

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		Northern District of Georgia	FILED IN CLERK'S OFFICE U.S. BANKRUPTCY COURT PROCTOR DIVISION 14 DEC 29 PM 2:35 M. REGINA LINDAS CLERK BY _____ DEPUTY CLERK
Name of Debtor: HUTCHESON MEDICAL CENTER		Case Number: 14-42863/PWB	COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
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): OFFICETEAM			
Name and address where notices should be sent: ATTN: KAREN LIMA PO BOX 5024 SAN RAMON, CA 94583 Telephone number: (925) 913-2511 email: KAREN.LIMA@ROBERTHALF.COM			
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____			<input type="checkbox"/> 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: \$ <u>23,236.19</u> 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. <input type="checkbox"/> 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.			RECEIVED JAN 05 2015 BMC GROUP
2. Basis for Claim: SERVICES PERFORMED (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: 03950-000159000	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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> 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"/> 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"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	
		<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			

Hutcheson Med POC



00058

B10 (Official Form 10) (04/13)

2

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:

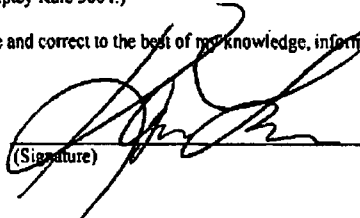
8. Signature: (See instruction #8)

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. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

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: KAREN LIMA
Title: RECOVERY MANAGER
Company: ROBERT HALF
Address and telephone number (if different from notice address above):

(Signature)  (Date) 12/29/14

Telephone number: (925) 913-2511 email: KAREN.LIMA@ROBERTHALF.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.

PeopleSoft Receivables
AGING DETAIL BY BUSINESS UNIT
as of 22-DEC-2014

Report ID: AR30003
Aging Id: MAIN /
Currency Base Currency
Rate Type:

Page No. 2
Run Date 12/22/2014
Run Time 13:14:31

Item	Employee Name	Line	As Of	Ent	Type/Ran	Cur	Amount	Other
TOTUS	03950-000159000	HUTCHESON MEDICAL CENTER	FORT OGLETHORPE	GA				
38650701	Dixon, Angela	1	09/02/2013	EXDR	REG	USD	140.00	140.00
38658279	Richards, Tiffany	1	09/02/2013	EXDR	REG	USD	691.83	691.83
38658280	HARRIS, CORREY A	1	09/02/2013	EXDR	REG	USD	1,026.80	1,026.80
38658280	HARRIS, CORREY A	2	09/02/2013	EXDR	OVT	USD	19.25	19.25
38685535	Moseley, Rice	1	09/05/2013	EXDR	REG	USD	707.47	707.47
38685536	Gayton, Peggy	1	09/05/2013	EXDR	REG	USD	608.13	608.13
38692884	Moseley, Rice	1	09/09/2013	EXDR	REG	USD	614.14	614.14
38701211	Richards, Tiffany	1	09/09/2013	EXDR	REG	USD	556.71	556.71
38718126	HARRIS, CORREY A	1	09/10/2013	EXDR	REG	USD	821.44	821.44
38728016	Gayton, Peggy	1	09/11/2013	EXDR	REG	USD	490.00	490.00
38738444	Moseley, Rice	1	09/16/2013	EXDR	REG	USD	771.29	771.29
38747584	Richards, Tiffany	1	09/16/2013	EXDR	REG	USD	692.00	692.00
38747585	HARRIS, CORREY A	1	09/16/2013	EXDR	REG	USD	956.21	956.21
38774863	Gayton, Peggy	1	09/18/2013	EXDR	REG	USD	630.00	630.00
38785192	Moseley, Rice	1	09/23/2013	EXDR	REG	USD	719.71	719.71
38794035	Richards, Tiffany	1	09/23/2013	EXDR	REG	USD	847.11	847.11
38794036	HARRIS, CORREY A	1	09/23/2013	EXDR	REG	USD	630.00	630.00
38822288	Gayton, Peggy	1	09/25/2013	EXDR	REG	USD	696.03	696.03
38834590	Moseley, Rice	1	09/30/2013	EXDR	REG	USD	690.96	690.96
38843071	Richards, Tiffany	1	09/30/2013	EXDR	REG	USD	1,026.80	1,026.80
38843072	HARRIS, CORREY A	2	09/30/2013	EXDR	OVT	USD	115.52	115.52
38858681	Gayton, Peggy	1	10/01/2013	EXDR	REG	USD	280.00	280.00
38890799	Richards, Tiffany	1	10/07/2013	EXDR	REG	USD	602.73	602.73
38890800	HARRIS, CORREY A	1	10/07/2013	EXDR	REG	USD	1,026.80	1,026.80
38890800	HARRIS, CORREY A	2	10/07/2013	EXDR	OVT	USD	112.43	112.43
38939463	HARRIS, CORREY A	1	10/14/2013	EXDR	REG	USD	1,026.80	1,026.80
38939463	HARRIS, CORREY A	2	10/14/2013	EXDR	OVT	USD	54.68	54.68
38986222	Richards, Tiffany	1	10/14/2013	EXDR	REG	USD	686.29	686.29
38986222	HARRIS, CORREY A	1	10/21/2013	EXDR	REG	USD	975.97	975.97
39034212	Richards, Tiffany	1	10/28/2013	EXDR	REG	USD	691.83	691.83
39100254	Richards, Tiffany	1	11/05/2013	EXDR	REG	USD	692.00	692.00
39131434	Richards, Tiffany	1	11/11/2013	EXDR	REG	USD	677.99	677.99
39178780	Richards, Tiffany	1	11/18/2013	EXDR	REG	USD	595.64	595.64
39227488	Richards, Tiffany	1	11/18/2013	EXDR	REG	USD	692.00	692.00
39305555	Richards, Tiffany	1	12/05/2013	EXDR	REG	USD	689.41	689.41
39305555	Richards, Tiffany	1	12/05/2013	EXDR	REG	USD	288.39	288.39

PeopleSoft Receivables
AGING DETAIL BY BUSINESS UNIT
as of 22-DEC-2014

Page No. 3
Run Date 12/22/2014
Run Time 13:14:31

Report ID: AR30003
Aging Id: NAIN /
Currency Base Currency
Rate Type:

Item	Employee Name	Line	As Of	Ent Typ/Ran Ctr	Amount	Other
Total HUTCHESON MEDICAL CENTER					23,236.19	23,236.19
Total TOTUS					23,236.19	23,236.19

PeopleSoft Receivables
AGING DETAIL BY BUSINESS UNIT
As of 22-DEC-2014

Report ID: AR30003
Aging Id: MAIN /
Currency Base Currency
Rate Type:

Page No. 4
Run Date 12/22/2014
Run Time 13:14:36

Item	Employee Name	Line	As Of	Ent Typ/Ran Cur	Amount	Other
GRAND TOTAL						26,550.27

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Page: 1
 Invoice Date: 09/02/2013
 Invoice Number: 38650701
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
 OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Dixon, Angela	08/30/2013	Cameron, Jennifer	8.00	HRS REG	\$ 17.50	\$ 140.00
Subtotal for Week-Ended: 08/30/2013				8.00	HRS		\$ 140.00

Invoice Subtotal: \$ 140.00

TOTAL AMOUNT DUE: \$ 140.00

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice please call:
 (800) 776-3770

For qualified administrative professionals please call:
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 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
03950-000159000	38650701	\$ 140.00

0395000015900038650701000140003

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Week Ending Date: 8/30/13

Online Timesheet

Employee ID	Name (Last, First Middle)
1005898822	Dixon, Angela

Job Order Number	Client Company Name	Report To
03950-108630	Hutcheson Medical Center	Cameron, Jennifer

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	8/24/13							
Sun	8/25/13							
Mon	8/26/13							
Tue	8/27/13	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	8/28/13							
Thu	8/29/13							
Fri	8/30/13							
Total Weekly Hours:								8.00

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 8/30/13 8:38:04 AM PDT
by Angela Dixon

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 8/30/13 9:38:48 AM PDT
by Jennifer Cameron

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Page: 1
 Invoice Date: 08/02/2013
 Invoice Number: 38658279
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
 OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	08/30/2013	Wright, Ruth	39.99	HRS REG	\$ 17.30	\$ 691.83
Subtotal for Week-Ended: 08/30/2013				39.99	HRS		\$ 691.83

Invoice Subtotal: \$ 691.83

TOTAL AMOUNT DUE: \$ 691.83

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Customer Number	Invoice Number	Total Amount
03950-000159000	38658279	\$ 691.83

0395000015900038658279000691830

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
August 30, 2013 12:39:11 PM PDTREMOTE CSID
706 858 2067DURATION
48PAGES
1STATUS
Received

Aug. 30. 2013 3:38PM

HUTCHESON MEDICAL CENTER

No. 0165 P. 1

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Specialized Administrative Billing

1. Please enter your In and Out Time(s) for the Day
2. Enter all time worked for this timesheet, including time it took you to enter, submit, and/or revise and resubmit your In and out data
3. Once approved, fax without a coversheet to 800-304-5712
4. To ensure prompt payment, fax on Friday
5. Confirm your fax transmission was successful

Week Ending Date: 8/30/13

Timesheet

Employee ID	Name (Last, First Middle)
1018283376	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107878	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	8/24/13							
Sun	8/25/13							
Mon	8/26/13	8:10 AM	4:30 PM					8.34
Tue	8/27/13	8:10 AM	4:30 PM					8.34
Wed	8/28/13	8:10 AM	12:00 PM	12:22 PM	4:30 PM			7.97
Thu	8/29/13	8:10 AM	12:45 PM	12:55 PM	4:30 PM			8.17
Fri	8/30/13	8:10 AM	12:00 PM	12:40 PM	4:00 PM			7.17
Total Weekly Hours:								39.99

Employee Authorization

Electronically Submitted on 8/30/13 12:05:48 PM PDT

by Tiffany Richards

Client Approval

The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.

Signature Below

Print Name and Title Below

Chad Parish - Network Tech



Please avoid unnecessary markings on the timesheet.

28046

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FAX TO 800-304-5712

P02TV2

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Page: 1
 Invoice Date: 09/02/2013
 Invoice Number: 38658280
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
 OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	HARRIS,CORREY A	08/30/2013	Wright,Ruth	40.00	HRS REG	\$ 25.67	\$ 1,026.80
2	HARRIS,CORREY A	08/30/2013	Wright,Ruth	0.50	HRS OVT	\$ 38.51	\$ 19.25
Subtotal for Week-Ended: 08/30/2013				40.50	HRS		<u>\$ 1,046.05</u>

Invoice Subtotal: \$ 1,046.05

TOTAL AMOUNT DUE: \$ 1,046.05

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Any questions regarding this invoice please call:
 (800) 778-3770

For qualified administrative professionals please call:
 (800) 804-8367

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 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
03950-000159000	38658280	\$ 1,046.05

0395000015900038658280001046057

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
August 30, 2013 1:00:45 PM PDTREMOTE CSID
706 858 2067DURATION
48PAGES
1STATUS
Received

Aug. 30. 2013 3:59PM HUTCHESON MEDICAL CENTER

No. 0166 P. 1

**OFFICETEAM**
Specialized Administrative Staffing

1. Please enter your In and Out Time(s) for the Day
2. Enter all time worked for this timesheet, including time it took you to enter, submit, and/or revise and resubmit your in and out data
3. Once approved, fax without a coversheet to 800-304-5712
4. To ensure prompt payment, fax on Friday
5. Confirm your fax transmission was successful

Week Ending Date: 8/30/13

Timesheet

Employee ID	Name (Last, First Middle)
1018965762	HARRIS, CORREY A

Job Order Number	Client Company Name	Report To
03950-108275	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	8/24/13							
Sun	8/25/13							
Mon	8/26/13	8:00 AM	11:30 AM	12:00 PM	4:30 PM			8.00
Tue	8/27/13	8:00 AM	3:00 PM					7.00
Wed	8/28/13	8:00 AM	4:30 PM					8.50
Thu	8/29/13	8:00 AM	4:30 PM					8.50
Fri	8/30/13	8:00 AM	4:30 PM					8.50
Total Weekly Hours:								40.50

Employee Authorization

Electronically Submitted on 8/30/13 12:58:12 PM PDT
by CORREY A HARRIS

Client Approval

The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.

