

4. A copy of the writing (invoice, purchase order, lease agreement, etc.) on which the administrative expense is founded, if any, is attached hereto or cannot be attached for the reason set forth in the statement attached hereto.

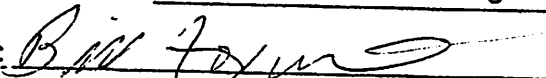
5. The amount of all payments on the administrative expense have been credited and deducted for the purpose of making this request.

6. The undersigned is aware that under 18 U.S.C. §§ 152 and 3571, the penalty for presenting a fraudulent claim in a bankruptcy case includes a fine of up to \$500,000 or imprisonment for up to five years, or both.

WHEREFORE, the undersigned requests that the Court allow the administrative expense or expenses requested herein, to be paid in accordance with the priorities set forth in the Bankruptcy Code and based upon availability of funds.

Dated: 1/26/16

Name of Claimant: Roto Rooter Plumbing Service

Signed: 

By (if appropriate): Bill Foxworth

As Its (if appropriate): President

INSTRUCTIONS:

Mail the completed form by March 7, 2016, to the Clerk, United States Bankruptcy Court, Northern District of Georgia, Room 339, 600 East First Street, Rome, Georgia 30161, with a copy served on Trustee's Claims Agent: (i) if by overnight or hand delivery: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, 300 Continental Blvd., #570, El Segundo, CA 90245; (ii) if by first class mail: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, PO Box 90100, Los Angeles, CA 90009.



P. O. Box 8458
 Chattanooga, TN. 37414
 www.rotorooterchatt.com
 Phone 423-855-1212
 Fax 706-891-0416

HUTCHESON MEDICAL
 100 GROSS CRESCENT
 FT OGLETHORPE GA 30742

DATE: 06/29/15

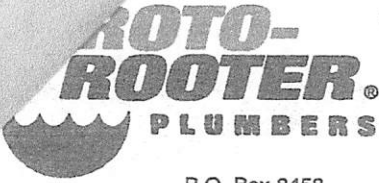
INVOICE # 267866

TERMS: NET 30

SERVICE LOCATION: 100 GROSS CRESCENT FT OGLETHORPE GA 30742

DESCRIPTION OF SERVICE		AMOUNT
Repair busted water line		
6/26	Excavated down to water main outside beside sidewalk, run temporary 4" PVC water line on ground and down hallway to mechanical room.	
6/27	Hydro-excavated around main line and under sidewalk several feet to locate leak on water main. Concrete on sidewalk was approximately 1' thick. Found line that was leaking was an old sprinkler system line that wasn't used anymore, capped off line.	
6/29	Reconnected 4" water main back to the building main. Remove temporary piping, capped off 3" galvanized old service line inside building. Customer kept piping that was used for temporary water line.	
6/26	Plumber Helper Track Hoe	7 hr @ \$85 per hr 7 hr @ \$45 per hr No Charge
6/27	Guzzler Vacuum truck w/operator Jett truck w/operator Plumber Helpers (2) Pump Truck	8 hr @ \$150 per hr 8 hr @ \$125 per hr 8 hr @ \$85 per hr 8 hr @ \$45 per hr (each) No Charge
6/29	Plumber Helper	4 hr @ \$85 per hr 4 hr @ \$45 per hr
	Parts	
Total		<u>1,452.57</u> \$6,482.57

Please send payment to:
 Roto Rooter Sewer Service
 P O Box 8458
 Chattanooga, TN 37414



