Provider Name/Specialty : **Choi, Enid RADONC**
Cost Center # : **5381869**

Date(s)	Description	Charges	Credits
Sun, Apr 15, 2018 - Tue, Apr 17, 2018	Room & Tax Only	\$ 154.56	\$
04-17-18	Wright Express XXXX-XXXX-XXXX-6980	\$	\$ 154.56
Total		\$ 154.56	\$ 154.56
Balance			\$ 0.00

AVIS

Avis Invoice

PLEASE WRITE THE RENTAL AGREEMENT NUMBER ON ALL CORRESPONDENCE AND NOTE ANY COMMENTS ON THIS DOCUMENT. **AVIS RENT A CAR SYSTEMS, INC**
REMIT TO : 7876 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
 RENTAL AGREEMENT NUMBER: **U754417753**
 FOR BILLING INQUIRIES: **1-800-959-3300**

08APR18

RENTED:	01APR18/17:27	AT:APO DAYTON OH	VEHICLE DATES	GP	MILES OUT	MILES IN	DRIVEN
RETURNED:	04APR18/12:33	AT:APO DAYTON OH	BGE HYUN ELAN FWD	C	26277	26454	177
DUE IN:	04APR18/12:37	AT:APO DAYTON OH	MI DRA4699				

RENTED BY:	RENTAL DETAILS	CHARGES
------------	----------------	---------

CHOI, ENID
 WEATHERBY HEALTHCARE
 PO BOX 713100
 *****NO RSN NO PGO*****
 SALT LAKE CITY UT 84171

3 DAYS GP C CAR @	35.00 PER DAY	105.00
NET TIME AND MILEAGE		105.00 *
1 ROADSIDE SAFETYNET		23.97 *
CUSTOMER FACILITATION CHARGES		16.50 *
REGISTRATION FEE		2.16 *
AIRPORT CONCESSION FEE @	11.11%	14.33 *
TAXES @	7.25% ON 161.96	11.74

WIZ#: AVXXXXX-XX-X998-7
 ACCOUNT#: AVXXXXX-XX-X998-7
 CREDIT ID # BXXXXXX0
 AWD#: T205708Y5381869
 COST CONTROL#: 12297111US1
 VOUCHER#: UH
 RES#: 46565363
 RATE: 3473062307
 ARC#: 3473062307
 LOCAL PHONE#: 3473062307
 FREQ. TRVL#: DRIVER LICENSE

TOTAL CHARGES USD 173.70

Additional charge of \$4.00/day
 for insurance

TAXABLE ITEMS *

AVIS

RENTAL AGREEMENT NUMBER
U754417753

PAYMENT DUE UPON RECEIPT. USD 173.70

AVIS

Avis Invoice

PLEASE WRITE THE RENTAL AGREEMENT NUMBER ON ALL CORRESPONDENCE AND NOTE ANY COMMENTS ON THIS DOCUMENT. **AVIS RENT A CAR SYSTEMS, INC**
REMIT TO : 7876 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
 RENTAL AGREEMENT NUMBER: **U758654094**
 FOR BILLING INQUIRIES: **1-800-959-3300**

15APR18

RENTED:	08APR18/18:51	AT:APO INDIANAPOLIS	VEHICLE DATES	GP	MILES OUT	MILES IN	DRIVEN
RETURNED:	10APR18/18:37	AT:APO INDIANAPOLIS	SIL HYUN ELAN FWD	C	1009	1184	175
DUE IN:	10APR18/18:25	AT:APO INDIANAPOLIS	OH FWA8349				

RENTED BY:	RENTAL DETAILS	CHARGES
------------	----------------	---------

CHOI, ENID
 WEATHERBY HEALTHCARE
 PO BOX 713100
 *****NO RSN NO PGO*****
 SALT LAKE CITY UT 84171

2 DAYS GP C CAR @	35.00 PER DAY	70.00
NET TIME AND MILEAGE		70.00 *
CUSTOMER FACILITATION CHARGES		8.00 *
REGISTRATION FEE		0.78
COUNTY SURCHARGE		5.19
SURCHARGE		3.67
AIRPORT CONCESSION FEE @	11.11%	7.86 *
TAXES @	7.00% ON 85.86	6.01
TOTAL CHARGES		USD 101.51

WIZ#: AVXXXXX-XX-X998-7
 ACCOUNT#: AVXXXXX-XX-X998-7
 CREDIT ID # BXXXXXX0
 AWD#: T216643Y5381869
 COST CONTROL#: 14493997US0
 VOUCHER#: UH
 RES#: 46565363
 RATE:
 ARC#: LOCAL PHONE#: FREQ. TRVL#: DRIVER LICENSE

Additional charge of \$4.00/day
 for insurance

TAXABLE ITEMS *

RENTAL AGREEMENT NUMBER
U758654094

PAYMENT DUE UPON RECEIPT. USD 101.51

AVIS

AVIS

AVIS

Avis Invoice

PLEASE WRITE THE RENTAL AGREEMENT NUMBER ON ALL CORRESPONDENCE AND NOTE ANY COMMENTS ON THIS DOCUMENT. **AVIS RENT A CAR SYSTEMS, INC**
REMIT TO : 7876 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
 RENTAL AGREEMENT NUMBER: **U758674151**
 FOR BILLING INQUIRIES: **1-800-959-3300**

22APR18

RENTED:	15APR18/19:40	AT:APO INDIANAPOLIS	VEHICLE DATES	GP	MILES OUT	MILES IN	DRIVEN
RETURNED:	17APR18/18:24	AT:APO INDIANAPOLIS	RED MITS OUTL AWD	W	135	518	383
DUE IN:	17APR18/18:25	AT:APO INDIANAPOLIS	IN 7762135				

RENTED BY:	RENTAL DETAILS	CHARGES
------------	----------------	---------

CHOI, ENID
 WEATHERBY HEALTHCARE
 PO BOX 713100
 *****NO RSN NO PGO*****
 SALT LAKE CITY UT 84171

2 DAYS GP C CAR @	35.00 PER DAY	70.00
NET TIME AND MILEAGE		70.00 *
CUSTOMER FACILITATION CHARGES		8.00 *
REGISTRATION FEE		0.78
COUNTY SURCHARGE		5.33
SURCHARGE		3.69
AIRPORT CONCESSION FEE @	11.11%	8.09 *
FREQUENT FLYER MILEAGE TAX		2.00 *
TAXES @	7.00% ON 88.09	6.17
TOTAL CHARGES		USD 104.06

WIZ#: XXXXXX
 ACCOUNT#: AVXXXXX-XX-X998-7
 CREDIT ID #: AVXXXXX-XX-X998-7
 AWD#: BXXXXXX0
 COST CONTROL#: T220099Y5381869
 VOUCHER#: 14674627US2
 RES#: UH
 RATE: 46565363
 LOCAL PHONE#: AD0A09EC2
 FREQ. TRVL#: AD0A09EC2
 DRIVER LICENSE

Additional charge of \$4.00/day
 for insurance

TAXABLE ITEMS *

AVIS

RENTAL AGREEMENT NUMBER
U758674151

PAYMENT DUE UPON RECEIPT. USD 104.06



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
05/07/18	2992571RX	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC Fayette Regional Health Syste Connersville, IN	4/9	Overtime Wkdy	2	431.00	862.00

Total Invoice	\$ 862.00
----------------------	------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 4/9/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	2:45 AM	18.75
				Day Total:	18.75
General Comments					
Tuesday 4/10/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	6:30 PM	10.50
				Day Total:	10.50
From City	To City	Local Miles (paid if previously agreed upon)	General Comments		
Connersville	Detroit	25			
Wednesday 4/11/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours)	CALBACK	6:00 PM	10:45 PM	4.75
				Day Total:	16.75
General Comments					
Thursday 4/12/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours)	CALBACK	6:00 PM	7:30 PM	1.50
				Day Total:	13.50
General Comments					
Friday 4/13/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00

Radiation Oncology-Gail Marcum	Callback (Patient CALBACK Contact Hours)	6:00 PM	6:45 PM	0.75
			Day Total:	12.75

**General
Comments**

Sunday 4/15/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	Callback (Patient CALBACK Contact Hours)	12:00 PM	2:15 PM	2.25
			Day Total:	2.25

From City	To City	Local Miles (paid if previously agreed upon)	General Comments
Detroit	Connersville	25	
			Timesheet Total: 74.50

Date	Assignment	Comment
4/15/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	Per my records: 16 hours regular work, 22.5 hours overtime, 3 days checking films (W/Th/F), 50 miles to/from airport

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilihite, amee	4/17/2018 12:49:59 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
05/28/18	3029238RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC	4/10	Parking	1	69.00	69.00
	4/17	Fuel	1	20.78	20.78
Fayette Regional Health Syste Connersville, IN	5/1	Parking	1	69.00	69.00
	5/18	Fuel	1	27.33	27.33
	4/17	Parking	1	69.00	69.00
	5/8	Fuel	1	14.44	14.44
	5/18	Parking	1	52.00	52.00
	5/1	Fuel	1	15.73	15.73
	5/8	Parking	1	69.00	69.00

Total Invoice	\$ 406.28
----------------------	------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

DETROIT METRO AIRPORT

Customer Service Number:

1-800-642-1978

McNamara Terminal

Detroit, MI 48242

Parking Facility

Card Account : XXXXXXXXXXXX1578

Card Type : VISA

Authorization Code : 000026

Cashier : 127 Seq # 8199

License Plate : 00G4645

Ent : 15:27 04/01/18 Lane 16

Exit: 15:23 04/04/18 Lane 68

Duration: 2D(s) 23H(s) 56M(s)

Rate Code: 22 Shift: 005

FEE	\$	69.00
AMOUNT TEND	\$	69.00
CASH	\$	0.00
CREDIT CARD	\$	69.00
CHECK	\$	0.00
CHANGE	\$	0.00

PAID AT CT \$ 69.00

Taxes Included

*** Thank You ***

*** Customer Copy ***

Welcome to Shell

SHELL
8703 COL HW COOK MEM
INDIANAPOLIS, IN
46241
57446126401
04/10/2018 546678395
06:31:04 PM

PUMP# 20
REGULAR 6.2156
PRICE/GAL \$2.899

FUEL TOTAL \$ 18.02

CREDIT \$ 18.02

XXXX XXXX XXXX 8117
VISA
Swiped
APPROVED
AUTH # 818393
INV # 262178

.....
Please come again

Welcome to Shell
TRUENORTH
FAST FRIENDLY CLEAN
TRUE TO YOU

57424419703
SHELL
584 WEST NATIONAL
ROAD
VANDALIA OH
45377

DATE 04/04/18 12:25
TRAN# 9044298
PUMP# 04
SERVICE LEVEL: SELF
PRODUCT: UNLD
GALLONS: 4.714
PRICE/G: \$ 2.559
FUEL SALE \$ 12.06
CREDIT \$12.06

XXXX XXXX XXXX 8117
VISA
Swiped
APPROVED
AUTH # 004022
INV # 111674

Please come again
NOW HIRING
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truenorthstores.com

DETROIT METRO AIRPORT



1578-000172-02:04:19 04/10/18 20:33-000 00-\$069.00

821934
SOUTHLAND PRINTING
SHREVEPORT, LA.



RECEIPT

Welcome to Shell

SHELL
8703 COL HW COOK MEM
INDIANAPOLIS, IN
46241
57446126401
04/17/2018 546690250
06:17:24 PM

PUMP# 13
REGULAR 8.928G
PRICE/GAL \$2.999

FUEL TOTAL \$ 20.78

CREDIT \$ 20.78

XXXX XXXX XXXX 0117
VISA
Swiped
APPROVED
AUTH # 017145
INV # 304538

.....
Please come again

821934
SHELLLAND PARTNERS
SHELFORD, VA



RECEIPT

2117-200150-02 24 18 05/01/18 00:37:00 03-4069 001

DETROIT METRO AIRPORT



Welcome to Shell

SHELL
8703 COL HW COOK MEM
INDIANAPOLIS, IN
46241
57446126401
05/18/2018 546744670
06:07:44 PM

PUMP# 16
REGULAR 8.411G
PRICE/GAL \$3.249

FUEL TOTAL \$ 27.33

CREDIT \$ 27.33

XXXX XXXX XXXX 0117
VISA
Swiped
APPROVED
AUTH # 018627
INV # 109413

.....
Local Store Discount
Join Fuel Rewards
and earn \$0.25/gal!
Fuel Rewards members
save up to \$0.10/gal
after every 5 gal
fill-up of Shell
V-Power NITRO+
through 9/2.
Terms/conditions
apply. Bonus offer
ends 5/27.
JOIN TODAY!


Please come again

821934
SOUTHLAND PRINTING
SHREVEPORT, LA



RECEIPT

05/18/2018 06:07:44 PM 04 31 04/17/18 20 45-0000 00-0000 00

DETROIT METRO AIRPORT 

Welcome to Shell

SHELL
8703 COL HW COOK MEM
INDIANAPOLIS, IN
46241
57446126401
05/08/2018 546725982
06:22:12 PM

PUMP# 18
REGULAR 4.661G
PRICE/GAL \$3.099
FUEL TOTAL \$ 14.44
CREDIT \$ 14.44

XXXX XXXX XXXX 8117
VISA
Swiped
APPROVED
AUTH # 888831
INV # 797784

.....
Please come again

821834
SHELL AND PRINTING
SHELVENPORT, LA

 RECEIPT

8117-000367-03:03:50 05/18/18 21:05:000 00-0052 00

DETROIT METRO AIRPORT



Welcome to Shell

SHELL
8703 COL HW COOK MEM
INDIANAPOLIS, IN
46241
57446126401
05/01/2018 546714207
06:21:50 PM

PUMP# 17
REGULAR 5.077G
PRICE/GAL \$3.099

FUEL TOTAL \$ 15.73

CREDIT \$ 15.73

XXXX XXXX XXXX 8117
VISA
Swiped
APPROVED
AUTH # 881866
INV # 663138

.....
Please come again

82193A
SHELL AND PRINTING
SHELVING, L.A.



