

UNITED STATES BANKRUPTCY COURT
Northern District of Georgia – Rome Division

PROOF OF CLAIM

Name of Debtor Against Which You Assert Your Claim. (check one box - if you are asserting a claim against more than one Debtor, you must file a separate Proof of Claim against each Debtor)

☒ Hutcheson Medical Center, Inc., Case No. 14-42683

☐ Hutcheson Medical Division, Inc., Case No. 14-42684

Deadline for filing
Proofs of Claim

MAY 1, 2015
5:00 pm (Eastern)

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

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

TFI RESOURCES, INC.
1616 S. VOSS, STE 700
HOUSTON, TX 77057

RECEIVED

APR 23 2015

BMC GROUP

Telephone number: 713-780-9161 Fax number: 713-783-1566

Email: ehubbard@tfiresources.com

The address above will be used for service of notice of any objection to your claim, unless you provide a different notice address in the space provided by your signature on the reverse side. By submitting this Proof of Claim, you agree that the use of the above address, or the different address provided below, is sufficient for purposes of Bankruptcy Rule 7004.

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

Court Claim Number:

(If known)

Filed on:

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

☐ 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.

Telephone number: _____ Fax number: _____

Email: _____

1. Amount of Claim as of Date Case Filed: \$16,203.00

If all or part of your claim is secured, complete item 4. If all or part of your claim is entitled to priority, complete item 5.

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

2. Basis for Claim: STAFFING/PAYROLL SERVICE

(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as:

DECOSTIMO RECRUITING

(See instruction #3a)

3b. Uniform Claim Identifier (optional):

(See instructions #3b)

4. Secured Claim (See instruction #4)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____

Value of Property: \$ _____

Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)

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

Basis for perfection: _____

Amount of Secured Claim: \$ _____

Amount of Unsecured Claim: \$ _____

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.

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

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

☐ 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).

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

☐ 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).

☐ Other – specify applicable paragraph of 11 U.S.C. § 507(a)(____).

Amount entitled to priority:

\$ _____

FOR COURT USE ONLY

Hutcheson Med POC



00285

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

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, and 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. (See instruction #7 and 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.

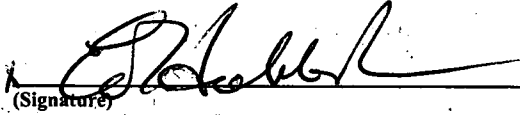
☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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

Print Name: EDWIN W. HUBBARD

Title: PRESIDENT

Company: TFI RESOURCES, INC.

 4/16/15
(Signature) (Date)

Address and telephone number (if different from notice address above):

Telephone number:

Email:

The address you provide above will be used for service of notice of any objection to this Proof of Claim, and by submitting this Proof of Claim you agree that the use of this address is sufficient for purposes of Bankruptcy Rule 7004.


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.

SUBMITTING PROOF OF CLAIM FORM: Submit original proof of claim form with any attachments to BMC Group via United States mail, overnight service, or hand delivery at the following address:

If by overnight or hand delivery:

BMC Group
Attn: Hutcheson Medical Center, Inc. Claims Processing
300 N. Continental Blvd., #570
El Segundo, CA 90245

If by First Class Mail:

 **BMC Group**
Attn: Hutcheson Medical Center, Inc. Claims Processing
PO Box 90100
Los Angeles, CA 90009

DEADLINE FOR FILING PROOFS OF CLAIM: MAY 1, 2015 at 5:00 pm (Eastern)



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

STATEMENT OF ACCOUNT

08/27/14

Providing Services For:

Decosimo Recruiting, LLC

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

DECOSIMO RECRUITING

EMPLOYEE	INVOICE DATE	WEEK ENDING DATE	ADD'L DATA / P. O. NUMBER	INVOICE AMOUNT DUE	INVOICE NO.	AGE OF RECEIVABLE
Brennan, James E	04/15/14	04/13/14		\$1,320.00	NP637105	134
Brennan, James E	04/21/14	04/20/14		\$1,320.00	NP638806	128
Brennan, James E	04/29/14	04/27/14		\$1,320.00	NP642441	120
Brennan, James E	05/05/14	05/04/14		\$1,056.00	NP643870	114
Brennan, James E	05/12/14	05/11/14		\$1,056.00	NP646086	107
Brennan, James E	05/27/14	05/25/14		\$1,320.00	NP651357	92
Brennan, James E	06/02/14	06/01/14		\$792.00	NP653364	86
Brennan, James E	06/09/14	06/08/14		\$1,320.00	NP655176	79
Brennan, James E	06/16/14	06/15/14		\$1,188.00	NP657418	72
Brennan, James E	06/23/14	06/22/14		\$1,320.00	NP659648	65
Brennan, James E	06/30/14	06/29/14		\$1,056.00	NP661855	58
Brennan, James E	07/08/14	07/06/14		\$1,056.00	NP665487	50
Brennan, James E	07/14/14	07/13/14		\$1,056.00	NP666457	44
Brennan, James E	07/21/14	07/20/14		\$1,023.00	NP668805	37

Total Amount Due: \$16,203.00

Please make payment to: TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

"THANK YOU! WE APPRECIATE YOUR BUSINESS"



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: **NP637105**
Date: 04/15/2014
Pay Period: 4/7/2014 - 4/13/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	40.00	\$33.00	\$1,320.00
Comments				

Sub-Total: \$1,320.00

Please make payment to:
TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,320.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:33:52 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 4/13/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP637105

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS
MON	04/07/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
TUE	04/08/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
WED	04/09/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	04/10/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
FRI	04/11/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
SAT	04/12/14								
SUN	04/13/14								

Totals:

40.00

40.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 4/14/2014 3:06:52 PM

☒ Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
3. Client company acknowledges that the employee has received meal and rest periods as mandated by state law.
4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
5. Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
6. Client company agrees to provide a safe worksite free from unlawful harassment or discrimination.
7. Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without prior written consent from TFI Resources. Temporary employees shall not have access to unattended premises and shall not approve, submit, or process invoices for payment or authorize expenditures of any kind without strict supervision by client company and written approval from TFI.
8. Client company shall not authorize or request any temporary worker to undertake foreign or offshore travel without prior written consent from TFI.
9. Decosimo Recruiting, LLC refers personnel on the basis that all fees are paid by the client company. Unless otherwise agreed to in writing, a temporary or contract worker hired in any capacity by a client company within one year from the last date of a temporary or contract assignment shall cause a standard personnel placement fee to be due Decosimo Recruiting, LLC. A client company who refers a temporary or contract worker to an affiliated company, associate, friend, or other entity shall be liable for a standard personnel placement fee if the worker is hired within one year of such referral.

NOTE: TFI Resources is the employer of record for temporaries furnished by Decosimo Recruiting, LLC. TFI Resources disclaims personal knowledge of facts and information provided on any employee. TFI Resources makes no representations, express or implied, as to the qualifications of any employee furnished by Decosimo Recruiting, LLC.



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: **NP638806**
Date: 04/21/2014
Pay Period: 4/14/2014 - 4/20/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	40.00	\$33.00	\$1,320.00
Comments				

Sub-Total: \$1,320.00

Please make payment to:

TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,320.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:35:02 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 4/20/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP638806

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS
MON	04/14/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
TUE	04/15/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
WED	04/16/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	04/17/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
FRI	04/18/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
SAT	04/19/14								
SUN	04/20/14								

Totals:

40.00

40.00

Timecard Approver: Mary Look

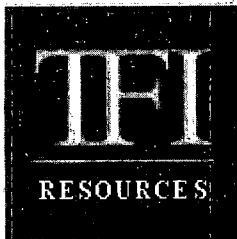
E-Signature: mlook@hutcheson.org 4/21/2014 9:41:43 AM

☒ Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
3. Client company acknowledges that the employee has received meal and rest periods as mandated by state law.
4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
5. Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
6. Client company agrees to provide a safe worksite free from unlawful harassment or discrimination.
7. Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without prior written consent from TFI Resources. Temporary employees shall not have access to unattended premises and shall not approve, submit, or process invoices for payment or authorize expenditures of any kind without strict supervision by client company and written approval from TFI.
8. Client company shall not authorize or request any temporary worker to undertake foreign or offshore travel without prior written consent from TFI.
9. Decosimo Recruiting, LLC refers personnel on the basis that all fees are paid by the client company. Unless otherwise agreed to in writing, a temporary or contract worker hired in any capacity by a client company within one year from the last date of a temporary or contract assignment shall cause a standard personnel placement fee to be due Decosimo Recruiting, LLC. A client company who refers a temporary or contract worker to an affiliated company, associate, friend, or other entity shall be liable for a standard personnel placement fee if the worker is hired within one year of such referral.