SAVE THIS INVOICE FOR YOUR GUARANTEE
SEE BINDING TERMS ON REVERSE

CHATTANOOGA, TN 423-855-1212
ROME, GA 706-235-7076
CALHOUN, GA 706-625-4047
CARTERSVILLE, GA 770-386-1671

P.O. Box 8458
CHATTANOOGA, TN 37414

FAX 706-891-0416

DIVISION <i>Lee</i>		
<i>Harold - Lee Jr</i>		
SERVICE TECHNICIAN'S NAME	#	
DATE OF SERVICE	INVOICE NO.	
TYPE OF SERVICE		
SEWER & DRAIN <input type="checkbox"/>	PLUMBING <input checked="" type="checkbox"/>	HVAC <input type="checkbox"/>
INDUSTRIAL <input type="checkbox"/>	I.P. <input type="checkbox"/>	S.T.P. <input type="checkbox"/>
CUSTOMER CLASS		
<input type="checkbox"/> MASS MEDIA <input type="checkbox"/> DIRECT SALES		
CUSTOMER NAME	CUSTOMER NO.	FEDERAL I.D. #
<i>Hutchinson Medical Center</i>		62-1112874
JOB ADDRESS	APT. NUMBER	P.O. NUMBER/AUTHORIZATION
<i>100 Cross Crescent</i>		
CITY	STATE/PROVINCE	ZIP/POSTAL
<i>Fort Oglethorpe</i>	<i>GA</i>	<i>30742</i>
CUSTOMER TELEPHONE NUMBER		

ESTIMATE	WORK ORDER AUTHORIZATION	
My estimate for performing this work is:	I authorize Roto-rooter to perform the described services and I agree to pay the amounts indicated. I understand that Roto-rooter is not responsible for broken, settled, rusted, deteriorated, or lead pipes, fixtures, or clean outs and any damage resulting from cleaning or repairing such lines.	
\$ _____	(PRINT NAME) <i>Greg Crosslin</i>	(SIGNATURE) <i>Greg Crosslin</i>
	COMPLETION I acknowledge completion of the below described work which has been done to my complete satisfaction.	
	(SIGNATURE) <i>Greg Crosslin</i>	

<input type="checkbox"/> MAINLINE	<i>Job: We re-connected the 4" water service line to the building and installed a 3" Galv threaded cap on the old service line inside the building</i>
<input type="checkbox"/> KITCHEN SINK	
<input type="checkbox"/> FLOOR DRAIN	
<input type="checkbox"/> BATHROOM SINK / TUB / SHOWER	
<input type="checkbox"/> TOILET BOWL	
<input type="checkbox"/> LAUNDRY LINE	
<input type="checkbox"/> OTHER	
<i>Note: we need to come back next week we the customer get the ditch filled with sand and backfill the dirt.</i>	

TIME DISPATCHED <i>8:30 AM</i>	TIME ARRIVED <i>8:50 AM</i>	TIME DONE <i>12:10 PM</i>	INVOICE TOTAL
RESIDENTIAL GUARANTEE		COMMERCIAL GUARANTEE	PAYMENT
<input type="checkbox"/> Main Line	<input type="checkbox"/> All Lines	<input type="checkbox"/> CASH	LABOR \$ _____
<input type="checkbox"/> Other Lines	<input type="checkbox"/> Toilet Bowl	<input type="checkbox"/> CHECK/CHEQUES NO. _____ *	(A)+(B) = PARTS \$ _____
<input type="checkbox"/> Toilet Bowl	<input type="checkbox"/> Jetting	<input type="checkbox"/> CREDIT CARD	OTHER \$ _____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> NET 30 DAYS	TAX \$ _____
<input type="checkbox"/> Repair	<input type="checkbox"/> Repair	<small>OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH* In the event check/cheques is returned, the COMPANY will charge the CUSTOMER A \$25.00 processing fee.</small>	TOTAL \$ _____
<input type="checkbox"/> Replace	<input type="checkbox"/> Replace		
<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Explain _____			

IRR	DIVISION _____		
FROM O/S PURCHASE			
VENDOR NAME	DESCRIPTION & P.O. #	TOTAL COST	PRICE TO CUST.
TOTALS →			(A)

INVOICE DATE _____				
FROM TRUCK STOCK				
PART #	QTY USED	DESCRIPTION OF PART	TOTAL COST	PRICE TO CUST.
TOTALS →			(B)	

267866
INVOICE NO.

(SERVICE TECHNICIAN'S NAME AND NUMBER) _____ (CLERK'S SIGNATURE) _____

267866



SAVE THIS INVOICE FOR YOUR GUARANTEE
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CHATTANOOGA, TN 423-855-1212
ROME, GA 706-235-7076
CALHOUN, GA 706-625-4047
CARTERSVILLE, GA 770-386-1671