RECEIPT

DETROIT METRO AIRPORT



9:17-0001:37-02 24 23 05/08/18 20 51-0001 00-9069.1

DETROIT METRO AIRPORT

Customer Service Number:
1-800-642-1978
McNamara Terminal
Detroit, MI 48242
Parking Facility

Card Account : XXXXXXXXXXXX1578
Card Type : VISA
Authorization Code : 000026

Cashier : 127 Seq # 8199
License Plate : 00G4645
Ent : 15:27 04/01/18 Lane 16
Exit: 15:23 04/04/18 Lane 68
Duration: 2D(s) 23H(s) 56M(s)
Rate Code: 22 Shift: 005

FEE	\$	69.00
AMOUNT TEND	\$	69.00
CASH	\$	0.00
CREDIT CARD	\$	69.00
CHECK	\$	0.00
CHANGE	\$	0.00

PAID AT CT \$ 69.00
Taxes Included

*** Thank You ***
*** Customer Copy ***



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
04/30/18	3002438RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Smith, Joseph OB/GYN Fayette Regional Health System Connersville, IN	4/15/18-4/23/18	Airfare	1	643.40	643.40

Total Invoice	\$ 643.40
----------------------	------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client:	Client #:	Provider Name/Specialty:	Provider #:	Cost Center #:
FAYETTE REGIONAL HEALTH SYSTEM	9587258	Smith, Joseph OB/GYN	9740980	5318907

Flight	DELTA AIR LINES	Flight #:	1694
	Departs: Sun, Apr 15, 2018 12:17 PM	Class:	L
	From: ATLANTA, GA	Ticket #:	00670998088666
	To: CINCINNATI, OH	Airport Routing:	ATL CVG ATL

Flight	DELTA AIR LINES	Flight #:	782
	Departs: Mon, Apr 23, 2018 09:55 AM	Class:	L
	From: CINCINNATI, OH	Ticket #:	00670998088666
	To: ATLANTA, GA	Airport Routing:	ATL CVG ATL

Date of Sale: **28-Mar-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: \$ **618.40**
Service Fee: \$ **25.00**
Total Travel: \$ **643.40**



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
05/14/18	3014500RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Smith, Joseph OB/GYN Fayette Regional Health System Connersville, IN	04/15/18-04/23/18	Car Insurance	8	4.00	32.00
		Car Rental	1	466.14	466.14
	4/15/18-4/23/18	Lodging	1	618.24	618.24

Total Invoice	\$ 1,116.38
----------------------	--------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9740980**
Provider Name/Specialty : **Smith, Joseph OB/GYN**
Cost Center # : **5318907**

Date(s)	Description	Charges	Credits
Sun, Apr 15, 2018 - Mon, Apr 23, 2018	Room & Tax Only	\$ 618.24	\$
04-23-18	Wright Express XXXX-XXXX-XXXX-6828	\$	\$ 618.24
	Total	\$ 618.24	\$ 618.24
	Balance		\$ 0.00



Fed Tax Id : 430724835

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

17028349
639437232
90101734517
23-Apr-2018

Bill To Information

CHG MANAGEMENT INC
P.O. BOX 713500
SALT LAKE CITY, UT - 84171-3500

Rental Information

Reservation Number : 1037856861
Driver : SMITH, JOSEPH
Pickup Date/Time : 04/15/2018 14:12
Return Date/Time : 04/23/2018 07:57
Miles/kms : 410
Car Class : SFAR Requested Class : SFAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2018/FORD/EDGE7Q38JX 518XYP 307/717/410
VIN 2FMPK4K83JBB87801

Rental Branch

CINCINNATI INTL ARPT
579 PETERSBURG RD
HEBRON, KY - 41048-9630

Return Branch

CINCINNATI INTL ARPT
579 PETERSBURG RD
HEBRON, KY-41048-9630

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	1	DAY	55.00	55.00
TIME & DISTANCE	1	WEEK	275.00	275.00
		Sub Total		330.00
CUSTOMER FACILITY CHARGE 7.50/DAY	8	DAY	7.50	60.00
CONCESSION RECOUP FEE 11.11 PCT		PERCENT	11.11	37.64
KENTUCKY U-DRIVE-IT TAX 6 PCT		PERCENT	6.00	19.80
BOONE COUNTY LICENSE FEE 3 PCT		PERCENT	3.00	9.90
VEHICLE LIC COST RECOV FEE 1.10/DAY	8	DAY	1.10	8.80

Total Charges (USD) 466.14

Additional Information

Ext Bill Ref # 1 T198476Y5318907 PO NUMBER y
Additional charge of \$4.00/day
for insurance

Remit Payment in USD to	For Billing Inquiries	Payment Terms
EAN SERVICES, LLC PO BOX 402383 ATLANTA, GA 30384-2383	Tel#:8775306141 ARADMIN@EHI.COM	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.





REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
05/07/18	3001629RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC Fayette Regional Health System Connersville, IN	4/16-17	Days	2	2303.00	4,606.00
	4/16-17	Overtime Wkdy	6.5	431.00	2,801.50
	4/18-20	12Hr Call	3	700.00	2,100.00
	4/16	Mileage	25	0.545	13.63
		IN PCF	7	11.45	80.15

Total Invoice	\$ 9,601.28
----------------------	--------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 4/16/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	7:45 AM	9:15 PM	13.50
				Day Total:	13.50
General Comments					
Tuesday 4/17/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	5:00 PM	9.00
				Day Total:	9.00
From City	To City	Local Miles (paid if previously agreed upon)	General Comments		
Indianapolis	Detroit	25			
Wednesday 4/18/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours)	CALBACK	6:00 PM	8:30 PM	2.50
				Day Total:	14.50
General Comments					
Thursday 4/19/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
				Day Total:	12.00
General Comments					
Friday 4/20/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours)	CALBACK	6:00 PM	7:45 PM	1.75
				Day Total:	13.75
General Comments					

Sunday 4/22/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	Callback (Patient CALBACK Contact Hours)	6:00 AM	8:15 AM	2.25
			Day Total:	2.25

General Comments

Timesheet Total: 65.00

Date	Assignment	Comment
4/22/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	16 regular hours M/T, 6.5 hours overtime M/T, check films W-F, 6.5 hours overtime W-Sun. Mileage = 25 miles from Tuesday. Thank you

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilihite, amee	4/23/2018 1:05:51 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
05/07/18	3000495RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Smith, Joseph OB/GYN Fayette Regional Health System Connersville, IN	4/16-22	24Hr Call	7	2173.00	15,211.00
	4/16,18-21	Callback	11.25	350.00	3,937.50
	4/22	Mileage	140	0.545	76.30
		IN PCF	7	69.54	486.78
		IN PCF Tail	1	100.00	100.00

Total Invoice \$ 19,811.58

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 4/16/2018					
Fayette Regional Health System					
Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	10:30 AM	3.50
Day Total:					27.50

**General
Comments**

Tuesday 4/17/2018					
Fayette Regional Health System					
Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	8:30 AM	1.50
Day Total:					25.50

**General
Comments**

Wednesday 4/18/2018					
Fayette Regional Health System					
Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	10:00 AM	3.00
Day Total:					27.00

**General
Comments**

Thursday 4/19/2018					
Fayette Regional Health System					
Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	10:00 AM	3.00
Day Total:					27.00

**General
Comments**

Friday 4/20/2018**Fayette Regional Health System**

Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	1:45 PM	6.75
Day Total:					30.75

General Comments**Saturday 4/21/2018****Fayette Regional Health System**

Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	7:00 AM	24.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	12:00 PM	5.00
Day Total:					29.00

General Comments**Sunday 4/22/2018****Fayette Regional Health System**

Obstetrics/Gynecology-Amee Willhite	On Call	ONCALL	7:00 AM	6:00 AM	23.00
Obstetrics/Gynecology-Amee Willhite	Callback (Patient Contact Hours)	CALBACK	7:00 AM	8:30 AM	1.50
Day Total:					24.50

General Comments**Timesheet Total: 191.25**

Date	Assignment	Comment
4/22/2018	Fayette Regional Health System - Obstetrics/Gynecology-Amee Willhite	1) Started call the 16th of April at 06:00. 2) Mileage from back and forth from home to airport going and returning is 140 miles. 3) Gas receipts total \$48.92. Receipts sent to Edward Elliott.

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Obstetrics/Gynecology-Amee Wil	Willhite, Amee	4/23/2018 1:05:21 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
05/21/18	3001629RX	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC	4/18	Callback Wkdy	.5	431.00	215.50
	4/20	Callback Wkdy	2	431.00	862.00
	5/2	Callback Wkdy	1.5	431.00	646.50
Fayette Regional Health Connerville, IN ADJUSTMENT REF: 3001629RI Incorrect Rates					

Total Invoice	\$ 1,724.00
----------------------	--------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 4/30/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	5:30 PM	9.50
				Day Total:	9.50
General Comments					
Tuesday 5/1/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	5:00 PM	9.00
				Day Total:	9.00
General Comments					
Wednesday 5/2/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours)	CALBACK	6:00 PM	9:30 PM	3.50
				Day Total:	15.50
General Comments					
Thursday 5/3/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	6:00 PM	7:45 PM	1.75
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
				Day Total:	13.75
General Comments					
Friday 5/4/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
				Day Total:	12.00
General Comments					
Timesheet Total:					59.75

Date	Assignment	Comment
5/6/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	2 clinic days + 3 check films (on call) days + 7.75 hours overtime

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilihite, amee	5/8/2018 1:56:25 PM

	Time Code Description	Time Code	In	Out	Hours
Monday 4/16/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	7:45 AM	9:15 PM	13.50
				Day Total:	13.50
General Comments					
Tuesday 4/17/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	5:00 PM	9.00
				Day Total:	9.00
From City	To City	Local Miles (paid if previously agreed upon)	General Comments		
Indianapolis	Detroit	25			
Wednesday 4/18/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours)	CALBACK	6:00 PM	8:30 PM	2.50
				Day Total:	14.50
General Comments					
Thursday 4/19/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
				Day Total:	12.00
General Comments					
Friday 4/20/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours)	CALBACK	6:00 PM	7:45 PM	1.75
				Day Total:	13.75
General Comments					

Sunday 4/22/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	Callback (Patient CALBACK Contact Hours)	6:00 AM	8:15 AM	2.25
			Day Total:	2.25

General Comments

Timesheet Total: 65.00

Date	Assignment	Comment
4/22/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	16 regular hours M/T, 6.5 hours overtime M/T, check films W-F, 6.5 hours overtime W-Sun. Mileage = 25 miles from Tuesday. Thank you

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilihite, amee	4/23/2018 1:05:51 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
05/07/18	3006985RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Smith, Joseph OB/GYN	4/21	Fuel	1	36.98	36.98
	4/23	Fuel	1	12.02	12.02
Fayette Regional Health Syste Connersville, IN					

Total Invoice	\$ 49.00
----------------------	-----------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

Casey's General
Store #3638
784 E Main St
Centerville, IN 4733

Date 04/21/2018
Time 08:21

VI
#####3687

Pump	Gallons	Price
01	14.253	\$ 2.589

Product	Amount
UNLEADED 87\$	36.98

Total Sale \$ 36.98

SALE - Card Swiped
Auth # 021581
Merch #
Approved 021581

28oz Coke and Sprite
Buy 2, Save \$1!
Enter to Win the
Coca-Cola Sip n Scan
Sweepstakes.
Details Inside!
Thank You !!!
Please Come Again.
765-855-1818

7:41:09 AM 4/23/2018
Order Number: 2790926
Circle K/Shell 2227
1202 EADS PARKWAY E
EAST LAWRENCEBURG, IN 47025-84
(812)539-2568

Register: 100 ICR
(DUPLICATE RECEIPT)
(DUPLICATE RECEIPT)

Pay at Pump Sale

Pump # 111 - UNLEADED

4.556 Gallons @ \$2.639/Gal \$12.02

Sub. Total: \$12.02

Tax: \$0.00

Total: \$12.02

Discount Total: \$0.00

TOTAL \$12.02

VISA: \$12.02

Change \$0.00

SHELL
1206 EAST EADS PARKW
LAWRENCEBURG IN
47025
Merch #: 57428159701
Appr: 023451
Invoice #: 007088

VISA
XXXX XXXX XXXX 3687

Save at least
\$0.05/gal on every
fuel purchase with
INSTANT GOLD STATUS.
Download the Fuel
Rewards app and join
today!