NOTE: TFI Resources is the employer of record for temporaries furnished by Decosimo Recruiting, LLC. TFI Resources disclaims personal knowledge of facts and information provided on any employee. TFI Resources makes no representations, express or implied, as to the qualifications of any employee furnished by Decosimo Recruiting, LLC.



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: **NP642441**
Date: 04/29/2014
Pay Period: 4/21/2014 - 4/27/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E. Brennan Job Title: Staff Accountant Dept :	REG	40.00	\$33.00	\$1,320.00
Comments				

Sub-Total: \$1,320.00

Please make payment to:
TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,320.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:36:08 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 4/27/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP642441

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS
MON	04/21/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
TUE	04/22/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
WED	04/23/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	04/24/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
FRI	04/25/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
SAT	04/26/14								
SUN	04/27/14								

Totals:

40.00

40.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 4/29/2014 7:21:38 AM

☒ Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
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4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
5. Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
6. Client company agrees to provide a safe worksite free from unlawful harassment or discrimination.
7. Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without prior written consent from TFI Resources. Temporary employees shall not have access to unattended premises and shall not approve, submit, or process invoices for payment or authorize expenditures of any kind without strict supervision by client company and written approval from TFI.
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PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: **NP643870**
Date: 05/05/2014
Pay Period: 4/28/2014 - 5/4/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	32.00	\$33.00	\$1,056.00
Comments				

Sub-Total: \$1,056.00

Please make payment to:

TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,056.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:36:53 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 5/4/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP643870

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

		LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO	COMMENTS	
MON	04/28/14										
TUE	04/29/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00					
WED	04/30/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00					
THU	05/01/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00					
FRI	05/02/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00					
SAT	05/03/14										
SUN	05/04/14										

Totals:

32.00

32.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 5/5/2014 10:25:46 AM

☒ Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

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4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
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6. Client company agrees to provide a safe worksite free from unlawful harassment or discrimination.
7. Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without prior written consent from TFI Resources. Temporary employees shall not have access to unattended premises and shall not approve, submit, or process invoices for payment or authorize expenditures of any kind without strict supervision by client company and written approval from TFI.
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PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: NP646086V
Date: 05/12/2014
Pay Period: 5/5/2014 - 5/11/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	32.00	\$33.00	\$1,056.00
Comments				

Sub-Total: \$1,056.00

Please make payment to:

TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,056.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:38:14 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 5/11/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP646086V

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS
MON	05/05/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
TUE	05/06/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
WED	05/07/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	05/08/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
FRI	05/09/14								
SAT	05/10/14								
SUN	05/11/14								

Totals:

32.00

32.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 5/12/2014 8:00:56 AM

☒ Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
3. Client company acknowledges that the employee has received meal and rest periods as mandated by state law.
4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
5. Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
6. Client company agrees to provide a safe worksite free from unlawful harassment or discrimination.
7. Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without prior written consent from TFI Resources. Temporary employees shall not have access to unattended premises and shall not approve, submit, or process invoices for payment or authorize expenditures of any kind without strict supervision by client company and written approval from TFI.
8. Client company shall not authorize or request any temporary worker to undertake foreign or offshore travel without prior written consent from TFI.
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PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: NP651357V
Date: 05/27/2014
Pay Period: 5/19/2014 - 5/25/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	40.00	\$33.00	\$1,320.00
Comments				

Sub-Total: \$1,320.00

Please make payment to:

TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,320.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:40:01 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 5/25/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP651357V

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS
MON	05/19/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
TUE	05/20/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
WED	05/21/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	05/22/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
FRI	05/23/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
SAT	05/24/14								
SUN	05/25/14								

Totals:

40.00

40.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 5/27/2014 9:01:40 AM

☒ Approver Terms & Conditions

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2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
3. Client company acknowledges that the employee has received meal and rest periods as mandated by state law.
4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
5. Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
6. Client company agrees to provide a safe worksite free from unlawful harassment or discrimination.
7. Client company shall not authorize any temporary employee to handle cash, credit cards, negotiable instruments, or other valuables without prior written consent from TFI Resources. Temporary employees shall not have access to unattended premises and shall not approve, submit, or process invoices for payment or authorize expenditures of any kind without strict supervision by client company and written approval from TFI.
8. Client company shall not authorize or request any temporary worker to undertake foreign or offshore travel without prior written consent from TFI.
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PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: **NP653364V**
Date: 06/02/2014
Pay Period: 5/26/2014 - 6/1/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	24.00	\$33.00	\$792.00
Comments				

Sub-Total: \$792.00

Please make payment to:

TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$792.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:40:46 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 6/1/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP653364V

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS
MON	05/26/14								Holiday
TUE	05/27/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
WED	05/28/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	05/29/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
FRI	05/30/14								Got the plague.
SAT	05/31/14								
SUN	06/01/14								

Totals:

24.00

24.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 6/2/2014 7:50:43 AM

☒ Approver Terms & Conditions

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2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
3. Client company acknowledges that the employee has received meal and rest periods as mandated by state law.
4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
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PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: **NP655176V**
Date: 06/09/2014
Pay Period: 6/2/2014 - 6/8/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept.:	REG	40.00	\$33.00	\$1,320.00
Comments				

Sub-Total: \$1,320.00

Please make payment to:

TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,320.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:48:53 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 6/8/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP655176V

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS
MON	06/02/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
TUE	06/03/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
WED	06/04/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	06/05/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
FRI	06/06/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
SAT	06/07/14								
SUN	06/08/14								

Totals:

40.00

40.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 6/9/2014 9:25:14 AM

☒ Approver Terms & Conditions

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2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
3. Client company acknowledges that the employee has received meal and rest periods as mandated by state law.
4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
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PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: NP657418V
Date: 06/16/2014
Pay Period: 6/9/2014 - 6/15/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	36.00	\$33.00	\$1,188.00
Comments				

Sub-Total: \$1,188.00

Please make payment to:

TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,188.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:50:30 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 6/15/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP657418V

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

		LUNCH								
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO	COMMENTS
MON	06/09/14	8:00 A			12:00 P	4.00				Dr appt
TUE	06/10/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
WED	06/11/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
THU	06/12/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
FRI	06/13/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00				
SAT	06/14/14									
SUN	06/15/14									

Totals:

36.00

36.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 6/16/2014 11:00:37 AM

☒ Approver Terms & Conditions

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PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: NP659648V
Date: 06/23/2014
Pay Period: 6/16/2014 - 6/22/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	40:00	\$33.00	\$1,320.00
Comments				

Sub-Total: \$1,320.00

Please make payment to:

TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,320.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:51:35 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 6/22/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP659648V

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

		LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO	COMMENTS	
MON	06/16/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00					
TUE	06/17/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00					
WED	06/18/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00					
THU	06/19/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00					
FRI	06/20/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00					
SAT	06/21/14										
SUN	06/22/14										

Totals:

40.00

40.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 6/23/2014 7:51:55 AM

☒ Approver Terms & Conditions

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2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
3. Client company acknowledges that the employee has received meal and rest periods as mandated by state law.
4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
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PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: NP661855V
Date: 06/30/2014
Pay Period: 6/23/2014 - 6/29/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	32.00	\$33.00	\$1,056.00
Comments				

Sub-Total: \$1,056.00

Please make payment to:
TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,056.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:52:31 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 6/29/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

NP661855V

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS
MON	06/23/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
TUE	06/24/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
WED	06/25/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	06/26/14								
FRI	06/27/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
SAT	06/28/14								
SUN	06/29/14								

Totals:

32.00

32.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 6/30/2014 7:43:23 AM

☒ Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

1. Fees relating to the cost of collecting amounts due per this time sheet including attorney's fees, court costs, and interest at the maximum non-usurious rate shall be reimbursed by the client company. Any litigation arising due to non-payment of an invoice shall be conducted in Harris County, Texas, which shall have exclusive jurisdiction over such proceedings.
2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
3. Client company acknowledges that the employee has received meal and rest periods as mandated by state law.
4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
5. Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
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PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: NP665487V
Date: 07/08/2014
Pay Period: 6/30/2014 - 7/6/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	32.00	\$33.00	\$1,056.00
Comments				