P.O. Box 8458
CHATTANOOGA, TN 37414

FAX 706-891-0416

DIVISION	
<i>Aaron</i>	
SERVICE TECHNICIAN'S NAME	#
DATE OF SERVICE	INVOICE NO.
6 ^M 127 115	
TYPE OF SERVICE	
SEWER & DRAIN <input type="checkbox"/>	PLUMBING <input checked="" type="checkbox"/>
INDUSTRIAL <input type="checkbox"/>	I.P. <input type="checkbox"/>
CUSTOMER CLASS	
<input type="checkbox"/> MASS MEDIA <input type="checkbox"/> DIRECT SALES	
FEDERAL I.D. #	
62-1112874	
P.O. NUMBER/AUTHORIZATION	

CUSTOMER NAME	<i>Hutcheson Medical Center</i>		CUSTOMER NO.
JOB ADDRESS	<i>100 Gross Crescent</i>		APT. NUMBER
CITY	STATE/PROVINCE	ZIP/POSTAL	CUSTOMER TELEPHONE NUMBER
<i>Fort Oglethorpe</i>	<i>GA</i>	<i>30742</i>	

ESTIMATE	WORK ORDER AUTHORIZATION
My estimate for performing this work is: \$	I authorize Roto-rooter to perform the described services and I agree to pay the amounts indicated. I understand that Roto-rooter is not responsible for broken, settled, rusted, deteriorated, or lead pipes, fixtures, or clean outs and any damage resulting from cleaning or repairing such lines
	(PRINT NAME) _____ (SIGNATURE) _____
	COMPLETION I acknowledge completion of the below described work which has been done to my complete satisfaction.
	(SIGNATURE) _____

<input type="checkbox"/> MAINLINE	
<input type="checkbox"/> KITCHEN SINK	
<input type="checkbox"/> FLOOR DRAIN	
<input type="checkbox"/> BATHROOM SINK / TUB / SHOWER	
<input type="checkbox"/> TOILET BOWL	
<input type="checkbox"/> LAUNDRY LINE	
<input type="checkbox"/> OTHER	

We removed the dirt under the side walk with the vac truck and located the leak on 2 1/2" Iron water line. Note: This line was the old sprinkler system that isn't used anymore so we capped it off and need to re-connect the 4" Iron water MAIN.

People on Job: *Lee sr, George, Chris Foxworth, Scottie, Todd, Aaron D*

TIME DISPATCHED	TIME ARRIVED	TIME DONE
<i>7AM</i>	<i>7:35AM</i>	<i>3:40AM</i>
RESIDENTIAL GUARANTEE	COMMERCIAL GUARANTEE	PAYMENT
<input type="checkbox"/> DRAIN CLEANING	<input type="checkbox"/> DRAIN CLEANING	<input type="checkbox"/> CASH
<input type="checkbox"/> Main Line	<input type="checkbox"/> All Lines	<input type="checkbox"/> CHECK/CHEQUES NO. _____ *
<input type="checkbox"/> Other Lines	<input type="checkbox"/> Toilet Bowl	<input type="checkbox"/> CREDIT CARD
<input type="checkbox"/> Toilet Bowl	<input type="checkbox"/> Jetting	<input checked="" type="checkbox"/> NET 30 DAYS
<input type="checkbox"/> Other	<input type="checkbox"/> Other	OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH* In the event check/cheques is returned, the COMPANY will charge the CUSTOMER A \$25.00 processing fee.
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> PLUMBING	
<input type="checkbox"/> Repair	<input type="checkbox"/> Repair	
<input type="checkbox"/> Replace	<input type="checkbox"/> Replace	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	
Explain _____		