Signature Below	Print Name and Title Below
	Chad Penick - Network Tech



Please avoid unnecessary markings on the timesheet.

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FAX TO 800-304-5712

P02TV2

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Specialized Administrative Staffing

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Page: 1
 Invoice Date: 09/05/2013
 Invoice Number: 38685535
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
 OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Moseley,Rice	08/30/2013	Kelly,Steve	35.25	HRS REG	\$ 20.07	\$ 707.47
Subtotal for Week-Ended: 08/30/2013				35.25	HRS		\$ 707.47

Invoice Subtotal: \$ 707.47

TOTAL AMOUNT DUE: \$ 707.47

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Any questions regarding this invoice please call:
 (800) 776-3770

For qualified administrative professionals please call:
 (800) 804-8367

Please detach and return this remittance stub with your payment.

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 CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
03950-000159000	38685535	\$ 707.47

0395000015900038685535000707471

OFFICETEAM®

Specialized Administrative Staffing

Week Ending Date: 8/30/13

Online Timesheet

Employee ID	Name (Last, First, Middle)
1018414672	Moseley, Rice

Job Order Number	Client Company Name	Report To
03950-108434	Hutcheson Medical Center	Kelly, Steve

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total
Sat	8/24/13							
Sun	8/25/13							
Mon	8/26/13	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Tue	8/27/13	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	8/28/13	8:00 AM	12:30 PM	1:00 PM	4:30 PM			8.00
Thu	8/29/13	8:15 AM	12:00 PM	12:30 PM	4:30 PM			7.75
Fri	8/30/13	8:00 AM	11:30 AM					3.50
Total Weekly Hours:								35.25

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 9/3/13 5:09:51 AM PDT
by Rice Moseley

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 9/4/13 6:50:39 AM PDT
by Christie Kline

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A Robert Half Company

Page: 1
 Invoice Date: 09/05/2013
 Invoice Number: 38685536
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
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 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Gayton, Peggy	08/30/2013	Cameron, Jennifer	34.75	HRS REG	\$ 17.50	\$ 608.13
Subtotal for Week-Ended: 08/30/2013				34.75	HRS		\$ 608.13

Invoice Subtotal: \$ 608.13

TOTAL AMOUNT DUE: \$ 608.13

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Customer Number	Invoice Number	Total Amount
03950-000159000	38685536	\$ 608.13

0395000015900038685536000608131

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Week Ending Date: 8/30/13

Online Timesheet

Employee ID	Name (Last, First, Middle)
1018102077	Gayton, Peggy

Job Order Number	Client Company Name	Report To
03950-108363	Hutcheson Medical Center	Lee, Karen

Time worked for one week only, starting with Saturday and ending on Friday								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	8/24/13							
Sun	8/25/13							
Mon	8/26/13	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Tue	8/27/13	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Wed	8/28/13	8:00 AM	12:00 PM	12:30 PM	3:15 PM			6.75
Thu	8/29/13	8:00 AM	12:00 PM	12:30 PM	4:30 PM			8.00
Fri	8/30/13	8:00 AM	12:00 PM					4.00
Total Weekly Hours:								34.75

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 9/2/13 6:03:30 PM PDT
by Peggy Gayton

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 9/4/13 5:58:34 AM PDT
by Karen M Lee

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Page: 1
 Invoice Date: 09/09/2013
 Invoice Number: 38692884
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Moseley,Rice	09/06/2013	Kelly,Steve	30.60	HRS REG	\$ 20.07	\$ 614.14
Subtotal for Week-Ended: 09/06/2013				30.60	HRS		\$ 614.14

Invoice Subtotal: \$ 614.14

TOTAL AMOUNT DUE: \$ 614.14

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Customer Number	Invoice Number	Total Amount
03950-000159000	38692884	\$ 614.14

03950000015900038692884000614142

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Specialized Administrative Staffing

Week Ending Date: 9/6/13

Online Timesheet

Employee ID	Name (Last, First Middle)
1018414672	Moseley, Rice

Job Order Number	Client Company Name	Report To
03950-108434	Hutcheson Medical Center	Kelly, Steve

Time worked for one week only, starting with Saturday and ending on Friday at midnight								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	8/31/13							
Sun	9/1/13							
Mon	9/2/13							
Tue	9/3/13	8:00 AM	12:00 PM	12:40 PM	4:35 PM			7.92
Wed	9/4/13	8:00 AM	12:05 PM	12:40 PM	4:30 PM			7.92
Thu	9/5/13	8:10 AM	11:50 AM	12:20 PM	4:00 PM			7.34
Fri	9/6/13	8:10 AM	11:30 AM	12:25 PM	4:30 PM			7.42
Total Weekly Hours:								30.60

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 9/6/13 12:12:48 PM PDT
by Rice Moseley

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 9/6/13 12:28:52 PM PDT
by Christie Kline

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Page: 1
 Invoice Date: 09/09/2013
 Invoice Number: 38701211
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

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 Accounts Payable
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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	09/06/2013	Wright, Ruth	32.18	HRS REG	\$ 17.30	\$ 556.71
Subtotal for Week-Ended: 09/06/2013				32.18	HRS		\$ 556.71

Invoice Subtotal: \$ 556.71

TOTAL AMOUNT DUE: \$ 556.71

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Customer Number	Invoice Number	Total Amount
03950-000159000	38701211	\$ 556.71

0395000015900038701211000556710

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED

September 6, 2013 2:18:14 PM PDT

REMOTE CSID

17068660118

DURATION

48

PAGES

1

STATUS

Received

09/06/2013 17:08

17068660118

OFFICE DEPOT

PAGE 01/01


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2. Enter all time worked for this timesheet, including time it took you to enter, submit, and/or revise and resubmit your in and out data
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5. Confirm your fax transmission was successful

Week Ending Date: 9/8/13

Timesheet

Employee ID	Name (Last, First Middle)
1018263376	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107678	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday, midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	8/31/13							
Sun	9/1/13							
Mon	9/2/13							
Tue	9/3/13	8:30 AM	4:30 PM					8.00
Wed	9/4/13	8:30 AM	4:30 PM					8.00
Thu	9/5/13	8:10 AM	12:15 PM	12:45 PM	4:30 PM			7.84
Fri	9/6/13	8:10 AM	4:30 PM					8.24
Total Weekly Hours:								32.18

Employee Authorization

Electronically Submitted on 9/6/13 11:50:13 AM PDT

by Tiffany Richards

Client Approval

The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.

Signature Below

Print Name and Title Below

RUTH Wright CIO



28046

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Page: 1
 Invoice Date: 09/10/2013
 Invoice Number: 38718126
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	HARRIS,CORREY A	09/06/2013	Wright,Ruth	32.00	HRS REG	\$ 25.67	\$ 821.44
Subtotal for Week-Ended: 09/06/2013				32.00	HRS		<u>\$ 821.44</u>

Invoice Subtotal: \$ 821.44

TOTAL AMOUNT DUE: \$ 821.44

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Customer Number	Invoice Number	Total Amount
03950-000159000	38718126	\$ 821.44

03950000015900038718126000821446

08/09/2013 10:38 FAX

+ TIMESHEETS

002/003


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Week Ending Date: 9/6/13

Timesheet

Employee ID	Name (Last, First Middle)
1018965762	HARRIS, CORREY A

Job Order Number	Client Company Name	Report To
03950-108275	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	8/31/13							
Sun	9/1/13							
Mon	9/2/13							
Tue	9/3/13	10:00 AM	4:30 PM					6.50
Wed	9/4/13	8:00 AM	4:45 PM					8.75
Thu	9/5/13	8:15 AM	4:30 PM					8.25
Fri	9/6/13	8:00 AM	4:30 PM					8.50
Total Weekly Hours								32.00

Employee Authorization

Electronically Submitted on 9/6/13 1:09:03 PM PDT

by CORREY A HARRIS

Client Approval

The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.

Signature Below

Print Name and Title Below

Ruth Wright

RUTH WRIGHT CRO

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Page: 1
 Invoice Date: 09/11/2013
 Invoice Number: 38728016
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648762

Labor Invoice - DUE UPON RECEIPT

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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Gayton, Peggy	09/06/2013	Cameron, Jennifer	28.00	HRS REG	\$ 17.50	\$ 490.00
Subtotal for Week-Ended: 09/06/2013				28.00	HRS		\$ 490.00

Invoice Subtotal: \$ 490.00

TOTAL AMOUNT DUE: \$ 490.00

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Customer Number	Invoice Number	Total Amount
03950-000159000	38728016	\$ 490.00

0395000015900038728016000490003

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Week Ending Date: 9/6/13

Online Timesheet

Employee ID	Name (Last, First Middle)
1018102077	Gayton, Peggy

Job Order Number	Client Company Name	Report To
03950-108363	Hutcheson Medical Center	Lee, Karen

Time worked for one week only, starting with: Saturday and ending on Friday midnight								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	8/31/13							
Sun	9/1/13							
Mon	9/2/13							
Tue	9/3/13	8:00 AM	2:20 PM	2:50 PM	4:30 PM			8.00
Wed	9/4/13	8:00 AM	2:30 PM	3:00 PM	4:30 PM			8.00
Thu	9/5/13	8:00 AM	2:15 PM	2:45 PM	4:30 PM			8.00
Fri	9/6/13	8:00 AM	12:00 PM					4.00
Total Weekly Hours:								28.00

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 9/8/13 9:54:35 AM PDT
by Peggy Gayton

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 9/10/13 5:55:18 AM PDT
by Karen M Lee

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Page: 1
 Invoice Date: 09/16/2013
 Invoice Number: 38738444
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

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 Accounts Payable
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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Moseley,Rice	09/13/2013	Kelly,Steve	38.43	HRS REG	\$ 20.07	\$ 771.29
Subtotal for Week-Ended: 09/13/2013				38.43	HRS		\$ 771.29

Invoice Subtotal: \$ 771.29

TOTAL AMOUNT DUE: \$ 771.29

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Customer Number	Invoice Number	Total Amount
03950-000159000	38738444	\$ 771.29

0395000015900038738444000771297

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Week Ending Date: 9/13/13

Online Timesheet

Employee ID	Name (Last, First, Middle)
1018414672	Moseley, Rice

Job Order Number	Client Company Name	Report To
03950-108434	Hutcheson Medical Center	Kelly, Steve

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/7/13							
Sun	9/8/13							
Mon	9/9/13	8:15 AM	11:30 AM	12:25 PM	4:30 PM			7.34
Tue	9/10/13	8:10 AM	11:50 AM	12:20 PM	4:30 PM			7.84
Wed	9/11/13	8:30 AM	11:30 AM	12:00 PM	4:30 PM			7.50
Thu	9/12/13	8:15 AM	11:30 AM	12:00 PM	4:30 PM			7.75
Fri	9/13/13	8:00 AM	11:30 AM	12:00 PM	4:30 PM			8.00
Total Weekly Hours:								38.43

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 9/13/13 9:04:16 AM PDT
by Rice Moseley

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 9/13/13 11:15:02 AM PDT
by Christie Kline

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Page: 1
 Invoice Date: 09/16/2013
 Invoice Number: 38747584
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice – DUE UPON RECEIPT

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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	09/13/2013	Wright, Ruth	40.00	HRS REG	\$ 17.30	\$ 692.00
Subtotal for Week-Ended: 09/13/2013				40.00	HRS		\$ 692.00

Invoice Subtotal: \$ 692.00

TOTAL AMOUNT DUE: \$ 692.00

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Customer Number	Invoice Number	Total Amount
03950-000159000	38747584	\$ 692.00

0395000015900038747584000692008

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
September 13, 2013 1:24:06 PM PDT
09/13/2013 18:21 FAX

REMOTE CSID

DURATION 77
PAGES 2
+ TIMESHEETSSTATUS
Received
0017002**OFFICETEAM**
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Week Ending Date: 9/13/13

Timesheet

Employee ID	Name (Last, First Middle)
1016283378	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107678	Hutchason Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/7/13							
Sun	9/8/13							
Mon	9/9/13	8:10 AM	12:00 PM	12:10 PM	4:30 PM			8.17
Tue	9/10/13	8:10 AM	12:30 PM	12:40 PM	4:30 PM			8.17
Wed	9/11/13	8:20 AM	12:30 PM	12:40 PM	4:30 PM			8.00
Thu	9/12/13	8:00 AM	1:15 PM	1:56 PM	4:20 PM			7.87
Fri	9/13/13	8:10 AM	12:30 PM	12:40 PM	4:19 PM			7.99
Total Weekly Hours:								40.00