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
05/14/18	3014518RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC	5/6/18-5/8/18	Airfare	1	423.40	423.40
	04/29/18-05/01/18	Car Rental	1	101.51	101.51
Fayette Regional Health System Connersville, IN	4/29/18-5/1/18	Car Insurance	2	4.00	8.00
		Lodging	1	154.56	154.56

Total Invoice	\$ 687.47
----------------------	------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Choi, Enid RADONC** Provider #: **9878767** Cost Center #: **5381869**

Flight	DELTA AIR LINES	Flight #: 2011
	Departs: Sun, May 6, 2018 05:40 PM	Class: U
	From: DETROIT METRO, MI	Ticket #: 00671004613484
	To: INDIANAPOLIS, IN	Airport Routing: DTW IND DTW

Flight	DELTA AIR LINES	Flight #: 3578
	Departs: Tue, May 8, 2018 07:30 PM	Class: U
	From: INDIANAPOLIS, IN	Ticket #: 00671004613484
	To: DETROIT METRO, MI	Airport Routing: DTW IND DTW

Date of Sale: **9-Apr-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 398.40**
Service Fee: **\$ 25.00**
Total Travel: **\$ 423.40**



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9878767**
Provider Name/Specialty : **Choi, Enid RADONC**
Cost Center # : **5381869**

Date(s)	Description	Charges	Credits
Sun, Apr 29, 2018 - Tue, May 1, 2018	Room & Tax Only	\$ 154.56	\$
05-01-18	Wright Express XXXX-XXXX-XXXX-9044	\$	\$ 154.56
Total		\$ 154.56	\$ 154.56
Balance			\$ 0.00

AVIS

Avis Invoice

PLEASE WRITE THE RENTAL AGREEMENT NUMBER ON ALL CORRESPONDENCE AND NOTE ANY COMMENTS ON THIS DOCUMENT. **AVIS RENT A CAR SYSTEMS, INC**
REMIT TO : 7876 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
 RENTAL AGREEMENT NUMBER: **U758710713**
 FOR BILLING INQUIRIES: **1-800-959-3300**

07MAY18

RENTED:	29APR18/18:51	AT:APO INDIANAPOLIS	VEHICLE DATES	GP	MILES OUT	MILES IN	DRIVEN
RETURNED:	01MAY18/18:27	AT:APO INDIANAPOLIS	SIL HYUN ELAN FWD	C	12200	12373	173
DUE IN:	01MAY18/19:30	AT:APO INDIANAPOLIS	IN FL375ABB				

RENTED BY:	RENTAL DETAILS	CHARGES
------------	----------------	---------

CHOI, ENID
 WEATHERBY HEALTHCARE
 PO BOX 713100
 *****NO RSN NO PGO*****
 SALT LAKE CITY UT 84171

2 DAYS GP C CAR @	35.00 PER DAY	70.00
NET TIME AND MILEAGE		70.00 *
CUSTOMER FACILITATION CHARGES		8.00 *
REGISTRATION FEE		0.78
COUNTY SURCHARGE		5.19
SURCHARGE		3.67
AIRPORT CONCESSION FEE @	11.11%	7.86 *
TAXES @	7.00% ON 85.86	6.01
TOTAL CHARGES		USD 101.51

WIZ#: AVXXXXX-XX-X998-7
 ACCOUNT#: AVXXXXX-XX-X998-7
 CREDIT ID # BXXXXXX0
 AWD#: T220573Y5381869
 COST CONTROL#: T220573Y5381869
 VOUCHER#: 14819148US1
 RES#: UH
 RATE: 46565363
 ARC#: 46565363
 LOCAL PHONE#:
 FREQ. TRVL#:
 DRIVER LICENSE

Additional charge of \$4.00/day
 for insurance

TAXABLE ITEMS *

RENTAL AGREEMENT NUMBER
U758710713

PAYMENT DUE UPON RECEIPT. USD 101.51

AVIS

AVIS



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
05/21/18	3017177RI	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC	4/30-5/1	Days	2	2303.00	4,606.00
	4/30-5/1	Overtime Wkdy	2.5	431.00	1,077.50
	5/2-4	12Hr Call	3	700.00	2,100.00
		IN PCF	14	11.45	160.30
Fayette Regional Health System Connersville, IN	5/7-8	Days	2	2303.00	4,606.00
	5/7-8	Overtime Wkdy	1.5	431.00	646.50
	5/9-11	12Hr Call	3	700.00	2,100.00
		IN PCF	7	11.45	80.15

Total Invoice	\$ 15,376.45
----------------------	---------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 4/30/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	5:30 PM	9.50
				Day Total:	9.50
General Comments					
Tuesday 5/1/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	5:00 PM	9.00
				Day Total:	9.00
General Comments					
Wednesday 5/2/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours)	CALBACK	6:00 PM	9:30 PM	3.50
				Day Total:	15.50
General Comments					
Thursday 5/3/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	6:00 PM	7:45 PM	1.75
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
				Day Total:	13.75
General Comments					
Friday 5/4/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
				Day Total:	12.00
General Comments					
Timesheet Total:					59.75

Date	Assignment	Comment
5/6/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	2 clinic days + 3 check films (on call) days + 7.75 hours overtime

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilihite, amee	5/8/2018 1:56:25 PM

	Time Code Description	Time Code	In	Out	Hours
Monday 5/7/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	4:30 PM	8.50
				Day Total:	8.50
General Comments					
Tuesday 5/8/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	5:00 PM	9.00
				Day Total:	9.00
General Comments					
Wednesday 5/9/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
				Day Total:	12.00
General Comments					
Thursday 5/10/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
				Day Total:	12.00
General Comments					
Friday 5/11/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call	ONCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours)	CALBACK	6:00 PM	6:15 PM	0.25
				Day Total:	12.25
General Comments					

Sunday 5/13/2018**Fayette Regional Health System**

Radiation Oncology-Gail Marcum	Callback (Patient CALBACK Contact Hours)	6:00 AM	6:45 AM	0.75
			Day Total:	0.75

General Comments

Timesheet Total: 54.50

Date	Assignment	Comment
5/13/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	2 clinic days, 3 days check films, 2.5 hours OT

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilihite, amee	5/14/2018 2:07:37 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
05/28/18	3026910RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC	5/15/18-5/18/18	Airfare	1	457.40	457.40
	05/06/18-05/08/18	Car Insurance	2	4.00	8.00
		Car Rental	1	104.06	104.06
Fayette Regional Health System Connersville, IN	5/6/18-5/8/18	Lodging	1	154.56	154.56
	5/15/18-5/16/18	Lodging	1	156.87	156.87
	5/16/18-5/18/18	Lodging	1	154.56	154.56

Total Invoice	\$ 1,035.45
----------------------	--------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Choi, Enid RADONC** Provider #: **9878767** Cost Center #: **5381869**

Flight	DELTA AIR LINES Flight #: 4159
	Departs: Tue, May 15, 2018 12:12 PM From: DETROIT METRO, MI To: LOUISVILLE, KY Class: U Ticket #: 0067101384271 Airport Routing: DTW SDF IND DTW

Flight	DELTA AIR LINES Flight #: 2011
	Departs: Fri, May 18, 2018 07:30 PM From: INDIANAPOLIS, IN To: DETROIT METRO, MI Class: X Ticket #: 0067101384271 Airport Routing: DTW SDF IND DTW

Date of Sale: **20-Apr-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 432.40**
Service Fee: **\$ 25.00**
Total Travel: **\$ 457.40**



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9878767**
Provider Name/Specialty : **Choi, Enid RADONC**
Cost Center # : **5381869**

Date(s)	Description	Charges	Credits
Sun, May 6, 2018 - Tue, May 8, 2018	Room & Tax Only	\$ 154.56	\$
05-08-18	Wright Express XXXX-XXXX-XXXX-2843	\$	\$ 154.56
Total		\$ 154.56	\$ 154.56
Balance			\$ 0.00



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **Hampton Inn Louisvl Ap**
City : **Louisville**
State : **KY**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9878767**
Provider Name/Specialty : **Choi, Enid RADONC**
Cost Center # : **5381869**

Date(s)	Description	Charges	Credits
Tue, May 15, 2018 - Wed, May 16, 2018	Room & Tax Only	\$ 156.87	\$
05-16-18	Wright Express XXXX-XXXX-XXXX-1084	\$	\$ 156.87
Total		\$ 156.87	\$ 156.87
Balance			\$ 0.00



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9878767**
Provider Name/Specialty : **Choi, Enid RADONC**
Cost Center # : **5381869**

Date(s)	Description	Charges	Credits
Wed, May 16, 2018 - Fri, May 18, 2018	Room & Tax Only	\$ 154.56	\$
05-18-18	Wright Express XXXX-XXXX-XXXX-1001	\$	\$ 154.56
Total		\$ 154.56	\$ 154.56
Balance			\$ 0.00

AVIS

Avis Invoice

PLEASE WRITE THE RENTAL AGREEMENT NUMBER ON ALL CORRESPONDENCE AND NOTE ANY COMMENTS ON THIS DOCUMENT. **AVIS RENT A CAR SYSTEMS, INC**
REMIT TO : 7876 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
 RENTAL AGREEMENT NUMBER: **U758730383**
 FOR BILLING INQUIRIES: **1-800-959-3300**

14MAY18

RENTED:	06MAY18/19:04	AT:APO INDIANAPOLIS	VEHICLE DATES	GP	MILES OUT	MILES IN	DRIVEN
RETURNED:	08MAY18/18:27	AT:APO INDIANAPOLIS	BLU VOLK JETT FWD	D	23802	23981	179
DUE IN:	08MAY18/18:30	AT:APO INDIANAPOLIS	NC ELD5983				

RENTED BY:	RENTAL DETAILS	CHARGES
------------	----------------	---------

CHOI, ENID
 WEATHERBY HEALTHCARE
 PO BOX 713100
 *****NO RSN NO PGO*****
 SALT LAKE CITY UT 84171

2 DAYS GP C CAR @	35.00 PER DAY	70.00
NET TIME AND MILEAGE		70.00 *
CUSTOMER FACILITATION CHARGES		8.00 *
REGISTRATION FEE		0.78
COUNTY SURCHARGE		5.33
SURCHARGE		3.69
AIRPORT CONCESSION FEE @	11.11%	8.09 *
FREQUENT FLYER MILEAGE TAX		2.00 *
TAXES @	7.00% ON 88.09	6.17
TOTAL CHARGES		USD 104.06

WIZ#: XXXXXX
 ACCOUNT#: AVXXXXX-XX-X998-7
 CREDIT ID #: AVXXXXX-XX-X998-7
 AWD#: BXXXXXX0
 COST CONTROL#: T220685Y5381869
 VOUCHER#: 15658582US2
 RES#: UH
 RATE: 46565363
 LOCAL PHONE#: AD0A09EC2
 FREQ. TRVL#: AD0A09EC2
 DRIVER LICENSE

Additional charge of \$4.00/day
 for insurance

TAXABLE ITEMS *

RENTAL AGREEMENT NUMBER
U758730383

PAYMENT DUE UPON RECEIPT. USD 104.06

AVIS

AVIS



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
06/04/18	3031486RI	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC	5/17-18	Days	2	2303.00	4,606.00
	5/17-18	Overtime Wkdy	1.25	431.00	538.75
	5/14-16	12Hr Call	3	700.00	2,100.00
		IN PCF	7	11.45	80.15
Fayette Regional Health System Connersville, IN	5/21-22	Days	2	2303.00	4,606.00
	5/21-22	Overtime Wkdy	1	431.00	431.00
	5/23-25	12Hr Call	3	700.00	2,100.00
		IN PCF	7	11.45	80.15

Total Invoice	\$ 14,542.05
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We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 5/14/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours) - Remote	CBREM	6:00 PM	6:45 PM	0.75
Day Total:					12.75

**General
Comments**

Tuesday 5/15/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00
Day Total:					12.00

**General
Comments**

Wednesday 5/16/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours) - Remote	CBREM	6:00 PM	6:15 PM	0.25
Day Total:					12.25

**General
Comments**

Thursday 5/17/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	4:30 PM	8.50
Day Total:					8.50

**General
Comments**

Friday 5/18/2018**Fayette Regional Health System**

Radiation Oncology-Gail Marcum	WORKED	8:00 AM	4:45 PM	8.75
			Day Total:	8.75

**General
Comments**

Timesheet Total: 54.25

Date	Assignment	Comment
5/20/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	two full days, 3 days checking films, 2.25 hours OT

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilihite, amee	5/21/2018 1:39:15 PM

	Time Code Description	Time Code	In	Out	Hours
Monday 5/21/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	4:30 PM	8.50
				Day Total:	8.50
General Comments					
Tuesday 5/22/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	4:30 PM	8.50
				Day Total:	8.50
General Comments					
Wednesday 5/23/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00
				Day Total:	12.00
General Comments					
Thursday 5/24/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00
				Day Total:	12.00
General Comments					
Friday 5/25/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours) - Remote	CBREM	6:00 PM	6:45 PM	0.75
				Day Total:	12.75
General Comments					

Timesheet Total: 53.75

Date	Assignment	Comment
5/27/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	1.75 hours overtime

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilihite, amee	5/29/2018 9:29:09 AM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
06/11/18	3040634RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC	5/20/18-5/22/18	Airfare	1	471.40	471.40
	5/28/18-5/30/18	Airfare	1	519.40	519.40
	6/3/18-6/5/18	Airfare	1	621.00	621.00
Fayette Regional Health System Connersville, IN	05/15/18-05/18/18	Car Rental	1	173.84	173.84
		Car Insurance	3	4.00	12.00
	05/20/18-05/22/18	Car Rental	1	109.26	109.26
		Car Insurance	2	4.00	8.00
	5/20/18-5/22/18	Lodging	1	154.56	154.56