Sub-Total: \$1,056.00

Please make payment to:

TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,056.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:53:16 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 7/6/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP665487V

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS
MON	06/30/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
TUE	07/01/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
WED	07/02/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	07/03/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
FRI	07/04/14								
SAT	07/05/14								
SUN	07/06/14								

Totals:

32.00

32.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 7/8/2014 7:34:36 AM

☒ Approver Terms & Conditions

Execution of this form by the client company constitutes a certification that the totals listed are correct as stated, that the work was performed in a satisfactory manner, and that the applicable fees are due and payable to TFI Resources upon receipt of invoice.

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2. Hours worked that require payment of overtime wages shall be billed at 1.5 times the regular hourly billing rate.
3. Client company acknowledges that the employee has received meal and rest periods as mandated by state law.
4. Client company acknowledges that the employee has not been injured or suffered an on-the-job illness during the time period covered on this time sheet.
5. Client company shall not authorize, request or cause any temporary employee to operate machinery, automobiles, trucks or other vehicles, regardless of ownership, without obtaining prior written consent from TFI Resources. Temporary employees shall not be authorized, requested, or allowed to drive on client company business without prior written consent from TFI Resources. Job duties shall be limited to office tasks.
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PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: **NP666457V**
Date: 07/14/2014
Pay Period: 7/7/2014 - 7/13/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	32.00	\$33.00	\$1,056.00
Comments				

Sub-Total: \$1,056.00

Please make payment to:

TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,056.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:53:55 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 7/13/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

NP666457V

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO COMMENTS
MON	07/07/14								
TUE	07/08/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
WED	07/09/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
THU	07/10/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
FRI	07/11/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00			
SAT	07/12/14								
SUN	07/13/14								

Totals:

32.00

32.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 7/14/2014 12:25:59 PM

☒ Approver Terms & Conditions

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PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

INVOICE

ORIGINAL

To: Hutcheson Medical Center
Farrell Hayes
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Invoice No: NP668805V
Date: 07/21/2014
Pay Period: 7/14/2014 - 7/20/2014

RECRUITER / STAFFING CO:
Decosimo Recruiting, LLC

DECOSIMO

RECRUITING

Basic Employee Information	Pay Type	Units	Rate	Amount
Name: James E Brennan Job Title: Staff Accountant Dept :	REG	31.00	\$33.00	\$1,023.00
Comments				

Sub-Total: \$1,023.00

Please make payment to:

TFI Resources
P.O. Box 4346, Dept. 517
Houston, TX 77210-4346

Terms: DUE UPON RECEIPT

Charges/Credits	Amount

Charges/Credits: \$0.00

TOTAL AMOUNT DUE : \$1,023.00

"THANK YOU! WE APPRECIATE YOUR BUSINESS"

Print Date: 04/15/15 2:54:34 PM
DKAINER



PHONE: 713-975-7576
PHONE: 800-701-4014
FAX: 713-783-1566
FAX: 800-765-0652

PAY PERIOD ENDING: 7/20/2014

EMPLOYEE NAME: James Brennan

CLIENT COMPANY: Hutcheson Medical Center

PHONE: 931.529.2842

RECRUITER/STAFFING CO: Decosimo Recruiting, LLC

NP668805V

NP

Weekly Timecard

Assignment Continues? ☒

Pick-up Check? ☐

DECOSIMO

RECRUITING

		LUNCH									
DAY	DATE	START	OUT	IN	STOP	REG	OT	DT	PTO	COMMENTS	
MON	07/14/14										
TUE	07/15/14	9:00 A	1:00 P	1:30 P	4:30 P	7.00					
WED	07/16/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00					
THU	07/17/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00					
FRI	07/18/14	8:00 A	1:00 P	1:30 P	4:30 P	8.00					
SAT	07/19/14										
SUN	07/20/14										

Totals:

31.00

31.00

Timecard Approver: Mary Look

E-Signature: mlook@hutcheson.org 7/21/2014 8:04:32 AM

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