Employee Authorization
Electronically Submitted on 9/13/13 11:51:35 AM PDT by Tiffany Richards

Client Approval
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.
Signature Below <i>Ruth Wright</i>
Print Name and Title Below RUTH WRIGHT CTO



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Page: 1
 Invoice Date: 09/16/2013
 Invoice Number: 38747585
 Customer Number: 03950-000159000
 Fed Tax ID: 84-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
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 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	HARRIS, CORREY A	09/13/2013	Wright, Ruth	37.25	HRS REG	\$ 25.67	\$ 956.21
Subtotal for Week-Ended: 09/13/2013				37.25	HRS		\$ 956.21

Invoice Subtotal: \$ 956.21

TOTAL AMOUNT DUE: \$ 956.21

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Customer Number	Invoice Number	Total Amount
03950-000159000	38747585	\$ 956.21

0395000015900038747585000956210

+ TIMESHEETS

002/002


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Week Ending Date: 9/13/13

Timesheet

Employee ID	Name (Last, First Middle)
1018985782	HARRIS, CORREY A

Job Order Number	Client Company Name	Report To
03950-108276	Hutcheson Medical Center	Kilne, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/7/13							
Sun	9/8/13							
Mon	9/9/13	8:00 AM	4:30 PM					8.50
Tue	9/10/13	8:00 AM	4:45 PM					8.75
Wed	9/11/13	8:00 AM	11:00 AM					3.00
Thu	9/12/13	8:00 AM	4:30 PM					8.50
Fri	9/13/13	8:00 AM	4:30 PM					8.50
Total Weekly Hours:								37.25

Employee Authorization
Electronically Submitted on 9/13/13 12:36:02 PM PDT by CORREY A HARRIS

Client Approval
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.
Signature Below: <i>Ruth Wright</i> Print Name and Title Below: <i>RUTH Wright CIO</i>



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Page: 1
 Invoice Date: 09/18/2013
 Invoice Number: 38774863
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3843

Please Remit To:
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 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Gayton, Peggy	09/13/2013	Cameron, Jennifer	36.00	HRS REG	\$ 17.50	\$ 630.00
Subtotal for Week-Ended: 09/13/2013				36.00	HRS		\$ 630.00

Invoice Subtotal: \$ 630.00

TOTAL AMOUNT DUE: \$ 630.00

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Customer Number	Invoice Number	Total Amount
03950-000159000	38774863	\$ 630.00

03950000159000387748630000630002

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Specialized Administrative Staffing

Week Ending Date: 9/13/13

Online Timesheet

Employee ID	Name (Last, First, Middle)
1018102077	Gayton, Peggy

Job Order Number	Client Company Name	Report To
03950-108363	Hutcheson Medical Center	Lee, Karen

Time worked for one week only, starting with Saturday and ending on Friday, midnight								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/7/13							
Sun	9/8/13							
Mon	9/9/13	8:00 AM	1:55 PM	2:25 PM	4:30 PM			8.00
Tue	9/10/13	8:00 AM	2:30 PM	3:00 PM	4:30 PM			8.00
Wed	9/11/13	8:00 AM	2:00 PM	2:30 PM	4:30 PM			8.00
Thu	9/12/13	8:00 AM	3:00 PM	3:30 PM	4:30 PM			8.00
Fri	9/13/13	8:00 AM	12:00 PM					4.00
Total Weekly Hours:								36.00

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 9/14/13 1:59:21 PM PDT
by Peggy Gayton

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 9/17/13 8:29:15 AM PDT
by Karen M Lee

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A Robert Half Company

Page: 1
 Invoice Date: 09/23/2013
 Invoice Number: 38785192
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
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 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Moseley,Rice	09/20/2013	Kelly,Steve	35.88	HRS REG	\$ 20.07	\$ 719.71
Subtotal for Week-Ended: 09/20/2013				35.88	HRS		\$ 719.71

Invoice Subtotal: \$ 719.71

TOTAL AMOUNT DUE: \$ 719.71

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Customer Number	Invoice Number	Total Amount
03950-000159000	38785192	\$ 719.71

0395000015900038785192000719715

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Specialized Administrative Staffing

Week Ending Date: 9/20/13

Online Timesheet

Employee ID	Name (Last, First Middle)
1018414672	Moseley, Rice

Job Order Number	Client Company Name	Report To
03950-108434	Hutcheson Medical Center	Kelly, Steve

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/14/13							
Sun	9/15/13							
Mon	9/16/13	11:00 AM	12:00 PM	12:30 PM	4:30 PM			5.00
Tue	9/17/13	8:20 AM	12:00 PM	12:30 PM	4:33 PM			7.72
Wed	9/18/13	8:25 AM	12:00 PM	12:30 PM	4:30 PM			7.59
Thu	9/19/13	8:05 AM	12:00 PM	12:30 PM	4:08 PM			7.55
Fri	9/20/13	8:00 AM	11:30 AM	12:00 PM	4:30 PM			8.00
Total Weekly Hours:								35.86

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 9/20/13 11:02:15 AM PDT
by Rice Moseley

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 9/20/13 11:36:05 AM PDT
by Christie Kline

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A Robert Hall Company

Page: 1
 Invoice Date: 09/23/2013
 Invoice Number: 38794035
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	09/20/2013	Wright, Ruth	39.99	HRS REG	\$ 17.30	\$ 691.83
Subtotal for Week-Ended: 09/20/2013				39.99	HRS		\$ 691.83

Invoice Subtotal: \$ 691.83

TOTAL AMOUNT DUE: \$ 691.83

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Customer Number	Invoice Number	Total Amount
03950-000159000	38794035	\$ 691.83

03950000015900038794035000691831

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
September 20, 2013 1:04:40 PM PDTREMOTE CSID
706 858 2067DURATION
74PAGES
2STATUS
Received

Sep. 20. 2013 4:02PM HUTCHESON MEDICAL CENTER

No. 0219 P. 1

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5. Confirm your fax transmission was successful

Week Ending Date: 9/20/13

Timesheet

Employee ID	Name (Last, First Middle)
1018283378	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107678	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with <u>Saturday</u> and ending on <u>Friday</u> midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/14/13							
Sun	9/15/13							
Mon	9/16/13	8:10 AM	4:30 PM					8.34
Tue	9/17/13	8:00 AM	2:40 PM	3:00 PM	4:30 PM			8.17
Wed	9/18/13	8:10 AM	12:25 PM	1:10 PM	4:30 PM			7.59
Thu	9/19/13	8:30 AM	12:00 PM	12:10 PM	4:30 PM			7.84
Fri	9/20/13	8:15 AM	12:05 PM	12:17 PM	4:30 PM			8.05
Total Weekly Hours:								39.99

Employee Authorization
Electronically Submitted on 9/20/13 12:56:14 PM PDT
by Tiffany Richards

Client Approval	
The Total Hours as shown on this timesheet are correct. By signing this client approval receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.	
Signature Below	Print Name and Title Below
	Ruth Wright CTO



Please avoid unnecessary markings on the timesheet.

28046

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FAX TO 800-304-5712

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Page: 1
 Invoice Date: 09/23/2013
 Invoice Number: 38794036
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	HARRIS,CORREYA	09/20/2013	Wright,Ruth	33.00	HRS REG	\$ 25.67	\$ 847.11
Subtotal for Week-Ended: 09/20/2013				33.00	HRS		\$ 847.11

Invoice Subtotal: \$ 847.11

TOTAL AMOUNT DUE: \$ 847.11

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Customer Number	Invoice Number	Total Amount
03950-000159000	38794036	\$ 847.11

0395000015900038794036000847118

Sep. 20. 2013 4:03PM HUTCHESON MEDICAL CENTER

No. 0219 P. 2


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Week Ending Date: 9/20/13

Timesheet

Employee ID	Name (Last, First Middle)
1018965762	HARRIS, CORREY A

Job Order Number	Client Company Name	Report To
03950-108275	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/14/13							
Sun	9/15/13							
Mon	9/16/13	8:00 AM	4:30 PM					8.50
Tue	9/17/13							
Wed	9/18/13	8:00 AM	5:00 PM					8.00
Thu	9/19/13	8:00 AM	4:30 PM					8.50
Fri	9/20/13	9:30 AM	4:30 PM					7.00
Total Weekly Hours:								33.00

Employee Authorization
Electronically Submitted on 9/20/13 12:55:55 PM PDT
by CORREY A HARRIS

Client Approval	
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.	
Signature Below	Print Name and Title Below
<i>Ruth Wright</i>	Ruth Wright CTO



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A Robert Hoff Company

Page: 1
 Invoice Date: 09/25/2013
 Invoice Number: 38822288
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Gayton, Peggy	09/20/2013	Cameron, Jennifer	36.00	HRS REG	\$ 17.50	\$ 630.00
Subtotal for Week-Ended: 09/20/2013				36.00	HRS		\$ 630.00

Invoice Subtotal: \$ 630.00

TOTAL AMOUNT DUE: \$ 630.00

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Customer Number	Invoice Number	Total Amount
03950-000159000	38822288	\$ 630.00

0395000015900038822288000630004

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Week Ending Date: 9/20/13

Online Timesheet

Employee ID	Name (Last, First Middle)
1018102077	Gayton, Peggy

Job Order Number	Client Company Name	Report To
03950-108363	Hutcheson Medical Center	Lee, Karen

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/14/13							
Sun	9/15/13							
Mon	9/16/13	8:00 AM	2:30 PM	3:00 PM	4:30 PM			8.00
Tue	9/17/13	8:00 AM	2:30 PM	3:00 PM	4:30 PM			8.00
Wed	9/18/13	8:00 AM	2:00 PM	2:30 PM	4:30 PM			8.00
Thu	9/19/13	8:00 AM	2:00 PM	2:30 PM	4:30 PM			8.00
Fri	9/20/13	8:00 AM	12:00 PM					4.00
Total Weekly Hours:								36.00

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 9/22/13 2:07:43 PM PDT
by Peggy Gayton

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 9/23/13 9:52:51 PM PDT
by Karen M Lee

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A Robert Half Company

Page: 1
 Invoice Date: 09/30/2013
 Invoice Number: 38834690
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Moseley, Rice	09/27/2013	Kelly, Steve	34.68	HRS REG	\$ 20.07	\$ 696.03
Subtotal for Week-Ended: 09/27/2013				34.68	HRS		\$ 696.03

Invoice Subtotal: \$ 696.03

TOTAL AMOUNT DUE: \$ 696.03

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Customer Number	Invoice Number	Total Amount
03950-000159000	38834690	\$ 696.03

0395000015900038834690000696032

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Week Ending Date: 9/27/13

Online Timesheet

Employee ID	Name (Last, First Middle)
1018414672	Moseley, Rice

Job Order Number	Client Company Name	Report To
03950-108434	Hutcheson Medical Center	Kelly, Steve

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/21/13							
Sun	9/22/13							
Mon	9/23/13	8:10 AM	12:00 PM	12:40 PM	3:05 PM			6.25
Tue	9/24/13	8:00 AM	11:35 AM	12:00 PM	4:30 PM			8.09
Wed	9/25/13	8:00 AM	11:30 AM	12:00 PM	4:15 PM			7.75
Thu	9/26/13	8:25 AM	12:10 PM	12:40 PM	4:30 PM			7.59
Fri	9/27/13	10:30 AM	12:00 PM	1:00 PM	4:30 PM			6.00
Total Weekly Hours:								34.68

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 9/27/13 12:39:32 PM PDT
by Rice Moseley

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 9/27/13 12:43:05 PM PDT
by Christie Kline

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A Robert Half Company

Page: 1
 Invoice Date: 09/30/2013
 Invoice Number: 38843071
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
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 FORT OGLETHORPE GA 30742-3643

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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	09/27/2013	Wright, Ruth	39.94	HRS REG	\$ 17.30	\$ 690.96
Subtotal for Week-Ended: 09/27/2013				39.94	HRS		\$ 690.96

Invoice Subtotal: \$ 690.96

TOTAL AMOUNT DUE: \$ 690.96

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Customer Number	Invoice Number	Total Amount
03950-000159000	38843071	\$ 690.96

