

UNITED STATES BANKRUPTCY COURT	Northern District of Illinois	<b>PROOF OF CLAIM</b>
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Name of Debtor: <b>Gulf Packaging, Inc.</b>	Case Number: <b>15-15249</b>
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RECEIVED

JUL 30 2015

BMC GROUP

COURT USE ONLY

NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):  
**Express Employment Professionals dba North State Staffing**

Name and address where notices should be sent:  
**PO Box 548 Yuba City CA 95992**

Telephone number: **(916) 922-5627** email: **rachel.french@expresspros.com**

Check this box if this claim amends a previously filed claim.

Court Claim Number: \_\_\_\_\_  
(If known)

Filed on: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

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

1. Amount of Claim as of Date Case Filed: \$ 2,026.98

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

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

2. Basis for Claim: **Services Performed**  
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:  
**0 0 7 5**

3a. Debtor may have scheduled account as:  
\_\_\_\_\_  
(See instruction #3a)

3b. Uniform Claim Identifier (optional):  
\_\_\_\_\_  
(See instruction #3b)

4. Secured Claim (See instruction #4)  
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff:  Real Estate  Motor Vehicle  Other  
Describe: \_\_\_\_\_

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

Annual Interest Rate \_\_\_\_\_ %  Fixed or  Variable  
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ \_\_\_\_\_

Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_

Amount Unsecured: \$ \_\_\_\_\_

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).

Amount entitled to priority: \$ \_\_\_\_\_

\*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)

Gulf Packaging, Inc. POC

00395

**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain: **N/A**

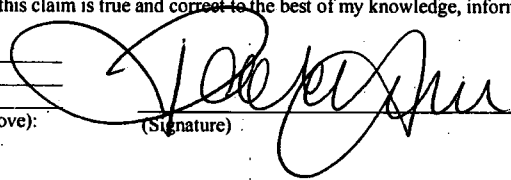
**8. Signature:** (See instruction #8)

Check the appropriate box.

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

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Rachel French  
 Title: Branch Manager  
 Company: Express Employment Professionals  
 Address and telephone number (if different from notice address above): \_\_\_\_\_

 7/17/15  
 (Signature) (Date)

Telephone number: (916) 922-5627 email: Rachel.French@ExpressPros.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

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

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**  
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**Creditor's Name and Address:**  
 Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**  
 State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**  
 State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**  
 State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**  
 Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim:**  
 Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a):**  
 If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**  
 An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**  
 Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**8. Date and Signature:**  
 The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

## DEFINITIONS

## INFORMATION

**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. § 506 (a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. § 507 (a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



## New Account Information

Client <b>COAT PACKAGING - Sacramento</b>		Telephone No. <b>209-744-1071</b>	Fax No. <b>209-744-1704</b>	Contact <b>JEFF LARGENT</b>	
Address <b>140 ENTERPRISE CT Suite A</b>			City <b>GALT</b>	State <b>CA</b>	Zip <b>95632</b>
Type of Business <b>Dist. of Pkg</b>	Business Start Date <b>07/2012</b>	Years at Address	CEO/Owner/Partner/Proprietor <b>ARMAN JARKISIAN</b>	No. Employees <b>3000</b>	
Type of Organization <b>supplies</b>	Reason for Associates <b>WORK LOAD</b>		No. of Associates <b>2</b>	Hours per Week <b>40</b>	
Party in Charge of Accts. Payable <b>TRENE MATHIS</b>	PO Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Terms are: Payments due 10 Days from Date of Invoice			
Person Accepting Our Terms <b>JEFF LARGENT</b>	Title <b>Sacramento-Manager</b>	Social Security Number/Tax ID Number <b>45-4695080</b>			
Primary Bank Used <b>MYM BANK</b>	Telephone <b>815-724-2311</b>	Account No. <b>2200032506</b>	Account Representative <b>KRISTIN Sedluck</b>		
Type of Account <b>CHECKING</b>	Date Opened	Avg. Checking Balance \$	Hi Balance \$	Avg. Balance \$	D&B Rating
Loans Outstanding <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured	Current Loan Balance \$	Hi Balance \$	Avg. Balance \$	Payment History <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Bank Credit Rating	SIC Code	Comments:			