Total Invoice	\$ 2,069.46
----------------------	--------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Choi, Enid RADONC** Provider #: **9878767** Cost Center #: **5381869**

Flight	DELTA AIR LINES	Flight #: 2011
	Departs: Sun, May 20, 2018 05:40 PM	Class: L
	From: DETROIT METRO, MI	Ticket #: 00671023477305
	To: INDIANAPOLIS, IN	Airport Routing: DTW IND DTW

Flight	DELTA AIR LINES	Flight #: 3578
	Departs: Tue, May 22, 2018 07:30 PM	Class: L
	From: INDIANAPOLIS, IN	Ticket #: 00671023477305
	To: DETROIT METRO, MI	Airport Routing: DTW IND DTW

Date of Sale: **3-May-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 446.40**
Service Fee: **\$ 25.00**
Total Travel: **\$ 471.40**

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Choi, Enid RADONC** Provider #: **9878767** Cost Center #: **5381869**

Flight	DELTA AIR LINES Flight #: 3492
	Departs: Mon, May 28, 2018 07:55 PM From: DETROIT METRO, MI To: CINCINNATI, OH Class: L Ticket #: 00671029476180 Airport Routing: DTW CVG BNA

Flight	DELTA AIR LINES Flight #: 6261
	Departs: Wed, May 30, 2018 06:40 PM From: CINCINNATI, OH To: NASHVILLE, TN Class: K Ticket #: 00671029476180 Airport Routing: DTW CVG BNA

Date of Sale: **14-May-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 494.40**
Service Fee: **\$ 25.00**
Total Travel: **\$ 519.40**

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Choi, Enid RADONC** Provider #: **9878767** Cost Center #: **5381869**

Flight	DELTA AIR LINES Flight #: 1801 Departs: Sun, Jun 3, 2018 04:48 PM From: NASHVILLE, TN To: DETROIT METRO, MI Class: B Ticket #: 0067102947682 Airport Routing: BNA DTW DAY CVG BNA
Flight	DELTA AIR LINES Flight #: 4189 Departs: Sun, Jun 3, 2018 08:10 PM From: DETROIT METRO, MI To: DAYTON, OH Class: B Ticket #: 0067102947682 Airport Routing: BNA DTW DAY CVG BNA
Flight	DELTA AIR LINES Flight #: 6261 Departs: Tue, Jun 5, 2018 06:40 PM From: CINCINNATI, OH To: NASHVILLE, TN Class: T Ticket #: 0067102947682 Airport Routing: BNA DTW DAY CVG BNA

Date of Sale: **15-May-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 596.00**
Service Fee: **\$ 25.00**
Total Travel: **\$ 621.00**



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9878767**
Provider Name/Specialty : **Choi, Enid RADONC**
Cost Center # : **5381869**

Date(s)	Description	Charges	Credits
Sun, May 20, 2018 - Tue, May 22, 2018	Room & Tax Only	\$ 154.56	\$
05-22-18	Wright Express XXXX-XXXX-XXXX-0625	\$	\$ 154.56
Total		\$ 154.56	\$ 154.56
Balance			\$ 0.00



Fed Tax Id : 430724835

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

17335278
840044779
90102661528
21-May-2018

Bill To Information

CHG MANAGEMENT INC
P.O. BOX 713500
SALT LAKE CITY, UT - 84171-3500

Rental Information

Reservation Number : 1038750892
Driver : CHOI, ENID
Pickup Date/Time : 05/15/2018 14:45
Return Date/Time : 05/18/2018 18:14
Miles/kms : 557
Car Class : ICAR Requested Class : ICAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2017/NISSAN/SEN7N1SR5 669XFW 34887/35444/557
VIN 3N1AB7AP4HL636327

Rental Branch

LOUISVILLE INTL ARPT
600 TERMINAL DR STE 18
LOUISVILLE, KY - 40209-1595

Return Branch

INDIANAPOLIS INTL ARPT
7801 COL H WEIR COOK MEM DR
INDIANAPOLIS, IN-46241-8011

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	4	DAY	35.00	140.00
		Sub Total		140.00
LIA CONTRACT FEE	1	RENTAL	5.00	5.00
CONCESSION RENT 11.11 PCT		PERCENT	11.11	16.04
KENTUCKY U-DRIVE-IT TAX 6 PCT		PERCENT	6.00	8.40
VEHICLE LIC COST RECOV FEE 1.10/DAY	4	DAY	1.10	4.40
Total Charges (USD)				173.84

Additional Information

Ext Bill Ref # 1 T221859Y5381869 PO NUMBER n/a

Additional charge of \$4.00/day
for insurance

Remit Payment in USD to	For Billing Inquiries	Payment Terms
EAN SERVICES, LLC PO BOX 402383 ATLANTA, GA 30384-2383	Tel#:8775306141 ARADMIN@EHI.COM	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.



AVIS

Avis Invoice

PLEASE WRITE THE RENTAL AGREEMENT NUMBER ON ALL CORRESPONDENCE AND NOTE ANY COMMENTS ON THIS DOCUMENT. **AVIS RENT A CAR SYSTEMS, INC**
REMIT TO : 7876 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
 RENTAL AGREEMENT NUMBER: **U758769336**
 FOR BILLING INQUIRIES: **1-800-959-3300**

31MAY18

RENTED:	20MAY18/18:55	AT:APO INDIANAPOLIS	VEHICLE DATES	GP	MILES OUT	MILES IN	DRIVEN
RETURNED:	22MAY18/18:31	AT:APO INDIANAPOLIS	RED MITS OUTL AWD	W	4461	4646	185
DUE IN:	22MAY18/19:30	AT:APO INDIANAPOLIS	IN FL944ABP				

RENTED BY:	RENTAL DETAILS	CHARGES
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CHOI, ENID
 WEATHERBY HEALTHCARE
 PO BOX 713100
 *****NO RSN NO PGO*****
 SALT LAKE CITY UT 84171

2 DAYS GP D CAR @	37.00 PER DAY	74.00
NET TIME AND MILEAGE		74.00 *
CUSTOMER FACILITATION CHARGES		8.00 *
REGISTRATION FEE		0.78
COUNTY SURCHARGE		5.59
SURCHARGE		3.88
AIRPORT CONCESSION FEE @	11.11%	8.53 *
FREQUENT FLYER MILEAGE TAX		2.00 *
TAXES @	7.00% ON 92.53	6.48
TOTAL CHARGES		USD 109.26

WIZ#: XXXXXX
 ACCOUNT#: AVXXXXX-XX-X998-7
 CREDIT ID # AVXXXXX-XX-X998-7
 AWD#: BXXXXXX0
 COST CONTROL#: T224040Y5381869
 VOUCHER#: 18294812US4
 RES#: UH
 RATE: 46565363
 LOCAL PHONE#: AD0A09EC2
 FREQ. TRVL#: AD0A09EC2
 DRIVER LICENSE

Additional charge of \$4.00/day
 for insurance

TAXABLE ITEMS *

RENTAL AGREEMENT NUMBER
U758769336

PAYMENT DUE UPON RECEIPT. USD 109.26

AVIS

AVIS



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
06/04/18	3032106RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC Fayette Regional Health Syste Connersville, IN	5/22	Fuel	1	24.16	24.16
	5/22	Parking	1	69.00	69.00

Total Invoice	\$ 93.16
----------------------	-----------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

Welcome to Shell

SHELL
8703 COL HW COOK MEM
INDIANAPOLIS, IN
46241
57446126401
05/22/2018 546750286
06:16:51 PM

PUMP# 13
REGULAR 7.436G
PRICE/GAL \$3.249

FUEL TOTAL \$ 24.16

CREDIT \$ 24.16

XXXX XXXX XXXX 8117
VISA
Swiped
APPROVED
AUTH # 822315
INV # 178962

.....
Local Store Discount
Join Fuel Rewards
and earn \$0.25/gal!
Fuel Rewards members
save up to \$0.10/gal
after every 5 gal
fill-up of Shell
V-Power NITRO+
through 9/2.
Terms/conditions
apply. Bonus offer
ends 5/27.
JOIN TODAY!

Please come again

821934
SOUTHLAND PRINTING
SHEFFERT, IA.



RECEIPT

DETROIT METRO AIRPORT



8117-000222-02 24:02 05/22/18 22:45:00 00-40891 2



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
07/23/18	3080274RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC Fayette Regional Health System Connersville, IN	5/28/18-5/30/18	Lodging	1	154.56	154.56

Total Invoice	\$ 154.56
----------------------	------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9878767**
Provider Name/Specialty : **Choi, Enid RADONC**
Cost Center # : **5381869**

Date(s)	Description	Charges	Credits
Mon, May 28, 2018 - Wed, May 30, 2018	Room & Tax Only	\$ 154.56	\$
05-30-18	Wright Express XXXX-XXXX-XXXX-1512	\$	\$ 154.56
Total		\$ 154.56	\$ 154.56
Balance			\$ 0.00



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
06/25/18	3054595RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC Fayette Regional Health System Connersville, IN	05/28/18-05/30/18	Car Insurance	2	4.00	8.00
		Car Rental	1	106.21	106.21
	06/03/18-06/05/18	Car Rental	1	102.24	102.24
		Car Insurance	2	4.00	8.00
	6/3/18-6/5/18	Lodging	1	154.56	154.56
	6/11/18-6/13/18	Lodging	1	154.56	154.56

Total Invoice	\$ 533.57
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We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9878767**
Provider Name/Specialty : **Choi, Enid RADONC**
Cost Center # : **5381869**

Date(s)	Description	Charges	Credits
Sun, Jun 3, 2018 - Tue, Jun 5, 2018	Room & Tax Only	\$ 154.56	\$
06-05-18	Wright Express XXXX-XXXX-XXXX-0282	\$	\$ 154.56
Total		\$ 154.56	\$ 154.56
Balance			\$ 0.00



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9878767**
Provider Name/Specialty : **Choi, Enid RADONC**
Cost Center # : **5381869**

Date(s)	Description	Charges	Credits
Mon, Jun 11, 2018 - Wed, Jun 13, 2018	Room & Tax Only	\$ 154.56	\$
06-13-18	Wright Express XXXX-XXXX-XXXX-2476	\$	\$ 154.56
Total		\$ 154.56	\$ 154.56
Balance			\$ 0.00

AVIS

Avis Invoice

PLEASE WRITE THE RENTAL AGREEMENT NUMBER ON ALL CORRESPONDENCE AND NOTE ANY COMMENTS ON THIS DOCUMENT. **AVIS RENT A CAR SYSTEMS, INC**
REMIT TO : 7876 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
 RENTAL AGREEMENT NUMBER: **U773156075**
 FOR BILLING INQUIRIES: **1-800-959-3300**

07JUN18

RENTED:	28MAY18/21:53	AT:APO CINCINNATI	VEHICLE DATES	GP	MILES OUT	MILES IN	DRIVEN
RETURNED:	30MAY18/17:01	AT:APO CINCINNATI	SIL NISS SENT FWD	C	18898	19038	140
DUE IN:	30MAY18/17:40	AT:APO CINCINNATI	FL GIEN92				

RENTED BY:	RENTAL DETAILS	CHARGES
------------	----------------	---------

CHOI, ENID
 WEATHERBY HEALTHCARE
 PO BOX 713100
 ILC PER ED/TA
 SALT LAKE CITY UT 84171

2 DAYS GP C CAR @	35.00 PER DAY	70.00
NET TIME AND MILEAGE		70.00 *
CUSTOMER FACILITATION CHARGES		15.00 *
REGISTRATION FEE		2.90 *
SURCHARGE		2.10
AIRPORT CONCESSION FEE @	11.11%	8.32 *
FREQUENT FLYER MILEAGE TAX		2.00 *
TAXES @	6.00% ON 98.22	5.89
TOTAL CHARGES		USD 106.21

WIZ#: XXXXXX
 ACCOUNT#: AVXXXXX-XX-X998-7
 CREDIT ID # AVXXXXX-XX-X998-7
 AWD#: BXXXXXX0
 COST CONTROL#: T226600Y5381869
 VOUCHER#: 19516010US3
 RES#: UH
 RATE: 46565363
 LOCAL PHONE#: AD0A09EC2
 FREQ. TRVL#: AD0A09EC2
 DRIVER LICENSE

Additional charge of \$4.00/day
 for insurance

TAXABLE ITEMS *

AVIS

RENTAL AGREEMENT NUMBER
U773156075

PAYMENT DUE UPON RECEIPT. USD 106.21



Fed Tax Id : 430724835

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

17558256
840248719
90103300324
11-Jun-2018

Bill To Information

CHG MANAGEMENT INC
P.O. BOX 713500
SALT LAKE CITY, UT - 84171-3500

Rental Information

Reservation Number : 1838480165
Driver : CHOI, ENID
Pickup Date/Time : 06/03/2018 21:23
Return Date/Time : 06/05/2018 17:21
Miles/kms : 224
Car Class : SCAR Requested Class : SCAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2018/NISSAN/ALTI7Q04MF 8YA481 11086/11310/224
VIN 1N4AL3AP0JC207213