0395000015900038843071000690961

Sep. 27. 2013 4:11PM

No. 0015 P. 2


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Week Ending Date: 9/27/13

Timesheet

Employee ID	Name (Last, First Middle)
1018263376	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107678	Hutcheson Medical Center	Kline, Christie

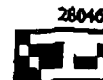
Time worked for one week only, starting with Saturday and ending on Friday midnight								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/21/13							
Sun	9/22/13							
Mon	9/23/13	8:10 AM	4:30 PM					8.34
Tue	9/24/13	8:20 AM	12:10 PM	12:45 PM	4:35 PM			7.67
Wed	9/25/13	8:05 AM	12:25 PM	1:25 PM	4:30 PM			7.42
Thu	9/26/13	8:10 AM	4:30 PM					8.34
Fri	9/27/13	8:05 AM	4:15 PM					8.17
Total Weekly Hours:								39.94

Employee Authorization
Electronically Submitted on 9/27/13 12:36:24 PM PDT
by Tiffany Richards

Client Approval	
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.	
Signature Below	Print Name and Title Below
<i>Rebecca Hixon</i>	Rebecca Hixon I-Appr



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Page: 1
 Invoice Date: 08/30/2013
 Invoice Number: 38843072
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
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 FORT OGLETHORPE GA 30742-3643

Please Remit To:
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 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	HARRIS,CORREY A	09/27/2013	Wright,Ruth	40.00	HRS REG	\$ 25.67	\$ 1,026.80
2	HARRIS,CORREY A	09/27/2013	Wright,Ruth	3.00	HRS OVT	\$ 38.51	\$ 115.52
Subtotal for Week-Ended: 09/27/2013				43.00	HRS		\$ 1,142.32

Invoice Subtotal: \$ 1,142.32

TOTAL AMOUNT DUE: \$ 1,142.32

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Customer Number	Invoice Number	Total Amount
03950-000159000	38843072	\$ 1,142.32

0395000015900038843072001142325

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
September 27, 2013 1:12:57 PM PDT

REMOTE CSID

DURATION
69PAGES
2STATUS
Received

Sep. 27. 2013 4:11PM

No. 0015 P. 1


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2. Enter all time worked for this timesheet, including time it took you to enter, submit, and/or revise and resubmit your In and out data
3. Once approved, fax without a coversheet to 800-304-5712
4. To ensure prompt payment, fax on Friday
5. Confirm your fax transmission was successful

Week Ending Date: 9/27/13

Timesheet

Employee ID	Name (Last, First Middle)
1018965762	HARRIS, CORREY A

Job Order Number	Client Company Name	Report To
03950-108275	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/21/13							
Sun	9/22/13							
Mon	9/23/13	8:00 AM	4:45 PM					8.75
Tue	9/24/13	8:00 AM	4:45 PM					8.75
Wed	9/25/13	8:00 AM	4:30 PM					8.50
Thu	9/26/13	8:00 AM	4:30 PM					8.50
Fri	9/27/13	8:00 AM	4:30 PM					8.50
Total Weekly Hours:								43.00

Employee Authorization

Electronically Submitted on 9/27/13 12:56:16 PM PDT

by CORREY A HARRIS

Client Approval

The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.

Signature Below

Print Name and Title Below

Rebecca Hixon

Rebecca Hixon IT Apps



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Page: 1
 Invoice Date: 10/01/2013
 Invoice Number: 38858681
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
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 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
 OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Gayton, Peggy	09/27/2013	Cameron, Jennifer	16.00	HRS REG	\$ 17.50	\$ 280.00
Subtotal for Week-Ended: 09/27/2013				16.00	HRS		\$ 280.00

Invoice Subtotal: \$ 280.00

TOTAL AMOUNT DUE: \$ 280.00

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Customer Number	Invoice Number	Total Amount
03950-000159000	38858681	\$ 280.00

0395000015900038858681000280001

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Week Ending Date: 9/27/13

Online Timesheet

Employee ID	Name (Last First Middle)
1018102077	Gayton, Peggy

Job Order Number	Client Company Name	Report To
03950-108363	Hutcheson Medical Center	Lee, Karen

Time worked for one week only, starting with Saturday and ending on Friday, midnight								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/21/13							
Sun	9/22/13							
Mon	9/23/13	8:00 AM	2:00 PM	2:30 PM	4:30 PM			8.00
Tue	9/24/13	8:00 AM	2:00 PM	2:30 PM	4:30 PM			8.00
Wed	9/25/13							
Thu	9/26/13							
Fri	9/27/13							
Total Weekly Hours:								16.00

Employee Authorization
Hours entered by employee were submitted electronically.
Electronically Submitted on 9/26/13 7:59:51 AM PDT
by Peggy Gayton

Client Approval
The Total Hours as shown on this timesheet were approved electronically.
Electronically Approved on 9/29/13 2:01:08 PM PDT
by Karen M Lee

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Page: 1
 Invoice Date: 10/07/2013
 Invoice Number: 38890799
 Customer Number: 03850-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
 OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	10/04/2013	Wright, Ruth	34.84	HRS REG	\$ 17.30	\$ 602.73
Subtotal for Week-Ended: 10/04/2013				34.84	HRS		\$ 602.73

Invoice Subtotal: \$ 602.73

TOTAL AMOUNT DUE: \$ 602.73

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Any questions regarding this invoice please call:
 (800) 776-3770

For qualified administrative professionals please call:
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 CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
03850-000159000	38890799	\$ 602.73

03950000159000388907990000602733

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
October 4, 2013 1:56:36 PM PDT
Oct. 4. 2013 4:56PM

REMOTE CSID

DURATION
46PAGES
1STATUS
Received

No. 0342 P. 1


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Week Ending Date: 10/4/13

Timesheet

Employee ID	Name (Last, First Middle)
1018263378	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107678	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/28/13							
Sun	9/29/13							
Mon	9/30/13	8:15 AM	4:30 PM					6.25
Tue	10/1/13	8:30 AM	4:30 PM					8.00
Wed	10/2/13	8:10 AM	12:00 PM	12:50 PM	4:30 PM			7.50
Thu	10/3/13	8:15 AM	4:30 PM					8.25
Fri	10/4/13	2:10 PM	5:00 PM					2.84
Total Weekly Hours:								34.84

Employee Authorization
Electronically Submitted on 10/4/13 1:54:09 PM PDT by Tiffany Richards

Client Approval	
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.	
Signature Below	Print Name and Title Below
	Chris Kline - IS Tech



Please avoid unnecessary markings on the timesheet.

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FAX TO 800-304-5712

P02TV2



Page: 1
 Invoice Date: 10/14/2013
 Invoice Number: 38939463
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
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Please Remit To:
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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	HARRIS,CORREY A	10/11/2013	Wright,Ruth	40.00	HRS REG	\$ 25.67	\$ 1,026.80
2	HARRIS,CORREY A	10/11/2013	Wright,Ruth	1.42	HRS OVT	\$ 38.51	\$ 54.68
Subtotal for Week-Ended: 10/11/2013				41.42	HRS		\$ 1,081.48

Invoice Subtotal: \$ 1,081.48

TOTAL AMOUNT DUE: \$ 1,081.48

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Customer Number	Invoice Number	Total Amount
03950-000159000	38939463	\$ 1,081.48

0395000015900038939463001081487

Oct. 11. 2013 4:24PM

INFORMATION SERVICES

No. 0059 P. 2



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Week Ending Date: 10/11/13

Timesheet

Employee ID	Name (Last, First Middle)
1018965762	HARRIS, CORREY A

Job Order Number	Client Company Name	Report To
03950-108275	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	10/5/13							
Sun	10/6/13							
Mon	10/7/13	8:00 AM	4:30 PM					8.50
Tue	10/8/13	8:00 AM	11:30 AM	12:15 PM	4:30 PM			7.75
Wed	10/9/13	8:00 AM	4:30 PM					8.50
Thu	10/10/13	8:00 AM	4:30 PM					8.50
Fri	10/11/13	8:20 AM	4:30 PM					8.17
Total Weekly Hours:								41.42

Employee Authorization
Electronically Submitted on 10/11/13 1:16:41 PM PDT
by CORREY A HARRIS

Client Approval
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.
Signature Below
Print Name and Title Below
Chad Perriek - I.S.



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P02TV2

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Page: 1
 Invoice Date: 10/07/2013
 Invoice Number: 38890800
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

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 Accounts Payable
 HUTCHESON MEDICAL CENTER
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Please Remit To:
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Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	HARRIS,CORREYA	10/04/2013	Wright,Ruth	40.00	HRS REG	\$ 25.67	\$ 1,026.80
2	HARRIS,CORREYA	10/04/2013	Wright,Ruth	2.92	HRS OVT	\$ 38.51	\$ 112.43
Subtotal for Week-Ended: 10/04/2013				42.92	HRS		\$ 1,139.23

Invoice Subtotal: \$ 1,139.23

TOTAL AMOUNT DUE: \$ 1,139.23

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Customer Number	Invoice Number	Total Amount
03950-000159000	38890800	\$ 1,139.23

0395000015900038890800001139236

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
October 4, 2013 1:14:38 PM PDT
Oct. 4. 2013 4:14PM

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DURATION
46PAGES
1STATUS
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Week Ending Date: 10/4/13

Timesheet

Employee ID	Name (Last, First Middle)
1018965762	HARRIS, CORREY A

Job Order Number	Client Company Name	Report To
03950-108275	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	9/28/13							
Sun	9/29/13							
Mon	9/30/13	8:00 AM	4:30 PM					8.50
Tue	10/1/13	8:00 AM	4:45 PM					8.75
Wed	10/2/13	8:00 AM	4:30 PM					8.50
Thu	10/3/13	8:00 AM	4:40 PM					8.67
Fri	10/4/13	8:00 AM	4:30 PM					8.50
Total Weekly Hours:								42.92

Employee Authorization

Electronically Submitted on 10/4/13 1:07:04 PM PDT

by CORREY A HARRIS

Client Approval

The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.

Signature Below

Print Name and Title Below

Chad Parrod - IS



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P03TV3



Page: 1
 Invoice Date: 10/14/2013
 Invoice Number: 38939464
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

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 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	10/11/2013	Wright, Ruth	39.87	HRS REG	\$ 17.30	\$ 686.29
Subtotal for Week-Ended: 10/11/2013				39.87	HRS		\$ 686.29

Invoice Subtotal: **\$ 686.29**

TOTAL AMOUNT DUE: \$ 686.29

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Customer Number	Invoice Number	Total Amount
03950-000159000	38939464	\$ 686.29

0395000015900038939464000686292

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
October 11, 2013 1:24:57 PM PDTREMOTE CSID
7068582067DURATION
70PAGES
2STATUS
Received

Oct. 11. 2013 4:23PM

INFORMATION SERVICES

No. 0059 P. 1

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Week Ending Date: 10/11/13

Timesheet

Employee ID	Name (Last, First Middle)
1018263378	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107678	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	10/5/13							
Sun	10/6/13							
Mon	10/7/13	8:20 AM	4:30 PM					8.17
Tue	10/8/13	8:30 AM	4:30 PM					8.00
Wed	10/9/13	8:15 AM	4:30 PM					8.25
Thu	10/10/13	8:10 AM	4:40 PM					8.50
Fri	10/11/13	8:20 AM	2:35 PM	4:00 PM	4:30 PM			6.75
Total Weekly Hours:								39.67

Employee Authorization
Electronically Submitted on 10/11/13 1:09:53 PM PDT
by Tiffany Richards

Client Approval
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.
Signature Below
Print Name and Title Below
Cheryl Perrieh JS



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FAX TO 800-304-5712

P02TV2



Page: 1
 Invoice Date: 10/21/2013
 Invoice Number: 38986222
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

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 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	HARRIS,CORREY A	10/18/2013	Wright,Ruth	38.02	HRS REG	\$ 25.67	\$ 975.97
Subtotal for Week-Ended: 10/18/2013				38.02	HRS		<u>\$ 975.97</u>

Invoice Subtotal: \$ 975.97

TOTAL AMOUNT DUE: \$ 975.97

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Customer Number	Invoice Number	Total Amount
03950-000159000	38986222	\$ 975.97