CREDIT REFERENCES		For Express Services Use Only			
Name of Supplier <b>SILVODE</b>	Type of Business <b>DARDING</b>	Credit Limit \$	Date Acct. Opened	Account Avg. \$	Account High \$
Address <b>80 HASTINGS AVE</b>	Contact	Avg. Days to Pay	Terms	Rating <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Telephone No. <b>847-715-8925</b>	Fax No. <b>847-215-9837</b>	Comments:			
Name of Supplier <b>M &amp; M BANK</b>	Type of Business	Credit Limit \$	Date Acct. Opened	Account Avg. \$	Account High \$
Address <b>OAKWOOD, IL</b>	Contact <b>KOESTER</b>	Avg. Days to Pay	Terms	Rating <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Telephone No. <b>815-724-2311</b>	Fax No.	Comments:			
Name of Supplier <b>MATHIS</b>	Type of Business <b>Tool/machine</b>	Credit Limit \$	Date Acct. Opened	Account Avg. \$	Account High \$
Address <b>401 W 111 ST. S</b>	Contact <b>29644</b>	Avg. Days to Pay	Terms	Rating <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Telephone No. <b>864-409-0252</b>	Fax No. <b>864-409-3039</b>	Comments:			

### TERMS AGREEMENT BUILT INTO CREDIT APPLICATION

The undersigned, in consideration of extending credit to aforesaid business, individually, jointly and severally as individuals unconditionally guarantee the payment of any and all future obligations of the said company which may be owing to Express Services, Inc. upon demand including reasonable attorney's fees and all costs and other expenses incurred by Express Services, Inc. in collecting an indebtedness of the aforesaid customer. Notice is waived. This is a continuing guarantee. Should a lawsuit be necessary to enforce the guarantee, venue is waived and suit may be brought in Oklahoma City, Oklahoma. A photocopy or facsimile copy of the account application and signature shall be valid as an original thereof.

All information given above is correct to the best of the undersigned's knowledge. It is agreed that (1) charges for temporary help are labor related and due 10 days from the date of invoice, (2) creditor is authorized to investigate credit, banking and financial history and to disclose findings of that investigation as necessary.

Signature: *[Signature]* Date: 07/25/15

<b>CREDIT APPROVAL</b>	Approved By	Credit Limit \$	Terms	
	Source Code	Client Account No	Complete By	Checked By
				Date

This Staffing Agreement is entered into by and between Express Employment Professionals, a California Limited Liability Company, ("Express") and [Client Name], ("Client"). Express is a national provider of temporary and permanent employment services. Client is a [Client Name] located at [Client Address].

1. The Client desires to employ Express employees to provide all support services including, but not limited to, clerical, administrative, and other professional services. Express agrees to provide the Client with a pool of qualified employees to meet the Client's needs.
2. Express warrants that its employees will be of legal age, of sound mind and body, and will be able to perform the duties of the position. Express will also warrant that its employees will be properly trained and experienced in the performance of the duties of the position. Express will also warrant that its employees will be able to work the hours and schedule required by the Client.
3. Express warrants that its employees will be able to work the hours and schedule required by the Client. Express will also warrant that its employees will be able to work the hours and schedule required by the Client.
4. Express warrants that its employees will be able to work the hours and schedule required by the Client. Express will also warrant that its employees will be able to work the hours and schedule required by the Client.
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9. Express warrants that its employees will be able to work the hours and schedule required by the Client. Express will also warrant that its employees will be able to work the hours and schedule required by the Client.
10. Express warrants that its employees will be able to work the hours and schedule required by the Client. Express will also warrant that its employees will be able to work the hours and schedule required by the Client.

Express Employment Professionals  
[Signature]  
[Signature]  
[Signature]

January 22, 2015

Gulf Packaging  
140 Enterprise Court, Ste A  
Galt, CA. 95632

Dear Jeff,

Thank you for allowing us to present this proposal. We feel confident that you will find the attitudes and productivity of our employees to be those in which you would expect from your own employees. Our goal is **EXCELLENCE IN SERVICE** to our clients. Quality and service are our highest priorities. The reputation and success of Express Employment Professionals depends completely on these three principles.

➤ **WE MAKE IT A PRIORITY TO LEARN ABOUT YOUR COMPANY FIRST!**

We believe that in order to make a "right fit", we need to learn as much as possible about the environment an associate will be assigned. Express Employment Professionals will make an in-depth study of your company's facilities in order to become knowledgeable about the specific needs of each department.

➤ **IN DEPTH HIRING PROCESS**

We take pride in our interviewing process that complies with our ISO 9001 registration. We recruit, evaluate, thoroughly interview, check references and provide a complete orientation in order to supply you with the best-qualified associates. In addition, we will often customize our orientation process to be client specific.