Rental Branch

DAYTON INTL ARPT
3600 TERMINAL RD
VANDALIA, OH - 45377-3312

Return Branch

CINCINNATI INTL ARPT
579 PETERSBURG RD
HEBRON, KY-41048-9630

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	2	DAY	36.00	72.00
REFUELING CHARGE	8	GALLON	4.15	33.17
		Sub Total		105.17
CUSTOMER FACILITY CHARGE 5.50/DAY	2	DAY	5.50	11.00
CONCESSION RECOUP FEE 11.11 PCT		PERCENT	11.11	11.75
VLF REC	2	DAY	0.29	0.58
SALES TAX		PERCENT	7.25	6.91

Total Charges (USD) 135.41

Additional Information

Ext BilRef # 1 T228600Y5381869 PO NUMBER correct

Additional charge of \$4.00/day
for insurance



Remit Payment in USD to	For Billing Inquiries	Payment Terms
EAN SERVICES, LLC PO BOX 402383 ATLANTA, GA 30384-2383	Tel#:8775306141 ARADMIN@EHI.COM	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
06/18/18	3042868RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayettheregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC	5/29-30	Days	2	2303.00	4,606.00
	5/29	Overtime Wkdy	4.25	431.00	1,831.75
	5/31-6/1	12Hr Call	2	700.00	1,400.00
	5/31	Callback	3.5	431.00	1,508.50
		IN PCF	7	11.45	80.15
Fayette Regional Health System Connersville, IN	6/4-5	Days	2	2303.00	4,606.00
	6/4	Overtime Wkdy	1.75	431.00	754.25
	6/6-8	12Hr Call	3	700.00	2,100.00
	6/6-7	Callback	4	431.00	1,724.00
		IN PCF	7	11.45	80.15

Total Invoice \$ 18,690.80

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Tuesday 5/29/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	8:15 PM	12.25
Day Total:					12.25

**General
Comments**

Wednesday 5/30/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	3:30 PM	7.50
Day Total:					7.50

**General
Comments**

Thursday 5/31/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours) - Remote	CBREM	6:00 PM	11:30 PM	5.50
Day Total:					17.50

**General
Comments**

Friday 6/1/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	6:00 AM	6:00 PM	12.00
Day Total:					12.00

**General
Comments**

Saturday 6/2/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours) - Remote	CBREM	6:00 AM	6:15 AM	0.25
Day Total:					0.25

**General
Comments**

Timesheet Total: 49.50

Date	Assignment	Comment
6/3/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	two clinic days, two days checking films (Memorial Day Holiday), 10 hours overtime

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilHITE, amee	6/4/2018 3:10:46 PM

		Time Code Description	Time Code	In	Out	Hours
Monday 6/4/2018						
Fayette Regional Health System						
Radiation Oncology-Gail Marcum			WORKED	8:00 AM	5:45 PM	9.75
					Day Total:	9.75
From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments	
Tuesday 6/5/2018						
Fayette Regional Health System						
Radiation Oncology-Gail Marcum			WORKED	8:00 AM	3:45 PM	7.75
					Day Total:	7.75
From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments	
Wednesday 6/6/2018						
Fayette Regional Health System						
Radiation Oncology-Gail Marcum		On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum		Callback (Patient Contact Hours) - Remote	CBREM	6:00 PM	11:00 PM	5.00
					Day Total:	17.00
From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments	
Thursday 6/7/2018						
Fayette Regional Health System						
Radiation Oncology-Gail Marcum		On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum		Callback (Patient Contact Hours) - Remote	CBREM	6:00 PM	9:00 PM	3.00
					Day Total:	15.00
From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments	

Friday 6/8/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00
				Day Total:	12.00

From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments
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Sunday 6/10/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours) - Remote	CBREM	6:00 AM	6:30 AM	0.50
				Day Total:	0.50

From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments
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Timesheet Total: 62.00

Date	Assignment	Comment
6/10/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	2 clinic days, 3 check films days, 10.25 hour OT



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
07/02/18	3061714RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC Fayette Regional Health Syste Connversville, IN	6/7	Luggage	1	25.00	25.00
	5/30	Fuel	1	16.22	16.22
	6/5	Fuel	1	22.64	22.64
	6/13	Fuel	1	36.24	36.24
	6/11	Fuel	1	40.61	40.61
	6/7	Taxi	1	18.00	18.00
	5/30	Taxi	1	19.62	19.62
	6/7	Taxi	1	14.75	14.75
	6/5	Taxi	1	21.05	21.05

Total Invoice	\$ 214.13
----------------------	------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

Welcome to Shell
AIRPORT SHELL
571 HUNTER RD
HEBRON KY 41048

SHELL
571 HUNTER RD
HEBRON, KY
41048
12426510009
05/30/2018 652976609
04:54:18 PM

PUMP# 1
REGULAR 5.071G
PRICE/GAL \$3.199

FUEL TOTAL \$ 16.22

CREDIT \$ 16.22

XXXX XXXX XXXX 8117
VISA
Swiped
APPROVED
AUTH # 830079
INV # 349613

THANK YOU HAVE A NICE DAY
Please come again

DELTA

CHOI/ENID
NOT VALID FOR
TRANSPORTATION

BNA DL DTW
TICKET /3.00
FBC 25.00

USD 25.00

USD25.00

PASSENGER RECEIPT 01 EXCESS BAGGAGE
07JUN18 0066 US TICKET
DL/KI BNA FTO

PSGR TICKET 0062324918777

05M19 700

*****8117

1 006 8267718428 2

1 006 8267718428 2

NOT VALID FOR TRAVEL

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

THIS IS YOUR RECEIPT

Welcome to Shell

AIRPORT SHELL
571 HUNTER RD
HEBRON KY 41048

SHELL

571 HUNTER RD
HEBRON, KY
41048

12426510009
06/05/2018 05:29:07 PM
05:18:38 PM

PUMP# 6
REGULAR 7.0786
PRICE/GAL \$3.199

FUEL TOTAL \$ 22.64

CREDIT \$ 22.64

XXXX XXXX XXXX 0117

VISA

Swiped

APPROVED

AUTH # 005406

INV # 481752

Welcome
to
BellStores

*
Store #145
1215 W Main Cross St
Findlay, OH 45840
419-420-9274
*

6/13/2018
9:29:07 PM

Unleaded
PUMP No. 08
GALLONS 13.733
PRICE/GAL \$2.639
TOTAL FUEL \$36.24

TOTAL AMOUNT \$36.24

Visa Acct: 8117
AUTH: 00-013083
STAN: 477433
Batch: 26 Seq: 13
INVOICE: 212622

THANKS FOR SHOPPING
BELLSTORES!
KEEP THE FAMILY
ON FULL!

WELCOME
00000106542
LEWISBURG MARATHON
6670 Ohio 503
Lewisburg OH
45338
PRINT TABLE 07

DATE 06/11/18 21:43
TRAN# 9060855
PUMP# 06
SERVICE LEVEL: SELF
PRODUCT: REG
GALLONS: 13.541
PRICE/G: \$ 2.999
FUEL SALE \$ 40.61
CREDIT \$40.61

VISA
AUTH TIME: 214134
AUTH: 00
Ref #: 96000160349
APPROVAL#: 011484

DEALER#: 00000106542
Term ID: 05
Earn up to \$.25 on
Marathon purchases
with Marathon Visa
THANK YOU
COME AGAIN

----- Forwarded message -----

From: **Lyft Ride Receipt** <no-reply@lyftmail.com>

Date: Thu, Jun 7, 2018 at 10:53 PM

Subject: Your ride with DENNIS on June 7

To: ewchoi00@gmail.com





Thanks for riding with DENNIS!

June 7, 2018 at 7:58 PM

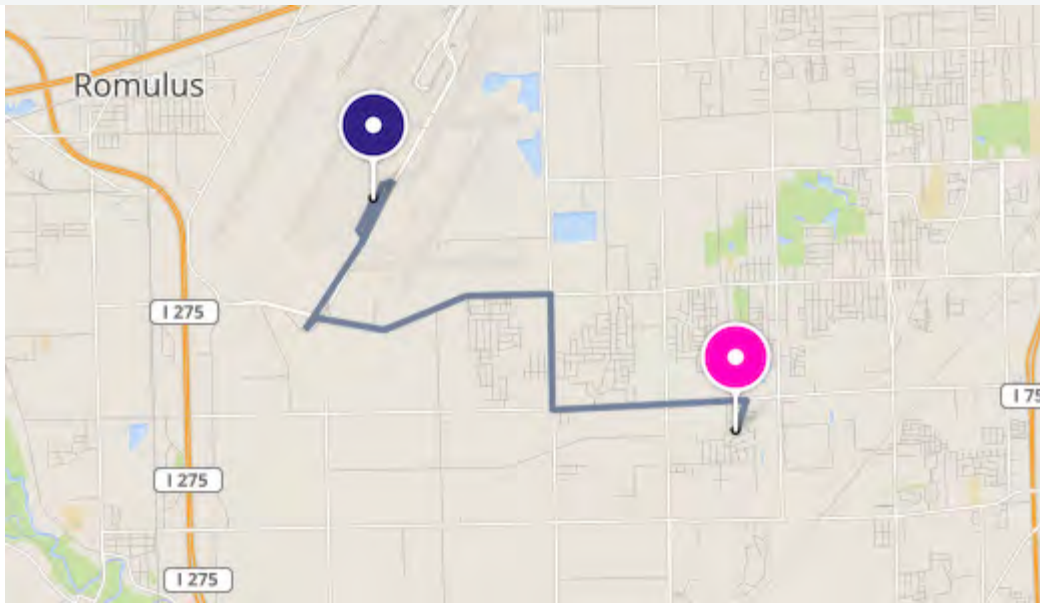
Ride Details

Lyft fare (7.86mi, 15m 5s)	\$18.00
Tip	\$4.00
<hr/>	
 Visa *4888	\$22.00

This and every ride is carbon neutral



[Learn more](#)



● Pickup 7:58 PM

John D Dingel, Romulus, MI

● Drop-off 8:13 PM

[17325 Michigan Heights Dr., MI](#)



Make expensing business rides easy

Enable business profile on Lyft to make expensing rides quick and easy.

[Get Business Profile](#)



Thanks for riding with Merrill!

May 30, 2018 at 7:25 PM

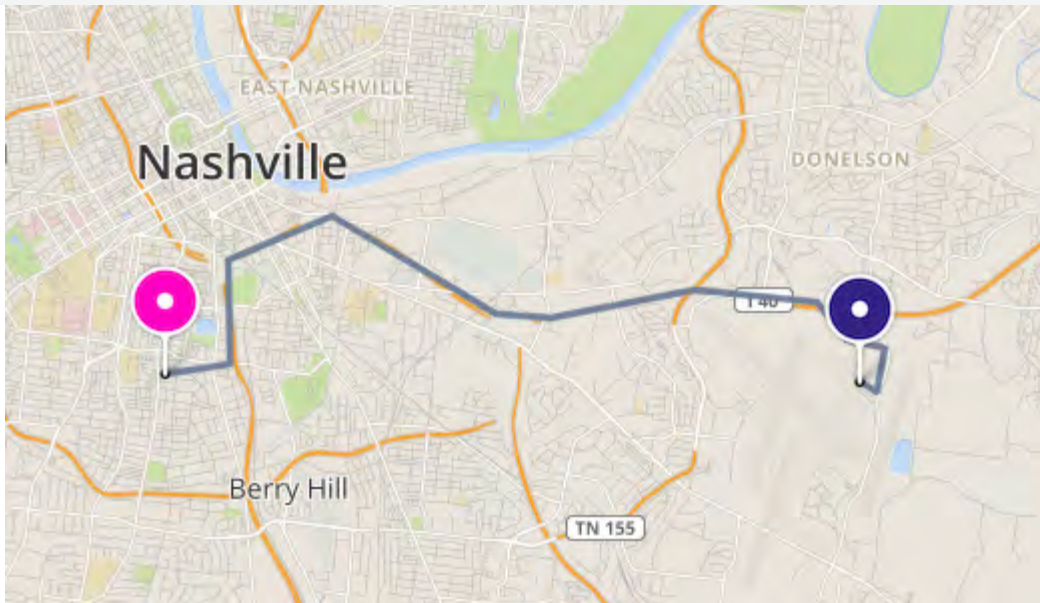
Ride Details

Lyft fare (9.24mi, 15m 58s)	\$20.85
Tip	\$5.00
 10% off Mon. - Fri.	-\$1.23
<hr/>	
 Visa *8117	\$24.62

This and every ride is carbon neutral



[Learn more](#)



● Pickup 7:25 PM

[60 Terminal Dr, Nashville-Davidson](#) metropolitan government (balance), TN

● Drop-off 7:41 PM

[1114 Caldwell Ave, Nashville-Davidson](#) metropolitan government (balance), TN



Make expensing business rides easy

Enable business profile on Lyft to make expensing rides quick and easy.

[Get Business Profile](#)

[⊕ Tip driver](#)

[🔍 Find lost item](#)

[🔍 Request review](#)

To protect against unauthorized behavior, you may see [an authorization hold up to \\$25](#). This is to verify your payment method and will not be charged.

[Pricing FAQ](#) · [Help Center](#)

Receipt #1139979004840834070

Map data © [OpenStreetMap](#) contributors



[Work at Lyft](#)

[Become a Driver](#)

© Lyft 2018
185 Berry Street, Suite 5000
San Francisco, CA 94107

----- Forwarded message -----

From: **Lyft Ride Receipt** <no-reply@lyftmail.com>

Date: Thu, Jun 7, 2018 at 7:20 PM

Subject: Your ride with Alyssa on June 7

To: ewchoi00@gmail.com





Thanks for riding with Alyssa!