0395000015900038986222000975970

10/18/2013 18:36 FAX

003/004


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Week Ending Date: 10/18/13

Timesheet

Employee ID	Name (Last, First Middle)
1018965762	HARRIS, CORREY A

Job Order Number	Client Company Name	Report To
03950-108275	Hutchinson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	10/12/13							
Sun	10/13/13							
Mon	10/14/13	8:00 AM	4:30 PM					8.50
Tue	10/15/13	8:00 AM	1:50 PM					5.84
Wed	10/16/13	8:00 AM	4:30 PM					8.50
Thu	10/17/13	8:10 AM	4:30 PM					8.34
Fri	10/18/13	8:10 AM	3:00 PM					6.84
Total Weekly Hours:								38.02

Employee Authorization
Electronically Submitted on 10/18/13 11:16:08 AM PDT
by CORREY A HARRIS

Client Approval	
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.	
Signature Below	Print Name and Title Below
Ruth Wright	RUTH WRIGHT CIO



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FAX TO 800-304-5712

P42TV2



Page: 1
 Invoice Date: 10/21/2013
 Invoice Number: 38986223
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3843

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 OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	10/18/2013	Wright, Ruth	39.99	HRS REG	\$ 17.30	\$ 691.83
Subtotal for Week-Ended: 10/18/2013				39.99	HRS		\$ 691.83

Invoice Subtotal: \$ 691.83

TOTAL AMOUNT DUE: \$ 691.83

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Customer Number	Invoice Number	Total Amount
03950-000159000	38986223	\$ 691.83

039500000159000389862230000691831

10/18/2013 16:38 FAX

004/004

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Week Ending Date: 10/18/13

Timesheet

Employee ID	Name (Last, First Middle)
1018283376	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107878	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	10/12/13							
Sun	10/13/13							
Mon	10/14/13	8:15 AM	4:30 PM					8.25
Tue	10/15/13	8:10 AM	4:30 PM					8.34
Wed	10/16/13	8:10 AM	1:10 PM	1:40 PM	4:30 PM			7.84
Thu	10/17/13	8:10 AM	12:40 PM	1:10 PM	4:30 PM			7.84
Fri	10/18/13	8:05 AM	1:30 PM	1:42 PM	4:00 PM			7.72
Total Weekly Hours:								39.99

Employee Authorization
Electronically Submitted on 10/18/13 1:00:35 PM PDT
by Tiffany Richards

Client Approval	
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.	
Signature Below	Print Name and Title Below
Ruth Wright	RUTH WRIGHT CIO



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PUZTVZ



Page: 1
 Invoice Date: 10/28/2013
 Invoice Number: 39034212
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1848752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3843

Please Remit To:
 OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	10/25/2013	Wright, Ruth	40.00	HRS REG	\$ 17.30	\$ 692.00
Subtotal for Week-Ended: 10/26/2013				40.00	HRS		\$ 692.00

Invoice Subtotal: \$ 692.00

TOTAL AMOUNT DUE: \$ 692.00

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Customer Number	Invoice Number	Total Amount
03950-000159000	39034212	\$ 692.00

0395000015900039034212000692006

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
October 25, 2013 1:36:36 PM PDT
10/25/2013 18:34 FAX

REMOTE CSID

DURATION
49
PAGES
1
TIMESHEETSSTATUS
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001/001OfficeTeam
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Week Ending Date: 10/25/13

Timesheet

Employee ID	Name (Last, First Middle)
1018263376	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107878	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with <u>Saturday</u> and ending on <u>Friday</u> midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	10/19/13							
Sun	10/20/13							
Mon	10/21/13	8:20 AM	4:40 PM					8.34
Tue	10/22/13	8:06 AM	12:10 PM	12:40 PM	4:30 PM			7.92
Wed	10/23/13	8:20 AM	4:30 PM					8.17
Thu	10/24/13	8:16 AM	12:15 PM	12:30 PM	4:30 PM			8.00
Fri	10/25/13	8:10 AM	1:30 PM	2:15 PM	4:30 PM			7.67
Total Weekly Hours:								40.00

Employee Authorization
Electronically Submitted on 10/26/13 11:20:42 AM PDT
by Tiffany Richards

Client Approval	
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.	
Signature Below	Print Name and Title Below
	Rebecca Hixon Apps Tech



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P62TV2



Page: 1
 Invoice Date: 11/05/2013
 Invoice Number: 39100254
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
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 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	11/01/2013	Wright, Ruth	39.19	HRS REG	\$ 17.30	\$ 677.99
Subtotal for Week-Ended: 11/01/2013				39.19	HRS		\$ 677.99

Invoice Subtotal: \$ 677.99

TOTAL AMOUNT DUE: \$ 677.99

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Customer Number	Invoice Number	Total Amount
03950-000159000	39100254	\$ 677.99

03950000015900039100254000677990

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
November 4, 2013 6:24:39 AM PST

REMOTE CSID

DURATION PAGES
49 1STATUS
Received
001/001

11/04/2013 10:22 FAX

+ TIMESHEETS

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5. Confirm your fax transmission was successful

Week Ending Date: 11/1/13

Timesheet

Employee ID	Name (Last, First, Middle)
1018283378	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107678	Hutchesson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	10/26/13							
Sun	10/27/13							
Mon	10/28/13	8:20 AM	4:30 PM					8.17
Tue	10/29/13	9:00 AM	1:16 PM	1:40 PM	4:30 PM			7.09
Wed	10/30/13	8:10 AM	4:30 PM					8.34
Thu	10/31/13	8:30 AM	12:16 PM	12:40 PM	4:30 PM			7.59
Fri	11/1/13	8:30 AM	4:30 PM					8.00
Total Weekly Hours:								39.19

Employee Authorization
Electronically Submitted on 11/1/13 1:09:05 PM PDT by Tiffany Richards

Client Approval
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.
Signature Below: <i>Ruth Wright</i> Print Name and Title Below: <i>Ruth Wright CTO</i>



28046

Please avoid unnecessary markings on the timesheet.

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FAX TO 800-304-5712

P02TV2



Page: 1
 Invoice Date: 11/11/2013
 Invoice Number: 39131434
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
 OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	11/08/2013	Wright, Ruth	34.43	HRS REG	\$ 17.30	\$ 595.64
Subtotal for Week-Ended: 11/08/2013				34.43	HRS		\$ 595.64

Invoice Subtotal: \$ 595.64

TOTAL AMOUNT DUE: \$ 595.64

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice please call:
 (800) 776-3770

For qualified administrative professionals please call:
 (800) 804-8387

Please detach and return this remittance stub with your payment.

Thank you for choosing OfficeTeam!

OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
03950-000159000	39131434	\$ 595.64

0395000015900039131434000595649

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED November 8, 2013 12:54:13 PM PST 11/08/2013 18:51 FAX	REMOTE CSID	DURATION 49	PAGES 1	STATUS Received 001/001
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OfficeTeam
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2. Enter all time worked for this timesheet, including time it took you to enter, submit, and/or revise and resubmit your In and out data
3. Once approved, fax without a coversheet to 800-304-5712
4. To ensure prompt payment, fax on Friday
5. Confirm your fax transmission was successful

Week Ending Date: 11/8/13

Timesheet

Employee ID	Name (Last, First Middle)
1018263376	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107676	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	11/2/13							
Sun	11/3/13							
Mon	11/4/13	8:28 AM	12:00 PM	12:50 PM	4:50 PM			7.59
Tue	11/5/13	8:20 AM	12:45 PM	1:15 PM	4:30 PM			7.67
Wed	11/6/13	8:30 AM	9:30 AM	3:10 PM	4:50 PM			2.67
Thu	11/7/13	8:20 AM	4:35 PM					8.28
Fri	11/8/13	8:15 AM	4:30 PM					6.25
Total Weekly Hours:								34.43

Employee Authorization
Electronically Submitted on 11/8/13 12:10:53 PM PST
by Tiffany Richards

Client Approval	
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.	
Signature Below	Print Name and Title Below
<i>Ruth Wright</i>	Ruth Wright CMO



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FAX TO 800-304-5712

P02TV2



Page: 1
 Invoice Date: 11/18/2013
 Invoice Number: 39178780
 Customer Number: 03950-000158000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
 OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	11/15/2013	Wright, Ruth	40.00	HRS REG	\$ 17.30	\$ 692.00
Subtotal for Week-Ended: 11/15/2013				40.00	HRS		\$ 692.00

Invoice Subtotal: \$ 692.00

TOTAL AMOUNT DUE: \$ 692.00

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice please call:
 (800) 776-3770

For qualified administrative professionals please call:
 (800) 804-8367

Please detach and return this remittance stub with your payment.

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OfficeTeam
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 CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
03950-000158000	39178780	\$ 692.00

039500000159000391787800000692008

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
November 15, 2013 12:32:19 PM PSTREMOTE CSID
7068582067DURATION
47PAGES
1STATUS
Received

Nov. 15. 2013 3:31PM

INFORMATION SERVICES

No. 0142 P. 1


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3. Once approved, fax without a coversheet to 800-304-5712
4. To ensure prompt payment, fax on Friday
5. Confirm your fax transmission was successful

Week Ending Date: 11/15/13

Timesheet

Employee ID	Name (Last, First, Middle)
1018263376	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107678	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	11/9/13							
Sun	11/10/13							
Mon	11/11/13	8:16 AM	12:16 PM	12:25 PM	4:30 PM			8.09
Tue	11/12/13	8:05 AM	12:30 PM	12:40 PM	4:30 PM			8.26
Wed	11/13/13	8:16 AM	4:30 PM					8.25
Thu	11/14/13	8:10 AM	12:15 PM	12:25 PM	4:30 PM			8.17
Fri	11/15/13	8:10 AM	12:45 PM	1:51 PM	4:30 PM			7.24
Total Weekly Hours:								40.00

Employee Authorization
Electronically Submitted on 11/15/13 12:28:09 PM PST
by Tiffany Richards

Client Approval	
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.	
Signature Below	Print Name and Title Below
Ruth Wright	Ruth Wright CTO



Please avoid unnecessary markings on the timesheet.

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FAX TO 800-304-5712

P62TV2



Page: 1
 Invoice Date: 11/25/2013
 Invoice Number: 39227488
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice – DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3843

Please Remit To:
 OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	11/22/2013	Wright, Ruth	39.85	HRS REG	\$ 17.30	\$ 689.41
Subtotal for Week-Ended: 11/22/2013				39.85	HRS		\$ 689.41

Invoice Subtotal: **\$ 689.41**

TOTAL AMOUNT DUE: \$ 689.41

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice please call:
 (800) 776-3770

For qualified administrative professionals please call:
 (800) 804-8367

Please detach and return this remittance stub with your payment.

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OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
03950-000159000	39227488	\$ 689.41

0395000015900039227488000689419

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED November 22, 2013 12:43:10 PM PST	REMOTE CSID 7068582067	DURATION 47	PAGES 1	STATUS Received
Nov. 22. 2013 3:42PM	INFORMATION SERVICES		No. 0153	P. 1



OfficeTeam
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3. Once approved, fax without a cover sheet to 800-304-5712
4. To ensure prompt payment, fax on Friday
5. Confirm your fax transmission was successful

Week Ending Date: 11/22/13

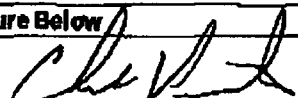
Timesheet

Employee ID	Name (Last, First Middle)
1018263378	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107678	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight.								
Day	Date	In	Out	In	Out	In	Out	Total
Sat	11/16/13							
Sun	11/17/13							
Mon	11/18/13	8:20 AM	4:30 PM					8.17
Tue	11/19/13	8:00 AM	4:30 PM					8.50
Wed	11/20/13	8:15 AM	4:30 PM					8.25
Thu	11/21/13	9:10 AM	12:00 PM	12:15 PM	4:30 PM			7.09
Fri	11/22/13	8:10 AM	4:00 PM					7.84
Total Weekly Hours:								39.85

Employee Authorization
Electronically Submitted on 11/22/13 11:54:46 AM PST by Tiffany Richards

Client Approval
The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.
Signature Below 
Print Name and Title Below Chad Parrish - Network Tech



Please avoid unnecessary markings on the timesheet.