➤ **ALWAYS EXPECT QUALITY**

As our customer, you should expect nothing less. It is our job to understand your needs and provide clear and constant communication to you at all times. We have a vested interest to make sure you receive the quality you are looking for, and with over (30) years Staffing Experience amongst our staff, you should always feel that you are receiving the service you desire from our team.

We at Express realize that only you can decide what you want or expect from a staffing service. For that reason, we customize our service to meet your individual needs. Our purpose is very clear: ***we want to help people succeed!*** By allowing Express to handle the employment search for your company, we believe we can help save you time and help your company by alleviating the pain of finding good employees that will fit well for you. Please see the details on how our staffing solutions can benefit you!

<b>Value:</b>	Allows Express to <b>save you time and money with finding the right candidate</b> , at the same time you can <b>evaluate the associate before making a commitment to hire</b> . (If your need is only Temporary, we take the burden of having to recruit, interview and hire while also avoiding potential future unemployment claims). We offer a wonderful selection of benefits for our associates which include having the option to enroll in our <b>Medical Benefits on their first day on assignment with Express!</b>	
<b>What Express Does for you:</b>	Advertise, Recruit, Screen, Test, Interview, Check References, Evaluate, Indoctrinate, Payroll, Pay Workers' Compensation, Pay State Unemployment Tax, Pay Federal Unemployment Tax, Bond, & Guarantee!	
<b>Is there a fee to transfer to your Payroll?</b>	There is <b>NO</b> fee to hire our associate after the associate has worked <b>520</b> Hours.	
<b>What do your Bill Rates Include? (Added Value)</b>	**Express Employment Professionals can bring about significant savings by converting fixed operating expenses into one variable cost. Your Hourly Bill rate includes: The Pay Rate to the Associate, including the Payroll Burden, (Workers Comp, State and Federal Payroll Taxes). Also, potential unemployment claims become our burden!	
<b>What is our Guarantee?</b>	We guarantee acceptable performance from every associate we provide. If you are not satisfied, you will not be charged for the associate's first four hours, and a replacement will be sent.	
<b>Rates:</b>	<b>Hourly Pay Rate:</b>	<b>Hourly Service Rate**:</b>
<b>Warehouse/Shipping &amp; Receiving Placements by Express</b>	<b>\$12.00</b>	<b>\$19.08</b>
<b>Administrative Support Placement by Express</b>	<b>\$16.50</b>	<b>\$24.75</b>
<b>Criminal Background &amp; 5 Panel Drug Screen</b>	<b>Cost Included in Hourly Service Rate</b>	

We hope that you will think of Express Employment Professionals not only as a staffing service but also as an extension of your Human Resources Department. We feel very confident that our program will be cost-effective and time-effective for your organization and will make your job easier as it relates to staffing.

**Thank you in advance for considering Express Employment Professionals as your complete Human Resource Solutions Provider!**

Express Employment Professionals bills for services rendered on a pay-per-hour basis. The above rates will apply to the position(s) we discussed (State level workers compensation can factor into rates, in the event of changes clients will be notified in advance).

*Express Employment Professionals*

Company Name: Gulf Packaging

\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*01/23/15*  
\_\_\_\_\_  
Date





**CLIENT CONTACT SHEET**

1

Please take a moment to fill out this form with the requested information. This will help ensure your account is set up properly.

Company Name: <i>(as it should appear on the invoice)</i>	GULF-PACKAGING	
Local Street Address:	140 ENTERPRISE CT, SUITE-A	
City, State, ZIP:	GALT, CA 95632	
Primary Contact:	209-744-1091	
Phone:	JEFFREY LARGENT	
Email:	jlargent@gulfpackaging.com	
Bill To Method:	<input checked="" type="checkbox"/> Email / <input type="checkbox"/> US Mail / Other:	
Bill To Address/Email:		
Street	140 ENTERPRISE CT SUITE-A	
City, State, ZIP	GALT, CA 95632	
Express terms are Net 10 days from the invoice date. Invoices are considered past due after 30 days.		
Payment Method:	Wire / EFT / <input checked="" type="checkbox"/> Check / <input type="checkbox"/> Credit Card	
	If paying w/Credit Card, do you require a receipt? YES NO	
Accounts Payable Contact:		
Phone:	SAME AS ABOVE	
Email:		
Accounts Payable Supervisor:		
Phone:		
Email:		
Do you require additional documentation to process invoices? (time card copies, PO, etc.)	NO	
Express Remit To Address:	Express Services, Inc. PO Box 844277 Los Angeles, CA 90084-4277	

Your local Express contact:

Sales Rep:	Vicki Meyer
Account Manager:	Tayler Schohr
Office Manager:	Tayler Schohr
Phone:	916.431.7670

1

Gulf Packaging

WEB

Payroll related services, please pay from this invoice.  
2737-104567 Account # 27370075

Invoice Date 3/18/2015  
Invoice Number 15552938-1

Page: 1 of 1

	item	summary
Gulf Packaging A149 - Forklift Operator Chapel Jr, Jerome Javario 3/15/2015 Regular Time 17.00 hours @ \$19.08 per hour Job Subtotal: A149 - Forklift Operator Dept Subtotal:	\$324.36	\$324.36 \$324.36
ADMIN - Gulf Packaging Department A150 - Warehouse Administration Poydras, Dominique Michelle 3/15/2015 Regular Time 36.00 hours @ \$24.75 per hour Job Subtotal: A150 - Warehouse Administration Dept Subtotal: ADMIN Gulf Packaging Department	\$891.00	\$891.00 \$891.00

**Invoice Total \$1,215.36**

Please call (916) 431-7670 for questions regarding your account

*Express offers total client care, professional search, HR services and employment solutions at all levels.*

**DUPLICATE**

Account Number	27370075
Invoice Number	15552938-1
Invoice Date	3/18/2015
Amount Due	\$1,215.36
Due Date	3/28/2015

PDF

Please make check payable to Express Services, Inc.

|||||  
Gulf Packaging  
140 Enterprise Court, Ste A  
Galt, CA 95632

Express Services, Inc.  
P.O. BOX 844277  
Los Angeles, CA 90084-4277

Please return this portion with your payment

|||||

0000000155529381

00000000104567

00121536

Gulf Packaging

WEB

Payroll related services, please pay from this invoice.  
2737-104567/ADMIN Account # 27370075

Invoice Date  
Invoice Number

3/25/2015  
15582900-5

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Gulf Packaging ADMIN - Gulf Packaging Department A150 - Warehouse Administration Poydras, Dominique Michelle 3/22/2015 Regular Time 8.00 hours @ \$24.75 per hour	item	summary
		\$198.00

Invoice Total

\$198.00

Please call (916) 431-7670 for questions regarding your account


Express offers total client care, professional search, HR services and employment solutions at all levels.

DUPLICATE

Account Number	27370075
Invoice Number	15582900-5
Invoice Date	3/25/2015
Amount Due	\$198.00
Due Date	4/04/2015

PDF

Please make check payable to Express Services, Inc.

  
 Gulf Packaging  
 140 Enterprise Court, Ste A  
 Galt, CA 95632

Express Services, Inc.  
 P.O. BOX 844277  
 Los Angeles, CA 90084-4277



Please return this portion with your payment

0000000155829005

00000000104567

00019800

Gulf Packaging

WEB

Payroll related services, please pay from this invoice.  
2737-104567 Account # 27370075

Invoice Date 3/11/2015  
Invoice Number 15526177-9

Page: 1 of 1

	item	summary
Gulf Packaging A149 - Forklift Operator Chapel Jr, Jerome Javario 3/08/2015 Regular Time 14.00 hours @ \$19.08 per hour Job Subtotal: A149 - Forklift Operator Dept Subtotal:	\$267.12	\$267.12 \$267.12
ADMIN - Gulf Packaging Department A150 - Warehouse Administration Poydras, Dominique Michelle 3/08/2015 Regular Time 14.00 hours @ \$24.75 per hour Job Subtotal: A150 - Warehouse Administration Dept Subtotal: ADMIN Gulf Packaging Department	\$346.50	\$346.50 \$346.50

Invoice Total \$613.62

Please call (916) 431-7670 for questions regarding your account

Express offers total client care, professional search, HR services and employment solutions at all levels.

DUPLICATE

Account Number	27370075
Invoice Number	15526177-9
Invoice Date	3/11/2015
Amount Due	\$613.62
Due Date	3/21/2015

PDF

Please make check payable to Express Services, Inc.

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Gulf Packaging  
140 Enterprise Court, Ste A  
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P.O. BOX 844277  
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Gulf Packaging  
Account #27370075  
As of July 17, 2015

Invoice Number	Invoice Date	Original Amount	Payment Date	Payment Amount	Open Amount	Check Number	Days Outstanding
15526177-9	03/11/15	\$613.62		\$	\$613.62		128
15552938-1	03/18/15	\$1,215.36		\$	\$1,215.36		121
15582900-5	03/25/15	\$198.00		\$	\$198.00		114
				Balance	\$2,026.98		