June 7, 2018 at 3:30 PM

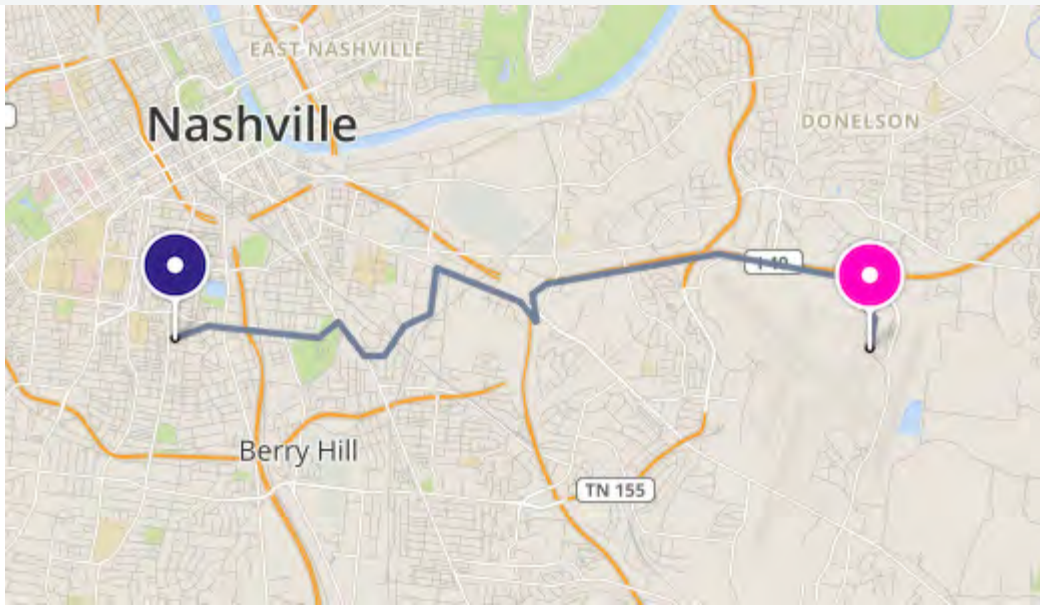
Ride Details

Lyft fare (8.62mi, 26m 47s)	\$14.75
Tip	\$4.00
<hr/>	
 Visa *8117	\$18.75

This and every ride is carbon neutral



[Learn more](#)



● Pickup 3:30 PM

[1101 Caldwell Ave, Nashville-Davidson](#) metropolitan government (balance), TN

● Drop-off 3:56 PM

[57 Terminal Dr, Nashville-Davidson](#) metropolitan government (balance), TN



Make expensing business rides easy

Enable business profile on Lyft to make expensing rides quick and easy.



Thanks for riding with Martin!

June 5, 2018 at 7:06 PM

Ride Details

Base fare	\$1.00
16m 59s	\$2.04
9.55 mi	\$9.46
Service fee	\$2.55
BNA Airport - Airport Fee	\$6.00

 Visa *8117

\$21.05

This and every ride is carbon neutral



[Learn more](#)

● Pickup 7:06 PM

[60 Terminal Dr, Nashville-Davidson](#) metropolitan government
(balance), TN



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
07/09/18	3066381RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERSVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC Fayette Regional Health System Connersville, IN	06/11/18-06/14/18	Car Insurance	3	4.00	12.00
		Car Rental	1	116.49	116.49

Total Invoice	\$ 128.49
----------------------	------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available



Fed Tax Id : 430724835

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

17715562
2KHS6B
950026545566
25-Jun-2018

Bill To Information

CHG MANAGEMENT INC
P.O. BOX 713500
SALT LAKE CITY, UT - 84171-3500

Rental Information

Reservation Number : 1727388433
Driver : CHOI, ENID
Pickup Date/Time : 06/11/2018 17:55
Return Date/Time : 06/14/2018 15:37
Miles/kms : 269
Car Class : SCAR Requested Class : SCAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2017/NISN/ROGU 7PP76B 8CZ1604 23231/23500/269
VIN KNMAT2MV1HP585932

Rental Branch

MANSFIELD
1512 W 4TH ST
MANSFIELD, OH - 44906-1838

Return Branch

LIVONIA
31800 PLYMOUTH ROAD
LIVONIA, MI-48150-1926

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	3	DAY	36.00	108.00
			Sub Total	108.00
VLF REC	3	DAY	0.29	0.87
SALES TAX		PERCENT	7.00	7.62
Total Charges (USD)				116.49

Additional Information

Ext Bill Ref # 1 T228605Y5381869 PO NUMBER T228605Y5381869

Additional charge of \$4.00/day
for insurance

Remit Payment in USD to	For Billing Inquiries	Payment Terms
EAN SERVICES, LLC PO BOX 402383 ATLANTA, GA 30384-2383	Tel#:8775306141 ARADMIN@EHI.COM	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.





REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
07/02/18	3058671RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Choi, Enid RADONC Fayette Regional Health System Connersville, IN	6/12-13	Days	2	2303.00	4,606.00
	6/12-13	Overtime Wkdy	1	431.00	431.00
	6/11,14-15	12Hr Call	3	700.00	2,100.00
	6/15	Callback	3	431.00	1,293.00
		IN PCF	6	11.45	68.70

Total Invoice	\$ 8,498.70
----------------------	--------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 6/11/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00
Day Total:					12.00

**General
Comments**

Tuesday 6/12/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	4:30 PM	8.50
Day Total:					8.50

**General
Comments**

Wednesday 6/13/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum		WORKED	8:00 AM	4:30 PM	8.50
Day Total:					8.50

**General
Comments**

Thursday 6/14/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00
Radiation Oncology-Gail Marcum	Callback (Patient Contact Hours) - Remote	CBREM	6:00 PM	7:00 PM	1.00
Day Total:					13.00

**General
Comments**

Friday 6/15/2018					
Fayette Regional Health System					
Radiation Oncology-Gail Marcum	On Call - Remote	REMCALL	6:00 AM	6:00 PM	12.00

Radiation Oncology-Gail Marcum	Callback (Patient CBREM Contact Hours) - Remote	6:00 PM	7:15 PM	1.25
Day Total:				13.25

General Comments

Saturday 6/16/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	Callback (Patient CBREM Contact Hours) - Remote	6:00 AM	8:00 AM	2.00
Day Total:				2.00

General Comments

Sunday 6/17/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	Callback (Patient CBREM Contact Hours) - Remote	6:00 AM	7:45 AM	1.75
Day Total:				1.75

General Comments

Timesheet Total: 59.00

Date	Assignment	Comment
6/17/2018	Fayette Regional Health System - Radiation Oncology-Gail Marcum	2 clinic days, 3 check films, 7 hours OT

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilihite, amee	6/18/2018 1:11:49 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
07/02/18	3062668RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Galle, James RADONC Fayette Regional Health System Connersville, IN	6/18-19	Days	2	2279.00	4,558.00
	6/20-22	12Hr Call	3	729.00	2,187.00
	6/18-19	Mileage	132.4	0.535	70.83
		IN PCF	7	11.45	80.15
		PCF Min Adjust	1	19.85	19.85
		IN PCF Tail	1	100.00	100.00

Total Invoice	\$ 7,015.83
----------------------	--------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 6/18/2018					
Fayette Regional Health System					
	Radiation Oncology-Gail Marcum	WORKED	8:00 AM	12:00 PM	4.00
	Radiation Oncology-Gail Marcum	WORKED	1:00 PM	5:00 PM	4.00
Day Total:					8.00

From City	To City	Local Miles (paid if previously agreed upon)	General Comments
Indianapolis, IN	Connersville, in	66.2	

Tuesday 6/19/2018					
Fayette Regional Health System					
	Radiation Oncology-Gail Marcum	WORKED	8:00 AM	12:00 PM	4.00
	Radiation Oncology-Gail Marcum	WORKED	1:00 PM	5:00 PM	4.00
Day Total:					8.00

From City	To City	Local Miles (paid if previously agreed upon)	General Comments
Connersville, IN	Indianapolis, IN	66.2	

Wednesday 6/20/2018					
Fayette Regional Health System					
	Radiation Oncology-Gail Marcum	WORKED	4:00 PM	5:00 PM	1.00
Day Total:					1.00

General Comments

Thursday 6/21/2018					
Fayette Regional Health System					
	Radiation Oncology-Gail Marcum	WORKED	4:00 PM	5:00 PM	1.00
Day Total:					1.00

General Comments

Friday 6/22/2018					
Fayette Regional Health System					
	Radiation Oncology-Gail Marcum	WORKED	4:00 PM	5:00 PM	1.00
Day Total:					1.00

General Comments

Timesheet Total: 19.00

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilihite, amee	6/25/2018 1:11:39 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
07/23/18	3080247RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Galle, James RADONC	6/18/18-6/19/18	Lodging	1	69.00	69.00
	6/25/18-6/26/18	Lodging	1	77.28	77.28
Fayette Regional Health System Connersville, IN					

Total Invoice	\$ 146.28
----------------------	------------------

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
 City : **Connersville**
 State : **IN**
 For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
 Client # : **9587258**
 Provider # : **9806082**
 Provider Name/Specialty : **Galle, James RADONC**
 Cost Center # : **5558185**

Date(s)	Description	Charges	Credits
Mon, Jun 18, 2018 - Tue, Jun 19, 2018	Room & Tax Only	\$ 69.00	\$
06-19-18	Wright Express XXXX-XXXX-XXXX-8501	\$	\$ 69.00
Total		\$ 69.00	\$ 69.00
Balance			\$ 0.00



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9806082**
Provider Name/Specialty : **Galle, James RADONC**
Cost Center # : **5558185**

Date(s)	Description	Charges	Credits
Mon, Jun 25, 2018 - Tue, Jun 26, 2018	Room & Tax Only	\$ 77.28	\$
06-26-18	Wright Express XXXX-XXXX-XXXX-7024	\$	\$ 77.28
Total		\$ 77.28	\$ 77.28
Balance			\$ 0.00



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
07/16/18	3071420RI	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Galle, James RADONC	6/25-26	Days	2	2279.00	4,558.00
	6/27-29	12Hr Call Wkdy	3	729.00	2,187.00
		IN PCF	7	11.45	80.15
		PCF Min Adjust	1	-19.85	-19.85
Fayette Regional Health System Connersville, IN	7/2-3	Days	2	2279.00	4,558.00
	7/5-6	12Hr Call Wkdy	2	729.00	1,458.00
	7/4	Holiday 12Hr Call	1	1050.00	1,050.00
	7/2-3	Mileage	132.4	0.535	70.83
		IN PCF	7	11.45	80.15

Total Invoice	\$ 14,022.28
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We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 6/25/2018					
Fayette Regional Health System					
	Radiation Oncology-Gail Marcum	WORKED	8:00 AM	12:00 PM	4.00
	Radiation Oncology-Gail Marcum	WORKED	1:00 PM	5:00 PM	4.00
				Day Total:	8.00
Local Miles (paid if previously agreed upon)	General Comments				
66.2					
Tuesday 6/26/2018					
Fayette Regional Health System					
	Radiation Oncology-Gail Marcum	WORKED	8:00 AM	12:00 PM	4.00
	Radiation Oncology-Gail Marcum	WORKED	1:00 PM	5:00 PM	4.00
				Day Total:	8.00
Local Miles (paid if previously agreed upon)	General Comments				
66.2					
Wednesday 6/27/2018					
Fayette Regional Health System					
	Radiation Oncology-Gail Marcum	On Call ONCALL	4:00 PM	5:00 PM	1.00
				Day Total:	1.00
General Comments					
Thursday 6/28/2018					
Fayette Regional Health System					
	Radiation Oncology-Gail Marcum	On Call ONCALL	4:00 PM	5:00 PM	1.00
				Day Total:	1.00
General Comments					
Friday 6/29/2018					
Fayette Regional Health System					
	Radiation Oncology-Gail Marcum	On Call ONCALL	4:00 PM	5:00 PM	1.00
				Day Total:	1.00
General Comments					
Timesheet Total:					19.00

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	wilihite, amee	7/2/2018 2:41:38 PM

	Time Code Description	Time Code	In	Out	Hours
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Monday 7/2/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	WORKED		8:00 AM	12:00 PM	4.00
Radiation Oncology-Gail Marcum	WORKED		1:00 PM	5:00 PM	4.00
Day Total:					8.00

From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments
Indianapolis	Connersville, in	66.2			

Tuesday 7/3/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	WORKED		8:00 AM	12:00 PM	4.00
Radiation Oncology-Gail Marcum	WORKED		1:00 PM	5:00 PM	4.00
Day Total:					8.00

From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments
Indianapolis	Connersville, in	66.2			

Wednesday 7/4/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	ONCALL	On Call		4:00 PM	5:00 PM	1.00
Day Total:					1.00	

From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments

Thursday 7/5/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	ONCALL	On Call		4:00 PM	5:00 PM	1.00
Day Total:					1.00	

From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments

Friday 7/6/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	On Call	ONCALL	4:00 PM	5:00 PM	1.00
				Day Total:	1.00

From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments
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Timesheet Total: 19.00



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
08/06/18	3094303RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Galle, James RADONC	7/2/18-7/3/18	Lodging	1	77.28	77.28
	7/9/18-7/10/18	Lodging	1	77.28	77.28
Fayette Regional Health System Connersville, IN					