28046

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FAX TO 800-304-5712

P02TV2



Page: 1
 Invoice Date: 12/05/2013
 Invoice Number: 39305555
 Customer Number: 03950-000159000
 Fed Tax ID: 94-1648752

Labor Invoice - DUE UPON RECEIPT

Personal & Confidential
 Accounts Payable
 HUTCHESON MEDICAL CENTER
 100 GROSS CRESCENT CIR
 FORT OGLETHORPE GA 30742-3643

Please Remit To:
 OfficeTeam
 12400 COLLECTIONS CENTER DRIVE
 CHICAGO IL 60693

Duplicate

Line	Employee Name	Wk End Dt	"Report-To" Supervisor	Qty	UOM	Bill Rate	Amount
1	Richards, Tiffany	11/29/2013	Wright, Ruth	16.67	HRS REG	\$ 17.30	\$ 288.39
Subtotal for Week-Ended: 11/29/2013				16.67	HRS		\$ 288.39

Invoice Subtotal: **\$ 288.39**

TOTAL AMOUNT DUE: \$ 288.39

We provide more timely and accurate information to the business community by sharing our accounts receivable information with National Credit Reporting Agencies.

Any questions regarding this invoice please call:
 (800) 776-3770

For qualified administrative professionals please call:
 (800) 804-8367

Please detach and return this remittance stub with your payment.

Thank you for choosing OfficeTeam!

OfficeTeam
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 CHICAGO IL 60693

Customer Number	Invoice Number	Total Amount
03950-000159000	39305555	\$ 288.39

0395000015900039305555000288395

** INBOUND NOTIFICATION : FAX RECEIVED SUCCESSFULLY **

TIME RECEIVED
December 4, 2013 6:42:42 AM PST
12/04/2013 10:40 FAX

REMOTE CSID

DURATION
48
PAGES
1STATUS
Received
001/001**OfficeTeam**
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3. Once approved, fax without a coversheet to 800-304-5712
4. To ensure prompt payment, fax on Friday
5. Confirm your fax transmission was successful

Week Ending Date: 11/29/13

Timesheet

Employee ID	Name (Last, First Middle)
1018263378	Richards, Tiffany

Job Order Number	Client Company Name	Report To
03950-107678	Hutcheson Medical Center	Kline, Christie

Time worked for one week only, starting with Saturday and ending on Friday midnight.

Day	Date	In	Out	In	Out	In	Out	Total
Sat	11/23/13							
Sun	11/24/13							
Mon	11/25/13	8:20 AM	4:30 PM					8.17
Tue	11/26/13	8:20 AM	4:50 PM					8.60
Wed	11/27/13							
Thu	11/28/13							
Fri	11/29/13							
Total Weekly Hours:								16.67

Employee Authorization

Electronically Submitted on 11/27/13 9:29:19 AM PST

by Tiffany Richards

Client Approval

The Total Hours as shown on this timesheet are correct. By signing this client approval, receipt and acceptance of the general conditions of assignment and the terms of payment are acknowledged.

Signature Below

Print Name and Title Below

Sandy M. Sayler
BMS

28046

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P02TV2

OFFICETEAM®

Specialized Administrative Staffing

August 20, 2013

Personal & Confidential
JENNIFER CAMERON
HUTCHESON MEDICAL CENTER
100 GROSS CRESCENT CIR
FORT OGLETHORPE, GA 30742-3643

Job Order Number: 03950-108630

Dear Jennifer,

Thank you for selecting OfficeTeam to meet your staffing needs. Angela Dixon is scheduled to start with Hutcheson Medical Center as a Data Entry Clerk on 08-19-2013. As agreed, we will invoice your firm at the rate of \$17.50 per hour. If applicable, overtime will be billed at 1.50 times such rate. Please find the enclosed General Conditions of Assignment and Terms of Payment for your review.

Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby will indicate you have read and agree to the OfficeTeam General Conditions of Assignment and Terms of Payment.

OfficeTeam specializes in the placement of highly skilled office and administrative support professionals on a temporary and temp-to-full-time basis. We are a division of Robert Half International, the world's leader in specialized consulting and staffing services since 1948.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

OfficeTeam
537 Market Street
Suite 200
Chattanooga, TN 37402
(800) 804-8367

GENERAL CONDITIONS OF ASSIGNMENT

Thank you for your confidence in *OfficeTeam*. Our professional is assigned to you under the following General Conditions of Assignment and the enclosed Terms of Payment.

Scope of Background Inquiries	We usually check references by asking specific questions to select past employers with regard to qualifications and work history. These types of checks are generally done the first time we place that individual on an assignment. We do not recheck references after this initial placement process has been completed. There are substantial legal restrictions on the use and communication of various types of personnel-related information. We have not screened for drug use, administered a medical exam, conducted a criminal background check, or engaged in any verification process other than these reference checks. You should conduct such additional or more recent reference inquiries of past employers or verify such other items as you deem appropriate for the position. If you would like to obtain further background information about the professional, we would be glad to refer you to third party agencies who have agreed to perform additional background checks for our clients at a competitive price. If you choose to directly employ one of our professionals, we are willing to provide you with the results of any reference checks that we have performed, to the extent permitted by law.
Client's Responsibility	Supervision of our professional's work is your responsibility. Our professional is only authorized to perform work within the scope of the assignment. It is expressly understood that our professionals are not authorized to sign contracts, statements, or binding agreements on your behalf or on behalf of <i>OfficeTeam</i> . It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company and we shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures. Under no circumstances will you permit our professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables. It is understood that you have full responsibility for providing safe working conditions, as required by law, including ensuring that safety plans exist for and safety related training is provided to our professional working on your premises. If this assignment is for work to be performed under a government contract or subcontract, you will notify us immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if we are legally required to initiate E-Verify verification procedures for our professional assigned to you. It is understood that we will not authorize our professional to operate machinery (other than office machines) or automotive equipment. It is agreed that you accept full responsibility for, and that we do not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing. It is understood that you are responsible for reporting any claim to us in writing during or within ninety (90) days after the assignment. Under no circumstance will <i>OfficeTeam</i> be responsible for any claim related to work performed unless you have reported such claim in writing to us within ninety (90) days after termination of the assignment.
Confidentiality	Our professional will agree to execute any confidentiality agreement you may require. You are responsible for obtaining our professional's signature. You agree to hold in confidence the social security number and other legally protected personal information of our professional and to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.
Employment Taxes and Withholdings	<i>OfficeTeam</i> will handle, to the extent applicable, any workers' compensation insurance, federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance or other payroll charges.
Insurance	In addition to workers' compensation insurance, we also maintain commercial liability insurance and employer's liability insurance.
No Contrary Agreements	These General Conditions of Assignment contain the complete and final agreement on the topics they address, and they supersede any prior agreements or understandings on these topics. Our professionals do not have authority either to verbally modify these General Conditions of Assignment or to assume additional responsibilities other than those set forth in these General Conditions of Assignment.

Job Order: 03950-108630

Date: 08-19-2013

TERMS OF PAYMENT

Thank you for your confidence in *OfficeTeam*. Our professional for the assignment of a Data Entry Clerk is Angela Dixon. The assignment will start on 08-19-2013. As verbally agreed or otherwise communicated, we will invoice your firm at the rate of \$17.50 per hour. Should you wish to use our professional for other assignments, please feel free to do so. The hourly billing rate may then change to reflect the experience necessary to complete the assignment. Call *OfficeTeam* for any changes in the assignment.

Our professional is assigned to you under the following Terms of Payment:

Guarantee	<i>OfficeTeam</i> guarantees your satisfaction with our professional's services by extending to you a one-day (8 hours) guarantee period. If, for any reason, you are dissatisfied with the professional assigned to you, <i>OfficeTeam</i> will not charge for the first eight hours worked, provided that <i>OfficeTeam</i> replaces the individual assigned. Unless you contact us before the end of the first eight hours guarantee period, you agree that our professional assigned is satisfactory.
Time Sheet	Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby indicates your acknowledgement of the General Conditions of Assignment and these Terms of Payment. Our compensation to our assigned professional is on a weekly basis, and you will be billed weekly for the total hours worked, including time spent completing, revising, and/or resubmitting a time sheet or electronic time record during business hours, and we ask that you respect those guidelines. Because <i>OfficeTeam</i> invoices reflect payroll we have already paid, our invoices are due upon receipt. Applicable sales and service taxes shall be added to these invoices. In the event that you fail to pay the invoice when due, you agree to pay all of our costs of collection, including reasonable attorneys' fees, whether or not legal action is initiated. Additionally, we may, at our option, charge interest on any overdue amounts at a rate of the lesser of 1 1/2% per month or the highest rate allowed by applicable law from the date the amount first became due.
Overtime	If applicable, overtime will be billed at 1.50 times the normal billing rate. Federal law defines overtime as hours in excess of 40 hours per week, state laws vary. If state law requires double time pay, the double time hours will be billed at 2.00 times the normal billing rate.
Hiring the Person Referred to You	<p>After you evaluate the performance and potential of our professional on the job, you may wish to employ this person directly. Our professionals represent our inventory of skilled employees and in the event you wish them converted to your employ or another employer to whom you refer them, you agree to pay a conversion fee. The conversion fee is payable if you hire our professional assigned to you, regardless of the employment classification, on either a full-time, temporary (including temporary assignments through another agency) or consulting basis within twelve months after the last day of the assignment. You also agree to pay a conversion fee if our professional assigned to you is hired by (i) a subsidiary or other related company or business as a result of your referral of our professional to that company or (ii) one of your customers as a result of our professional providing services to that customer.</p> <p>The conversion fee calculation is one percent (1%) for each thousand dollars of the aggregate annual compensation (e.g., 20% for \$20,000) multiplied by the aggregate annual compensation, to a maximum of thirty percent (30%). Aggregate annual compensation includes bonuses.</p> <p>The conversion fee, plus an administrative fee, will be owed and invoiced upon your hiring of our professional, and payment is due upon receipt of this invoice. The same calculation will be used if you convert our professional on a part-time basis using the full-time equivalent salary.</p>
General Conditions	<p><i>OfficeTeam</i> may increase our rates provided under the Terms of Payment to reflect increases in our own costs of doing business, including costs associated with higher wages for workers and/or related tax, benefit and other costs. We will provide written or verbal notice of the increase in our rates. Any increase in our rates will be prospective, starting as of the effective date <i>OfficeTeam</i> specifies.</p> <p>Our professional is also assigned to you under the General Conditions of Assignment, a copy of which has been provided.</p>

Job Order: 03950-108630

Date: 08-19-2013

OFFICETEAM®

Specialized Administrative Staffing

November 19, 2012

RUTH WRIGHT
HUTCHESON MEDICAL CENTER
100 GROSS CRESCENT CIR
FORT OGLETHORPE, GA 30742-3643

Job Order Number: 03950-107678

Dear Ruth,

Thank you for selecting OfficeTeam to meet your staffing needs. Tiffany Richards is scheduled to start with Hutcheson Medical Center as a Data Entry Clerk on 11-16-2012. As agreed, we will invoice your firm at the rate of \$17.30 per hour. If applicable, overtime will be billed at 1.50 times such rate. Please find the enclosed General Conditions of Assignment and Terms of Payment for your review.

Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby will indicate you have read and agree to the OfficeTeam General Conditions of Assignment and Terms of Payment.

OfficeTeam specializes in the placement of highly skilled office and administrative support professionals on a temporary and temp-to-full-time basis. We are a division of Robert Half International, the world's leader in specialized consulting and staffing services since 1948.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

OfficeTeam
537 Market Street
Suite 200
Chattanooga, TN 37402
(800) 804-8367

GENERAL CONDITIONS OF ASSIGNMENT

Thank you for your confidence in *OfficeTeam*. Our professional is assigned to you under the following General Conditions of Assignment and the enclosed Terms of Payment.