Total Invoice	\$ 154.56
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We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
 City : **Connersville**
 State : **IN**
 For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
 Client # : **9587258**
 Provider # : **9806082**
 Provider Name/Specialty : **Galle, James RADONC**
 Cost Center # : **5558185**

Date(s)	Description	Charges	Credits
Mon, Jul 2, 2018 - Tue, Jul 3, 2018	Room & Tax Only	\$ 77.28	\$
07-03-18	Wright Express XXXX-XXXX-XXXX-1569	\$	\$ 77.28
Total		\$ 77.28	\$ 77.28
Balance			\$ 0.00



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9806082**
Provider Name/Specialty : **Galle, James RADONC**
Cost Center # : **5558185**

Date(s)	Description	Charges	Credits
Mon, Jul 9, 2018 - Tue, Jul 10, 2018	Room & Tax Only	\$ 77.28	\$
07-10-18	Wright Express XXXX-XXXX-XXXX-0751	\$	\$ 77.28
Total		\$ 77.28	\$ 77.28
Balance			\$ 0.00



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
07/30/18	3084226RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Galle, James RADONC	7/9-10	Days	2	2279.00	4,558.00
	7/11-13	12Hr Call Wkdy	3	729.00	2,187.00
	7/9-10	Mileage IN PCF	132.4 7	0.535 11.45	70.83 80.15
Fayette Regional Health System Connersville, IN	7/16-17	Days	2	2279.00	4,558.00
	7/18-20	12Hr Call Wkdy	3	729.00	2,187.00
	7/16-17	Mileage IN PCF	132.4 6	0.535 11.45	70.83 68.70

Total Invoice \$ 13,780.51

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
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Monday 7/9/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	WORKED		8:00 AM	12:00 PM	4.00
Radiation Oncology-Gail Marcum	WORKED		1:00 PM	5:00 PM	4.00
Day Total:					8.00

From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments
Indianapolis	Connersville, in	66.2			

Tuesday 7/10/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	WORKED		8:00 AM	12:00 PM	4.00
Radiation Oncology-Gail Marcum	WORKED		1:00 PM	5:00 PM	4.00
Day Total:					8.00

From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments
Connersville,IN	Indianapolis, IN	66.2			

Wednesday 7/11/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	ONCALL	On Call		4:00 PM	5:00 PM	1.00
Day Total:					1.00	

From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments

Thursday 7/12/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	ONCALL	On Call		4:00 PM	5:00 PM	1.00
Day Total:					1.00	

From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments

Friday 7/13/2018

Fayette Regional Health System

Radiation Oncology-Gail Marcum	On Call	ONCALL	4:00 PM	5:00 PM	1.00
				Day Total:	1.00

From City	To City	Local Miles (paid if previously agreed upon)	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments
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Timesheet Total: 19.00

	Time Code Description	Time Code	In	Out	Hours
Monday 7/16/2018					
Fayette Regional Health System					
	Radiation Oncology-Gail Marcum	WORKED	8:00 AM	12:00 PM	4.00
	Radiation Oncology-Gail Marcum	WORKED	1:00 PM	5:00 PM	4.00
				Day Total:	8.00

From City	To City	Local Miles (paid if previously agreed upon)	General Comments
Indianapolis	Connersville	66.2	

Tuesday 7/17/2018					
Fayette Regional Health System					
	Radiation Oncology-Gail Marcum	WORKED	8:00 AM	12:00 PM	4.00
	Radiation Oncology-Gail Marcum	WORKED	1:00 PM	5:00 PM	4.00
				Day Total:	8.00

From City	To City	Local Miles (paid if previously agreed upon)	General Comments
Connersville	Indianapolis	66.2	

Wednesday 7/18/2018						
Fayette Regional Health System						
	Radiation Oncology-Gail Marcum	On Call	ONCALL	3:00 PM	4:00 PM	1.00
					Day Total:	1.00

General Comments

Thursday 7/19/2018						
Fayette Regional Health System						
	Radiation Oncology-Gail Marcum	On Call	ONCALL	3:00 PM	4:00 PM	1.00
					Day Total:	1.00

General Comments

Friday 7/20/2018						
Fayette Regional Health System						
	Radiation Oncology-Gail Marcum	On Call	ONCALL	3:00 PM	4:00 PM	1.00
					Day Total:	1.00

General Comments

Timesheet Total: 19.00

Approvals

Assignment	Approver	Date
Fayette Regional Health System - Radiation Oncology-Gail Marcum	Marcum, Gail	7/24/2018 4:34:42 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
08/20/18	3107561RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Galle, James RADONC Fayette Regional Health System Connersville, IN	7/16/18-7/17/18	Lodging	1	77.28	77.28

Total Invoice	\$ 77.28
----------------------	-----------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9806082**
Provider Name/Specialty : **Galle, James RADONC**
Cost Center # : **5558185**

Date(s)	Description	Charges	Credits
Mon, Jul 16, 2018 - Tue, Jul 17, 2018	Room & Tax Only	\$ 77.28	\$
07-17-18	Wright Express XXXX-XXXX-XXXX-1312	\$	\$ 77.28
Total		\$ 77.28	\$ 77.28
Balance			\$ 0.00



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
10/29/18	3173818RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Wasilowski, Eric EM Fayette Regional Hospital Connersville, IN	9/26/18-9/28/18	Lodging	1	333.14	333.14

Total Invoice	\$ 333.14
----------------------	------------------

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **Holiday Inn - Richmond**
City : **Richmond**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9615764**
Provider Name/Specialty : **Wasilowski, Eric EM**
Cost Center # : **5743196**

Date(s)	Description	Charges	Credits
Wed, Sep 26, 2018 - Fri, Sep 28, 2018	Room & Tax Only	\$ 333.14	\$
09-28-18	Wright Express XXXX-XXXX-XXXX-3414	\$	\$ 333.14
Total		\$ 333.14	\$ 333.14
Balance		\$	0.00



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
10/08/18	3155689RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Wasilowski, Eric EM	9/27	Hours	12	271.00	3,252.00
	9/27	Mileage	600	0.545	327.00
	9/27	Tolls	10.8	1.00	10.80
Fayette Regional Hospital Connersville, IN		IN PCF	2	38.80	77.60
		PCF Min Adjust	1	22.40	22.40
		IN PCF Tail	1	100.00	100.00

Total Invoice	\$ 3,789.80
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We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Thursday 9/27/2018					
Fayette Regional Hospital					
Emergency Medicine-Amee Willhite		WORKED	7:00 AM	7:00 PM	12.00
Day Total:					12.00
From City	To City	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments	
Chicago, IL	Connerville, IN	600	10.80		
Timesheet Total:					12.00

Approvals

Assignment	Approver	Date
Fayette Regional Hospital - Emergency Medicine-Amee Willhi	Willhite, Amee	10/2/2018 2:36:32 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
10/15/18	3155689RX	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Wasilowski, Eric EM	9/27	Hours	-12	271.00	-3,252.00
		Hours	24	271.00	6,504.00
Fayette Regional Health Syste Connersville, IN ADJUSTMENT REF:3155689RI Entry error					

Total Invoice \$ 3,252.00

We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

Received revised timesheet see below:

ERIC WASILOWSKI

Weekly Timesheet

Sunday, September 30,

	Time Code Description	Time Code	In	Out	Hours
Thursday 9/27/2018 (Doctor worked 7am - 7am = 24 hours)					
Fayette Regional Hospital					
Emergency Medicine-Amee Willhite		WORKED	7:00 AM	7:00 PM	12.00
Day Total:					12.00

From City	To City	Round Trip Miles (paid if previously agreed upon)	Tolls	General Comments
Chicago, IL	Connerville, IN	600	10.80	

Doctor entered his hours incorrectly s/b 24 hours
09/27/18 - 7am - 7am worked

Timesheet Total: 12.00

Approvals

Assignment	Approver	Date
Fayette Regional Hospital - Emergency Medicine-Amee Willhi	Willhite, Amee	10/2/2018 2:36:32 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
10/15/18	3161391RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Webb, Jennifer L RADONC	09/30/18-10/02/18	Car Rental	1	96.76	96.76
		Car Insurance	2	4.00	8.00
Fayette Regional Hospital Connersville, IN					

Total Invoice	\$ 104.76
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We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

AVIS

Avis Invoice

PLEASE WRITE THE RENTAL AGREEMENT NUMBER ON ALL CORRESPONDENCE AND NOTE ANY COMMENTS ON THIS DOCUMENT. **AVIS RENT A CAR SYSTEMS, INC**
REMIT TO : 7876 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
 RENTAL AGREEMENT NUMBER: **U325962114**
 FOR BILLING INQUIRIES: **1-800-959-3300**

07OCT18

RENTED:	30SEP18/17:05	AT:APO DAYTON OH	VEHICLE DATES	GP	MILES OUT	MILES IN	DRIVEN
RETURNED:	02OCT18/15:26	AT:APO DAYTON OH	BLK HYUN ELAN FWD	C	43308	43523	215
DUE IN:	02OCT18/17:18	AT:APO DAYTON OH	MI DRA4154				

RENTED BY:	RENTAL DETAILS	CHARGES
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WEBB, JENNIFER
 WEATHERBY HEALTHCARE
 PO BOX 713100
 *****NO RSN NO PGO*****
 SALT LAKE CITY UT 84171

2 DAYS GP C CAR @	35.00 PER DAY	70.00
NET TIME AND MILEAGE		70.00 *
CUSTOMER FACILITATION CHARGES		11.00 *
REGISTRATION FEE		1.44 *
AIRPORT CONCESSION FEE @	11.11%	7.78 *
TAXES @	7.25% ON 90.22	6.54

WIZ#: AVXXXXX-XX-X998-7
 ACCOUNT#: AVXXXXX-XX-X998-7
 CREDIT ID #: BXXXXXX0
 AWD#: T243203Y5679905
 COST CONTROL#: 34121977US1
 VOUCHER#: UH
 RES#: 46565363
 RATE: 2486132938
 ARC#: 2486132938
 LOCAL PHONE#: 2486132938
 FREQ. TRVL#: DRIVER LICENSE

TOTAL CHARGES USD 96.76

Additional charge of \$4.00/day
 for insurance

TAXABLE ITEMS *

AVIS

RENTAL AGREEMENT NUMBER
U325962114

PAYMENT DUE UPON RECEIPT. USD 96.76



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
10/29/18	3173819RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Webb, Jennifer L RADONC	9/30/18-10/2/18	Airfare	1	1,021.40	1,021.40
	10/7/18-10/9/18	Airfare	1	1,021.40	1,021.40
	10/07/18-10/09/18	Car Rental	1	96.99	96.99
Fayette Regional Hospital Connersville, IN	10/14/18-10/16/18	Car Insurance	2	4.00	8.00
		Car Rental	1	96.99	96.99
	9/30/18-10/1/18	Car Insurance	2	4.00	8.00
		Lodging	1	77.28	77.28
		10/1/18-10/2/18	Lodging	1	191.39

Total Invoice	\$ 2,521.45
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We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Webb, Jennifer RADONC** Provider #: **9524079** Cost Center #: **5679905**

Flight	DELTA AIR LINES	Flight #: 4560
	Departs: Sun, Sep 30, 2018 04:00 PM	Class: H
	From: DETROIT METRO, MI	Ticket #: 00672025844033
	To: DAYTON, OH	Airport Routing: DTW DAY DTW

Flight	DELTA AIR LINES	Flight #: 4924
	Departs: Tue, Oct 2, 2018 06:18 PM	Class: H
	From: DAYTON, OH	Ticket #: 00672025844033
	To: DETROIT METRO, MI	Airport Routing: DTW DAY DTW

Date of Sale: **28-Sep-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 996.40**
Service Fee: **\$ 25.00**
Total Travel: **\$ 1,021.40**

Travel Transaction

Christopherson Business Travel
5588 So. Green Street, Suite 300, Salt Lake City, UT 84123

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

CHRISTOPHERSON
BUSINESS TRAVEL

For Client: **FAYETTE REGIONAL HEALTH SYSTEM** Client #: **9587258** Provider Name/Specialty: **Webb, Jennifer RADONC** Provider #: **9524079** Cost Center #: **5679905**

Flight	DELTA AIR LINES	Flight #: 6275
	Departs: Sun, Oct 7, 2018 08:40 PM	Class: H
	From: DETROIT METRO, MI	Ticket #: 00672027666730
	To: DAYTON, OH	Airport Routing: DTW DAY DTW

Flight	DELTA AIR LINES	Flight #: 4924
	Departs: Tue, Oct 9, 2018 06:18 PM	Class: H
	From: DAYTON, OH	Ticket #: 00672027666730
	To: DETROIT METRO, MI	Airport Routing: DTW DAY DTW

Date of Sale: **2-Oct-18**
Charged To: **XXXX-XXXX-XXXX-5365**
Base Travel: **\$ 996.40**
Service Fee: **\$ 25.00**
Total Travel: **\$ 1,021.40**



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **The Woodridge Inn**
City : **Connersville**
State : **IN**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9524079**
Provider Name/Specialty : **Webb, Jennifer RADONC**
Cost Center # : **5679905**

Date(s)	Description	Charges	Credits
Sun, Sep 30, 2018 - Mon, Oct 1, 2018	Room & Tax Only	\$ 77.28	\$
10-01-18	Wright Express XXXX-XXXX-XXXX-2712	\$	\$ 77.28
Total		\$ 77.28	\$ 77.28
Balance			\$ 0.00



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **Fairfield Inn- New Par**
City : **New Paris**
State : **OH**
For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
Client # : **9587258**
Provider # : **9524079**
Provider Name/Specialty : **Webb, Jennifer RADONC**
Cost Center # : **5679905**

Date(s)	Description	Charges	Credits
Mon, Oct 1, 2018 - Tue, Oct 2, 2018	Room & Tax Only	\$ 191.39	\$
10-03-18	Wright Express XXXX-XXXX-XXXX-0590	\$	\$ 191.39
Total		\$ 191.39	\$ 191.39
Balance			\$ 0.00

AVIS

Avis Invoice

PLEASE WRITE THE RENTAL AGREEMENT NUMBER ON ALL CORRESPONDENCE AND NOTE ANY COMMENTS ON THIS DOCUMENT. **AVIS RENT A CAR SYSTEMS, INC**
REMIT TO : 7876 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
 RENTAL AGREEMENT NUMBER: **U325967924**
 FOR BILLING INQUIRIES: **1-800-959-3300**

14OCT18

RENTED:	07OCT18/21:46	AT:APO DAYTON OH	VEHICLE DATES	GP	MILES OUT	MILES IN	DRIVEN
RETURNED:	09OCT18/15:38	AT:APO DAYTON OH	WHI KIA FORT FWD	C	11225	12739	1514
DUE IN:	09OCT18/17:18	AT:APO DAYTON OH	KY 012YFF				

RENTED BY:	RENTAL DETAILS	CHARGES
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WEBB, JENNIFER
WEATHERBY HEALTHCARE
PO BOX 713100
*******NO RSN NO PGO*******
SALT LAKE CITY UT 84171

2 DAYS GP C CAR @	35.00 PER DAY	70.00
NET TIME AND MILEAGE		70.00 *
CUSTOMER FACILITATION CHARGES		11.00 *
REGISTRATION FEE		1.44 *
AIRPORT CONCESSION FEE @	11.11%	7.78 *
TAXES @	7.50% ON 90.22	6.77

TOTAL CHARGES USD **96.99**

WIZ#: AVXXXXX-XX-X998-7
 ACCOUNT#: AVXXXXX-XX-X998-7
 CREDIT ID #: BXXXXXX0
 AWD#: T252578Y5679905
 COST CONTROL#: 34382468US1
 VOUCHER#: UH
 RES#: 46565363
 RATE:
 ARC#: LOCAL PHONE#: FREQ. TRVL#: DRIVER LICENSE

Additional charge of \$4.00/day
for insurance

TAXABLE ITEMS *

RENTAL AGREEMENT NUMBER
U325967924

PAYMENT DUE UPON RECEIPT. USD 96.99

AVIS

AVIS

AVIS

Avis Invoice

PLEASE WRITE THE RENTAL AGREEMENT NUMBER ON ALL CORRESPONDENCE AND NOTE ANY COMMENTS ON THIS DOCUMENT. **AVIS RENT A CAR SYSTEMS, INC**
REMIT TO : 7876 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
 RENTAL AGREEMENT NUMBER: **U325974482**
 FOR BILLING INQUIRIES: **1-800-959-3300**

22OCT18

RENTED:	14OCT18/17:12	AT:APO DAYTON OH	VEHICLE DATES	GP	MILES OUT	MILES IN	DRIVEN
RETURNED:	16OCT18/15:35	AT:APO DAYTON OH	BLK VOLV XC6A AWD	H	5058	5289	231
DUE IN:	16OCT18/17:18	AT:APO DAYTON OH	OH HDR1567				

RENTED BY:	RENTAL DETAILS	CHARGES
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WEBB, JENNIFER
WEATHERBY HEALTHCARE
 PO BOX 713100
 *****NO RSN NO PGO*****
 SALT LAKE CITY UT 84171

2	DAYS	GP C CAR @	35.00	PER DAY	70.00
NET TIME AND MILEAGE					70.00 *
CUSTOMER FACILITATION CHARGES					11.00 *
REGISTRATION FEE					1.44 *
AIRPORT CONCESSION FEE @ 11.11%					7.78 *
TAXES	@	7.50%	ON	90.22	6.77

WIZ#:
 ACCOUNT#: AVXXXXXX-XX-X998-7
 CREDIT ID # AVXXXXXX-XX-X998-7
 AWD#: BXXXXXX0
 COST CONTROL#: T252579Y5679905
 VOUCHER#:
 RES#: 35189694US1
 RATE: UH
 ARC#: 46565363
 LOCAL PHONE#:
 FREQ. TRVL#:
 DRIVER LICENSE

TOTAL CHARGES USD **96.99**

Additional charge of \$4.00/day
for insurance

TAXABLE ITEMS *

AVIS

RENTAL AGREEMENT NUMBER
U325974482

PAYMENT DUE UPON RECEIPT. USD 96.99



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
10/22/18	3165138RI	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Webb, Jennifer L RADONC	10/1-2	Days	2	2353.00	4,706.00
	10/3-5	12Hr Call Wkdy	3	700.00	2,100.00
	10/1	Mileage	88.5	0.535	47.35
Fayette Regional Hospital Connersville, IN		IN PCF	7	11.87	83.09
		PCF Min Adjust	1	16.91	16.91
		IN PCF Tail	1	100.00	100.00

Total Invoice \$ 7,053.35

We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Monday 10/1/2018					
Fayette Regional Hospital					
	Radiation Oncology-Amee Willhite	WORKED	8:00 AM	12:00 PM	4.00
	Radiation Oncology-Amee Willhite	WORKED	12:30 PM	4:30 PM	4.00
				Day Total:	8.00

Round Trip Miles (paid if previously agreed upon)	General Comments
88.5	mileage to and from Detroit airport in personal ve

Tuesday 10/2/2018					
Fayette Regional Hospital					
	Radiation Oncology-Amee Willhite	WORKED	8:00 AM	12:00 PM	4.00
	Radiation Oncology-Amee Willhite	WORKED	12:30 PM	4:30 PM	4.00
				Day Total:	8.00

General
Comments

Wednesday 10/3/2018					
Fayette Regional Hospital					
	Radiation Oncology-Amee Willhite	WORKED	9:00 AM	10:00 AM	1.00
				Day Total:	1.00

General
Comments

Thursday 10/4/2018					
Fayette Regional Hospital					
	Radiation Oncology-Amee Willhite	WORKED	9:00 AM	10:00 AM	1.00
				Day Total:	1.00

General
Comments

Friday 10/5/2018					
Fayette Regional Hospital					
	Radiation Oncology-Amee Willhite	WORKED	9:00 AM	10:00 AM	1.00
				Day Total:	1.00

General
Comments

Timesheet Total: 19.00**Approvals**

Assignment	Approver	Date
Fayette Regional Hospital - Radiation Oncology- Amee Willhi	Willhite, Amee	10/10/2018 8:32:54 AM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
10/22/18	3166260RT	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Webb, Jennifer RADONC	10/2	Parking	1	72.00	72.00
	10/2	Fuel	1	14.07	14.07
Fayette Regional Hospital Connersville, IN					

Total Invoice	\$ 86.07
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We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available

DETROIT METRO AIRPORT



6498-000161-02:06:11 10/02/18 19:41-000.00-\$072.00

821934
SOUTHLAND PRINTING
SHREVEPORT, LA.



RECEIPT

SPEEDWAY 0008033
Cambridge IN 47327
TRAN#: 3093833
10/2/2018 2:32 PM

Pump 08
Regular Unleaded
4.540 @ \$3.099/GAL
GAS TOTAL \$14.07

TAX \$0.00
TOTAL \$14.07

Visa
Card Num :
XXXXXXXXXXXX6498
TERM: 0050008033001
TRANS TYPE: CAPTURE
APPR#: 00875D
ENTRY METHOD: ICR

10/02/2018 14:30:28

Cardholder agrees to
pay to issuer total
charges per the
agreement between
cardholder & issuer.
WWW.SPEEDWAY.COM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
10/29/18	3175941RT	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Wasilowski, Eric EM	10/02/18-10/04/18	Car Insurance	2	4.00	8.00
		Car Rental	1	91.93	91.93
	10/2/18-10/4/18	Lodging	1	372.56	372.56
Fayette Regional Hospital Connersville, IN					

Total Invoice	\$ 472.49
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We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available



Hotel Folio

Wright Express Financial Services Corporation
97 Darling Avenue, South Portland, ME 04106

For:
CHG Healthcare Services, Inc.
6440 South Millrock Drive, Suite 175
Salt Lake City, Utah 84121

Hotel : **Holiday Inn - Richmond**
 City : **Richmond**
 State : **IN**
 For Client : **FAYETTE REGIONAL HEALTH SYSTEM**
 Client # : **9587258**
 Provider # : **9615764**
 Provider Name/Specialty : **Wasilowski, Eric EM**
 Cost Center # : **5743591**

Date(s)	Description	Charges	Credits
Tue, Oct 2, 2018 - Thu, Oct 4, 2018	Room & Tax Only	\$ 372.56	\$
10-04-18	Wright Express XXXX-XXXX-XXXX-2605	\$	\$ 372.56
Total		\$ 372.56	\$ 372.56
Balance			\$ 0.00



Fed Tax Id : 430724835

Consolidated Inv. #
Rental Agreement #
Bill Ref #
Invoice Date

18851217
3NNY33
800028320969
08-Oct-2018

Bill To Information

CHG MANAGEMENT INC
P.O. BOX 713500
SALT LAKE CITY, UT - 84171-3500

Rental Information

Reservation Number : 1844700867
Driver : WASILOWSKI, ERIK
Pickup Date/Time : 10/02/2018 12:53
Return Date/Time : 10/04/2018 11:30
Miles/kms : 548
Car Class : SCAR Requested Class : SCAR

Vehicle Information

Yr/Make/Model Unit # License No Beg/End/Distance
2018/NISN/ARMA 7PXSKC BSH7447 31160/31708/548
VIN JN8AY2ND7J9052635

Rental Branch

NN LINCOLN PARK
2900 N SHEFFIELD
CHICAGO, IL - 60657-5014

Return Branch

NN LINCOLN PARK
2900 N SHEFFIELD
CHICAGO, IL-60657-5014

Charge Detail

Description	Qty	Period	Rate	Amount
TIME & DISTANCE	2	DAY	36.00	72.00
		Sub Total		72.00
AUTO RENTAL TAX		PERCENT	12.00	8.85
CHICAGO TRANSACTION TAX		PERCENT	9.00	6.63
LESSOR TAX	1	RENTAL	2.75	2.75
VLCRF	2	DAY	0.85	1.70
Total Charges (USD)				91.93

Additional Information

Ext Bill Ref # 1 T251440Y5743591 PO NUMBER T251440Y5743591

Additional charge of \$4.00/day
for insurance

Remit Payment in USD to	For Billing Inquiries	Payment Terms
EAN SERVICES V39C 14002 EAST 21ST SOUTH SUITE 1500 TULSA, OK 74134	Tel#:+1 9184016000 manualpayments@ehi.com	Payment Due Within 30 days of invoice date. Late payments are subject to finance charge.

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.





REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
10/22/18	3163654RI	9587258

Bill To:
FAYETTE REGIONAL HEALTH SYSTEM ATTN: ACCOUNTS PAYABLE accountspayable@fayetteregional.org 1941 VIRGINIA AVENUE CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Wasilowski, Eric EM	10/3	Hours	24	271.00	6,504.00
	10/3	Tolls	10.4	1.00	10.40
Fayette Regional Hospital Connersville, IN		IN PCF	1	38.80	38.80
		PCF Min Adjust	1	61.20	61.20
		IN PCF Tail	1	100.00	100.00

Total Invoice	\$ 6,714.40
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We appreciate your business
 Questions? Call your Accounts Receivable Specialist at 800-328-3021
 ACH and wire payment options available

	Time Code Description	Time Code	In	Out	Hours
Wednesday 10/3/2018					
Fayette Regional Hospital					
	Emergency Medicine-Amee Willhite	WORKED	8:00 AM	8:00 AM	24.00
			Day Total:		24.00
Tolls	General Comments				
10.40					
Timesheet Total:					24.00

Approvals

Assignment	Approver	Date
Fayette Regional Hospital - Emergency Medicine-Amee Willhi	Willhite, Amee	10/9/2018 1:19:51 PM



REMIT TO:
WEATHERBY LOCUMS, INC.
PO BOX 972633
DALLAS TX 75397-2633

Date	Invoice #	Account #
12/10/18	3171589RX	9587258

Bill To:

FAYETTE REGIONAL HEALTH SYSTEM
ATTN: ACCOUNTS PAYABLE
accountspayable@fayetteregional.org
1941 VIRGINIA AVENUE
CONNERVILLE IN 47331

Customer PO	Terms
	DUE UPON RECEIPT

Provider	Dates of Service	Description	Unit	Rate	Amount
Webb, Jennifer L RADONC	10/8-9	Days	2	2353.00	4,706.00
	10/10	12Hr Call Wkdy	1	700.00	700.00
Fayette Regional Hospital Connersville, IN	10/8	Mileage IN PCF	89	.545	48.51
			3	11.87	35.61

Total Invoice	\$ 5,490.12
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We appreciate your business
Questions? Call your Accounts Receivable Specialist at 800-328-3021
ACH and wire payment options available