Scope of Background Inquiries	We usually check references by asking specific questions to select past employers with regard to qualifications and work history. These types of checks are generally done the first time we place that individual on an assignment. We do not recheck references after this initial placement process has been completed. There are substantial legal restrictions on the use and communication of various types of personnel-related information. We have not screened for drug use, administered a medical exam, conducted a criminal background check, or engaged in any verification process other than these reference checks. You should conduct such additional or more recent reference inquiries of past employers or verify such other items as you deem appropriate for the position. If you would like to obtain further background information about the professional, we would be glad to refer you to third party agencies who have agreed to perform additional background checks for our clients at a competitive price. If you choose to directly employ one of our professionals, we are willing to provide you with the results of any reference checks that we have performed, to the extent permitted by law.
Client's Responsibility	Supervision of our professional's work is your responsibility. Our professional is only authorized to perform work within the scope of the assignment. It is expressly understood that our employees are not authorized to sign contracts, statements, or binding agreements on your behalf or on behalf of <i>OfficeTeam</i> . It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company and we shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures. Under no circumstances will you permit our professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables. It is understood that you have full responsibility for providing safe working conditions, as required by law, including ensuring that safety plans exist for and safety related training is provided to our professional working on your premises. If this assignment is for work to be performed under a government contract or subcontract, you will notify us immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if we are legally required to initiate E-Verify verification procedures for our professional assigned to you. It is understood that we will not authorize our professional to operate machinery (other than office machines) or automotive equipment. It is agreed that you accept full responsibility for, and that we do not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing. It is understood that you are responsible for reporting any claim to us in writing during or within ninety (90) days after the assignment. Under no circumstance will <i>OfficeTeam</i> be responsible for any claim related to work performed unless you have reported such claim in writing to us within ninety (90) days after termination of the assignment.
Confidentiality	Our professional will agree to execute any confidentiality agreement you may require. You are responsible for obtaining our professional's signature. You agree to hold in confidence the social security number and other legally protected personal information of our professional and to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.
Employment Taxes and Withholdings	<i>OfficeTeam</i> will handle, to the extent applicable, any workers' compensation insurance, federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance or other payroll charges.
Insurance	In addition to workers' compensation insurance, we also maintain commercial liability insurance and employer's liability insurance.
No Contrary Agreements	These General Conditions of Assignment contain the complete and final agreement on the topics they address, and they supersede any prior agreements or understandings on these topics. Our professionals do not have authority either to verbally modify these General Conditions of Assignment or to assume additional responsibilities other than those set forth in these General Conditions of Assignment.

Job Order: 03950-107678

Date: 11-16-2012

TERMS OF PAYMENT

Thank you for your confidence in *OfficeTeam*. Our professional for the assignment of a Data Entry Clerk is Tiffany Richards. The assignment will start on 11-16-2012. As verbally agreed or otherwise communicated, we will invoice your firm at the rate of \$17.30 per hour. Should you wish to use our professional for other assignments, please feel free to do so. The hourly billing rate may then change to reflect the experience necessary to complete the assignment. Call *OfficeTeam* for any changes in the assignment.

Our professional is assigned to you under the following Terms of Payment:

Guarantee	<i>OfficeTeam</i> guarantees your satisfaction with our professional's services by extending to you a one-day (8 hours) guarantee period. If, for any reason, you are dissatisfied with the professional assigned to you, <i>OfficeTeam</i> will not charge for the first eight hours worked, provided that <i>OfficeTeam</i> replaces the individual assigned. Unless you contact us before the end of the first eight hours guarantee period, you agree that our professional assigned is satisfactory.
Time Sheet	Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby indicates your acknowledgement of the General Conditions of Assignment and these Terms of Payment. Our compensation to our assigned professional is on a weekly basis, and you will be billed weekly for the total hours worked, including time spent completing, revising, and/or resubmitting a time sheet or electronic time record during business hours, and we ask that you respect those guidelines. Because <i>OfficeTeam</i> invoices reflect payroll we have already paid, our invoices are due upon receipt. Applicable sales and service taxes shall be added to these invoices. In the event that you fail to pay the invoice when due, you agree to pay all of our costs of collection, including reasonable attorneys' fees, whether or not legal action is initiated. Additionally, we may, at our option, charge interest on any overdue amounts at a rate of the lesser of 1 1/2% per month or the highest rate allowed by applicable law from the date the amount first became due.
Overtime	If applicable, overtime will be billed at 1.50 times the normal billing rate. Federal law defines overtime as hours in excess of 40 hours per week, state laws vary.
Hiring the Person Referred to You	<p>After you evaluate the performance and potential of our professional on the job, you may wish to employ this person directly. Our professionals represent our inventory of skilled employees and in the event you wish them converted to your employ or another employer to whom you refer them, you agree to pay a conversion fee. The conversion fee is payable if you hire our professional assigned to you, regardless of the employment classification, on either a full-time, temporary (including temporary assignments through another agency) or consulting basis within six months after the last day of the assignment. You also agree to pay a conversion fee if our professional assigned to you is hired by (i) a subsidiary or other related company or business as a result of your referral of our professional to that company or (ii) one of your customers as a result of our professional providing services to that customer.</p> <p>The conversion fee calculation is one percent (1%) for each thousand dollars of the aggregate annual compensation (e.g., 20% for \$20,000) multiplied by the aggregate annual compensation, to a maximum of thirty percent (30%). Aggregate annual compensation includes bonuses.</p> <p>The conversion fee, plus an administrative fee, will be owed and invoiced upon your hiring of our professional, and payment is due upon receipt of this invoice. The same calculation will be used if you convert our professional on a part-time basis using the full-time equivalent salary.</p>
General Conditions	<p><i>OfficeTeam</i> may increase our rates provided under the Terms of Payment to reflect increases in our own costs of doing business, including costs associated with higher wages for workers and/or related tax, benefit and other costs. We will provide written or verbal notice of the increase in our rates. Any increase in our rates will be prospective, starting as of the effective date <i>OfficeTeam</i> specifies.</p> <p>Our professional is also assigned to you under the General Conditions of Assignment, a copy of which has been provided.</p>

Job Order: 03950-107678

Date: 11-16-2012

OFFICETEAM®

Specialized Administrative Staffing

May 17, 2013

RUTH WRIGHT
HUTCHESON MEDICAL CENTER
100 GROSS CRESCENT CIR
FORT OGLETHORPE, GA 30742-3643

Job Order Number: 03950-108275

Dear Ruth,

Thank you for selecting OfficeTeam to meet your staffing needs. CORREY HARRIS is scheduled to start with Hutcheson Medical Center as a Project Assistant on 05-15-2013. As agreed, we will invoice your firm at the rate of \$25.67 per hour. If applicable, overtime will be billed at 1.50 times such rate. Please find the enclosed General Conditions of Assignment and Terms of Payment for your review.

Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby will indicate you have read and agree to the OfficeTeam General Conditions of Assignment and Terms of Payment.

OfficeTeam specializes in the placement of highly skilled office and administrative support professionals on a temporary and temp-to-full-time basis. We are a division of Robert Half International, the world's leader in specialized consulting and staffing services since 1948.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

OfficeTeam
537 Market Street
Suite 200
Chattanooga, TN 37402
(800) 804-8367

GENERAL CONDITIONS OF ASSIGNMENT

Thank you for your confidence in *OfficeTeam*. Our professional is assigned to you under the following General Conditions of Assignment and the enclosed Terms of Payment.

Scope of Background Inquiries	We usually check references by asking specific questions to select past employers with regard to qualifications and work history. These types of checks are generally done the first time we place that individual on an assignment. We do not recheck references after this initial placement process has been completed. There are substantial legal restrictions on the use and communication of various types of personnel-related information. We have not screened for drug use, administered a medical exam, conducted a criminal background check, or engaged in any verification process other than these reference checks. You should conduct such additional or more recent reference inquiries of past employers or verify such other items as you deem appropriate for the position. If you would like to obtain further background information about the professional, we would be glad to refer you to third party agencies who have agreed to perform additional background checks for our clients at a competitive price. If you choose to directly employ one of our professionals, we are willing to provide you with the results of any reference checks that we have performed, to the extent permitted by law.
Client's Responsibility	<p>Supervision of our professional's work is your responsibility. Our professional is only authorized to perform work within the scope of the assignment.</p> <p>It is expressly understood that our employees are not authorized to sign contracts, statements, or binding agreements on your behalf or on behalf of <i>OfficeTeam</i>.</p> <p>It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company and we shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures.</p> <p>Under no circumstances will you permit our professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables. It is understood that you have full responsibility for providing safe working conditions, as required by law, including ensuring that safety plans exist for and safety related training is provided to our professional working on your premises. If this assignment is for work to be performed under a government contract or subcontract, you will notify us immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if we are legally required to initiate E-Verify verification procedures for our professional assigned to you.</p> <p>It is understood that we will not authorize our professional to operate machinery (other than office machines) or automotive equipment. It is agreed that you accept full responsibility for, and that we do not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing.</p> <p>It is understood that you are responsible for reporting any claim to us in writing during or within ninety (90) days after the assignment. Under no circumstance will <i>OfficeTeam</i> be responsible for any claim related to work performed unless you have reported such claim in writing to us within ninety (90) days after termination of the assignment.</p>
Confidentiality	<p>Our professional will agree to execute any confidentiality agreement you may require. You are responsible for obtaining our professional's signature.</p> <p>You agree to hold in confidence the social security number and other legally protected personal information of our professional and to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.</p>
Employment Taxes and Withholdings	<i>OfficeTeam</i> will handle, to the extent applicable, any workers' compensation insurance, federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance or other payroll charges.
Insurance	In addition to workers' compensation insurance, we also maintain commercial liability insurance and employer's liability insurance.
No Contrary Agreements	These General Conditions of Assignment contain the complete and final agreement on the topics they address, and they supersede any prior agreements or understandings on these topics. Our professionals do not have authority either to verbally modify these General Conditions of Assignment or to assume additional responsibilities other than those set forth in these General Conditions of Assignment.

Job Order: 03950-108275

Date: 05-15-2013

TERMS OF PAYMENT

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Overtime	If applicable, overtime will be billed at 1.50 times the normal billing rate. Federal law defines overtime as hours in excess of 40 hours per week, state laws vary.
Hiring the Person Referred to You	<p>After you evaluate the performance and potential of our professional on the job, you may wish to employ this person directly. Our professionals represent our inventory of skilled employees and in the event you wish them converted to your employ or another employer to whom you refer them, you agree to pay a conversion fee. The conversion fee is payable if you hire our professional assigned to you, regardless of the employment classification, on either a full-time, temporary (including temporary assignments through another agency) or consulting basis within six months after the last day of the assignment. You also agree to pay a conversion fee if our professional assigned to you is hired by (i) a subsidiary or other related company or business as a result of your referral of our professional to that company or (ii) one of your customers as a result of our professional providing services to that customer.</p> <p>The conversion fee calculation is one percent (1%) for each thousand dollars of the aggregate annual compensation (e.g., 20% for \$20,000) multiplied by the aggregate annual compensation, to a maximum of thirty percent (30%). Aggregate annual compensation includes bonuses.</p> <p>The conversion fee, plus an administrative fee, will be owed and invoiced upon your hiring of our professional, and payment is due upon receipt of this invoice. The same calculation will be used if you convert our professional on a part-time basis using the full-time equivalent salary.</p>
General Conditions	<p><i>OfficeTeam</i> may increase our rates provided under the Terms of Payment to reflect increases in our own costs of doing business, including costs associated with higher wages for workers and/or related tax, benefit and other costs. We will provide written or verbal notice of the increase in our rates. Any increase in our rates will be prospective, starting as of the effective date <i>OfficeTeam</i> specifies.</p> <p>Our professional is also assigned to you under the General Conditions of Assignment, a copy of which has been provided.</p>

Job Order: 03950-108275

Date: 05-15-2013

OFFICETEAM®

Specialized Administrative Staffing

June 26, 2013

Personal & Confidential
RUTH WRIGHT
HUTCHESON MEDICAL CENTER
100 GROSS CRESCENT CIR
FORT OGLETHORPE, GA 30742-3643

Job Order Number: 03950-108434

Dear Ruth,

Thank you for selecting OfficeTeam to meet your staffing needs. Rice Moseley is scheduled to start with Hutcheson Medical Center as a Project Assistant on 06-26-2013. As agreed, we will invoice your firm at the rate of \$20.07 per hour. If applicable, overtime will be billed at 1.50 times such rate. Please find the enclosed General Conditions of Assignment and Terms of Payment for your review.

Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby will indicate you have read and agree to the OfficeTeam General Conditions of Assignment and Terms of Payment.

OfficeTeam specializes in the placement of highly skilled office and administrative support professionals on a temporary and temp-to-full-time basis. We are a division of Robert Half International, the world's leader in specialized consulting and staffing services since 1948.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

OfficeTeam
537 Market Street
Suite 200
Chattanooga, TN 37402
(800) 804-8367

GENERAL CONDITIONS OF ASSIGNMENT

Thank you for your confidence in *OfficeTeam*. Our professional is assigned to you under the following General Conditions of Assignment and the enclosed Terms of Payment.

Scope of Background Inquiries	We usually check references by asking specific questions to select past employers with regard to qualifications and work history. These types of checks are generally done the first time we place that individual on an assignment. We do not recheck references after this initial placement process has been completed. There are substantial legal restrictions on the use and communication of various types of personnel-related information. We have not screened for drug use, administered a medical exam, conducted a criminal background check, or engaged in any verification process other than these reference checks. You should conduct such additional or more recent reference inquiries of past employers or verify such other items as you deem appropriate for the position. If you would like to obtain further background information about the professional, we would be glad to refer you to third party agencies who have agreed to perform additional background checks for our clients at a competitive price. If you choose to directly employ one of our professionals, we are willing to provide you with the results of any reference checks that we have performed, to the extent permitted by law.
Client's Responsibility	Supervision of our professional's work is your responsibility. Our professional is only authorized to perform work within the scope of the assignment. It is expressly understood that our professionals are not authorized to sign contracts, statements, or binding agreements on your behalf or on behalf of <i>OfficeTeam</i> . It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company and we shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures. Under no circumstances will you permit our professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables. It is understood that you have full responsibility for providing safe working conditions, as required by law, including ensuring that safety plans exist for and safety related training is provided to our professional working on your premises. If this assignment is for work to be performed under a government contract or subcontract, you will notify us immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if we are legally required to initiate E-Verify verification procedures for our professional assigned to you. It is understood that we will not authorize our professional to operate machinery (other than office machines) or automotive equipment. It is agreed that you accept full responsibility for, and that we do not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing. It is understood that you are responsible for reporting any claim to us in writing during or within ninety (90) days after the assignment. Under no circumstance will <i>OfficeTeam</i> be responsible for any claim related to work performed unless you have reported such claim in writing to us within ninety (90) days after termination of the assignment.
Confidentiality	Our professional will agree to execute any confidentiality agreement you may require. You are responsible for obtaining our professional's signature. You agree to hold in confidence the social security number and other legally protected personal information of our professional and to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.
Employment Taxes and Withholdings	<i>OfficeTeam</i> will handle, to the extent applicable, any workers' compensation insurance, federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance or other payroll charges.
Insurance	In addition to workers' compensation insurance, we also maintain commercial liability insurance and employer's liability insurance.
No Contrary Agreements	These General Conditions of Assignment contain the complete and final agreement on the topics they address, and they supersede any prior agreements or understandings on these topics. Our professionals do not have authority either to verbally modify these General Conditions of Assignment or to assume additional responsibilities other than those set forth in these General Conditions of Assignment.

Job Order: 03950-108434

Date: 06-26-2013

TERMS OF PAYMENT

Thank you for your confidence in *OfficeTeam*. Our professional for the assignment of a Project Assistant is Rice Moseley. The assignment will start on 06-26-2013. As verbally agreed or otherwise communicated, we will invoice your firm at the rate of \$20.07 per hour. Should you wish to use our professional for other assignments, please feel free to do so. The hourly billing rate may then change to reflect the experience necessary to complete the assignment. Call *OfficeTeam* for any changes in the assignment.

Our professional is assigned to you under the following Terms of Payment:

Guarantee	<i>OfficeTeam</i> guarantees your satisfaction with our professional's services by extending to you a one-day (8 hours) guarantee period. If, for any reason, you are dissatisfied with the professional assigned to you, <i>OfficeTeam</i> will not charge for the first eight hours worked, provided that <i>OfficeTeam</i> replaces the individual assigned. Unless you contact us before the end of the first eight hours guarantee period, you agree that our professional assigned is satisfactory.
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Overtime	If applicable, overtime will be billed at 1.50 times the normal billing rate. Federal law defines overtime as hours in excess of 40 hours per week, state laws vary. If state law requires double time pay, the double time hours will be billed at 2.00 times the normal billing rate.
Hiring the Person Referred to You	<p>After you evaluate the performance and potential of our professional on the job, you may wish to employ this person directly. Our professionals represent our inventory of skilled employees and in the event you wish them converted to your employ or another employer to whom you refer them, you agree to pay a conversion fee. The conversion fee is payable if you hire our professional assigned to you, regardless of the employment classification, on either a full-time, temporary (including temporary assignments through another agency) or consulting basis within twelve months after the last day of the assignment. You also agree to pay a conversion fee if our professional assigned to you is hired by (i) a subsidiary or other related company or business as a result of your referral of our professional to that company or (ii) one of your customers as a result of our professional providing services to that customer.</p> <p>The conversion fee calculation is one percent (1%) for each thousand dollars of the aggregate annual compensation (e.g., 20% for \$20,000) multiplied by the aggregate annual compensation, to a maximum of thirty percent (30%). Aggregate annual compensation includes bonuses.</p> <p>The conversion fee, plus an administrative fee, will be owed and invoiced upon your hiring of our professional, and payment is due upon receipt of this invoice. The same calculation will be used if you convert our professional on a part-time basis using the full-time equivalent salary.</p>
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Job Order: 03950-108434

Date: 06-26-2013

OFFICETEAM®

Specialized Administrative Staffing

June 10, 2013

Personal & Confidential
JENNIFER CAMERON
HUTCHESON MEDICAL CENTER
100 GROSS CRESCENT CIR
FORT OGLETHORPE, GA 30742-3843

Job Order Number: 03950-108363

Dear Jennifer,

Thank you for selecting OfficeTeam to meet your staffing needs. Peggy Gayton is scheduled to start with Hutcheson Medical Center as a Data Entry Clerk on 06-10-2013. As agreed, we will invoice your firm at the rate of \$17.50 per hour. If applicable, overtime will be billed at 1.50 times such rate. Please find the enclosed General Conditions of Assignment and Terms of Payment for your review.

Our professional will submit either an electronic time record or a time sheet for verification and approval at the end of each week. Your approval thereby will indicate you have read and agree to the OfficeTeam General Conditions of Assignment and Terms of Payment.

OfficeTeam specializes in the placement of highly skilled office and administrative support professionals on a temporary and temp-to-full-time basis. We are a division of Robert Half International, the world's leader in specialized consulting and staffing services since 1948.

Please do not hesitate to contact us if you have any questions or we can be of additional service. We look forward to working with you.

Sincerely,

OfficeTeam
537 Market Street
Suite 200
Chattanooga, TN 37402
(800) 804-8367

GENERAL CONDITIONS OF ASSIGNMENT

Thank you for your confidence in *OfficeTeam*. Our professional is assigned to you under the following General Conditions of Assignment and the enclosed Terms of Payment.

Scope of Background Inquiries	We usually check references by asking specific questions to select past employers with regard to qualifications and work history. These types of checks are generally done the first time we place that individual on an assignment. We do not recheck references after this initial placement process has been completed. There are substantial legal restrictions on the use and communication of various types of personnel-related information. We have not screened for drug use, administered a medical exam, conducted a criminal background check, or engaged in any verification process other than these reference checks. You should conduct such additional or more recent reference inquiries of past employers or verify such other items as you deem appropriate for the position. If you would like to obtain further background information about the professional, we would be glad to refer you to third party agencies who have agreed to perform additional background checks for our clients at a competitive price. If you choose to directly employ one of our professionals, we are willing to provide you with the results of any reference checks that we have performed, to the extent permitted by law.
Client's Responsibility	<p>Supervision of our professional's work is your responsibility. Our professional is only authorized to perform work within the scope of the assignment.</p> <p>It is expressly understood that our professionals are not authorized to sign contracts, statements, or binding agreements on your behalf or on behalf of <i>OfficeTeam</i>.</p> <p>It is understood that you are responsible for implementing and maintaining usual, customary and appropriate internal accounting procedures and controls, internal controls and other appropriate procedures and controls (including information technology, proprietary information, creative designs and trade secret safeguards) for your company and we shall not be responsible for any losses, liabilities or claims arising from the lack of such controls or procedures.</p> <p>Under no circumstances will you permit our professional to sign, endorse, wire, transport or otherwise convey cash, securities, checks, or any negotiable instruments or valuables. It is understood that you have full responsibility for providing safe working conditions, as required by law, including ensuring that safety plans exist for and safety related training is provided to our professional working on your premises. If this assignment is for work to be performed under a government contract or subcontract, you will notify us immediately (1) of any obligations in the government contract or subcontract relating to wages, and (2) if we are legally required to initiate E-Verify verification procedures for our professional assigned to you.</p> <p>It is understood that we will not authorize our professional to operate machinery (other than office machines) or automotive equipment. It is agreed that you accept full responsibility for, and that we do not maintain insurance to cover any injury, damage, or loss that may result from your failure to comply with the foregoing.</p> <p>It is understood that you are responsible for reporting any claim to us in writing during or within ninety (90) days after the assignment. Under no circumstance will <i>OfficeTeam</i> be responsible for any claim related to work performed unless you have reported such claim in writing to us within ninety (90) days after termination of the assignment.</p>
Confidentiality	<p>Our professional will agree to execute any confidentiality agreement you may require. You are responsible for obtaining our professional's signature.</p> <p>You agree to hold in confidence the social security number and other legally protected personal information of our professional and to implement and maintain reasonable security procedures and practices to protect such information from unauthorized access, use, modification or disclosure.</p>
Employment Taxes and Withholdings	<i>OfficeTeam</i> will handle, to the extent applicable, any workers' compensation insurance, federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance or other payroll charges.
Insurance	In addition to workers' compensation insurance, we also maintain commercial liability insurance and employer's liability insurance.
No Contrary Agreements	These General Conditions of Assignment contain the complete and final agreement on the topics they address, and they supersede any prior agreements or understandings on these topics. Our professionals do not have authority either to verbally modify these General Conditions of Assignment or to assume additional responsibilities other than those set forth in these General Conditions of Assignment.

Job Order: 03950-108363

Date: 06-10-2013

TERMS OF PAYMENT

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Overtime	If applicable, overtime will be billed at 1.50 times the normal billing rate. Federal law defines overtime as hours in excess of 40 hours per week, state laws vary. If state law requires double time pay, the double time hours will be billed at 2.00 times the normal billing rate.
Hiring the Person Referred to You	<p>After you evaluate the performance and potential of our professional on the job, you may wish to employ this person directly. Our professionals represent our inventory of skilled employees and in the event you wish them converted to your employ or another employer to whom you refer them, you agree to pay a conversion fee. The conversion fee is payable if you hire our professional assigned to you, regardless of the employment classification, on either a full-time, temporary (including temporary assignments through another agency) or consulting basis within twelve months after the last day of the assignment. You also agree to pay a conversion fee if our professional assigned to you is hired by (i) a subsidiary or other related company or business as a result of your referral of our professional to that company or (ii) one of your customers as a result of our professional providing services to that customer.</p> <p>The conversion fee calculation is one percent (1%) for each thousand dollars of the aggregate annual compensation (e.g., 20% for \$20,000) multiplied by the aggregate annual compensation, to a maximum of thirty percent (30%). Aggregate annual compensation includes bonuses.</p> <p>The conversion fee, plus an administrative fee, will be owed and invoiced upon your hiring of our professional, and payment is due upon receipt of this invoice. The same calculation will be used if you convert our professional on a part-time basis using the full-time equivalent salary.</p>
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Job Order: 03950-108363

Date: 06-10-2013

Northern District of Georgia Claims Register

14-42863-pwb Hutcheson Medical Center, Inc.

Judge: Paul W. Bonapfel **Chapter:** 11

Office: Rome **Last Date to file claims:**

Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (18633749)	<i>History</i> Claim No: 58	<i>Status:</i>
Office Team	<i>Original Filed</i>	<i>Filed by:</i> CR
Attn: Karen Lima	<i>Date:</i> 12/29/2014	<i>Entered by:</i> srw
PO Box 5024	<i>Original Entered</i>	<i>Modified:</i>
San Ramon, CA 94583	<i>Date:</i> 12/29/2014	
Amount claimed: \$23236.19		

<i>History:</i>	
<i>Details</i> 58-1	12/29/2014 Claim #58 filed by: Office Team, Amount claimed: \$23236.19 (srw)
<i>Description:</i>	
<i>Remarks:</i>	

Claims Register Summary

Case Name: Hutcheson Medical Center, Inc.

Case Number: 14-42863-pwb

Chapter: 11

Date Filed: 11/20/2014

Total Number Of Claims: 1

Total Amount Claimed*	\$23236.19
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		