INVOICE TOTAL
LABOR \$ _____
(A)+(B) = PARTS \$ _____
OTHER \$ _____
TAX \$ _____
TOTAL \$ _____

267865

INVOICE NO. _____

FROM O/S PURCHASE			
VENDOR NAME	DESCRIPTION & P.O. #	TOTAL COST	PRICE TO CUST.
TOTALS →			

FROM TRUCK STOCK				
PART #	QTY USED	DESCRIPTION OF PART	TOTAL COST	PRICE TO CUST.
TOTALS →				

Aaron D
(SERVICE TECHNICIAN'S NAME AND NUMBER)

(CLERK'S SIGNATURE) **267865**



P.O. Box 8458
CHATTANOOGA, TN 37414

SAVE THIS INVOICE FOR YOUR GUARANTEE
SEE BINDING TERMS ON REVERSE

CHATTANOOGA, TN 423-855-1212
ROME, GA 706-235-7076
CALHOUN, GA 706-625-4047
CARTERSVILLE, GA 770-386-1671

FAX 706-891-0416

DIVISION		
<i>Arnold Lee</i>		
SERVICE TECHNICIAN'S NAME	#	
DATE OF SERVICE	INVOICE NO.	
<i>6/26/15</i>		
TYPE OF SERVICE		
SEWER & DRAIN <input type="checkbox"/>	PLUMBING <input checked="" type="checkbox"/>	HVAC <input type="checkbox"/>
INDUSTRIAL <input type="checkbox"/>	I.P. <input type="checkbox"/>	S.T.P. <input type="checkbox"/>
CUSTOMER CLASS		
<input type="checkbox"/> MASS MEDIA <input type="checkbox"/> DIRECT SALES		

CUSTOMER NAME <i>Hatcherson Medical Center</i>		CUSTOMER NO.	CUSTOMER CLASS	
JOB ADDRESS <i>100 Gross Crescent</i>		APT. NUMBER	FEDERAL I.D. # <i>62-1112874</i>	
CITY <i>Fort Oglethorpe</i>	STATE/PROVINCE <i>GA</i>	ZIP/POSTAL <i>30742</i>	CUSTOMER TELEPHONE NUMBER <i>703 718-7580</i>	P.O. NUMBER/AUTHORIZATION

ESTIMATE	WORK ORDER AUTHORIZATION
My estimate for performing this work is: \$	I authorize Roto-rooter to perform the described services and I agree to pay the amounts indicated. I understand that Roto-rooter is not responsible for broken, settled, rusted, deteriorated, or lead pipes, fixtures, or clean outs and any damage resulting from cleaning or repairing such lines
	(PRINT NAME) _____ (SIGNATURE) _____
	COMPLETION I acknowledge completion of the below described work which has been done to my complete satisfaction.
	(SIGNATURE) _____

<input type="checkbox"/> MAINLINE	<i>problem: The customer has a large leak on</i>
<input type="checkbox"/> KITCHEN SINK	<i>a water line under the side walk.</i>
<input type="checkbox"/> FLOOR DRAIN	
<input type="checkbox"/> BATHROOM SINK/TUB/SHOWER	<i>Actions Taken: We used the tractor to dig up,</i>
<input type="checkbox"/> TOILET BOWL	<i>the water main out side of the side walk and installed</i>
<input type="checkbox"/> LAUNDRY LINE	<i>a temporary 4" PVC water line on top of the ground down the</i>
<input type="checkbox"/> OTHER	<i>hall-way to the mechanical room.</i>
<i>Note: There is still a leak under the side walk, so we need to come back to locate the water pipe under the sidewalk and make a repair.</i>	

TIME DISPATCHED <i>12:39pm</i>	TIME ARRIVED <i>1:08pm</i>	TIME DONE <i>10:15pm</i>	INVOICE TOTAL
RESIDENTIAL GUARANTEE	COMMERCIAL GUARANTEE	PAYMENT <i>@ 5:00pm @ 10:30pm</i>	LABOR \$ _____
<input type="checkbox"/> DRAIN CLEANING	<input type="checkbox"/> DRAIN CLEANING	<input type="checkbox"/> CASH	A+B = PARTS \$ _____
<input type="checkbox"/> Main Line	<input type="checkbox"/> All Lines	<input type="checkbox"/> CHECK/CHEQUES NO. _____ *	OTHER \$ _____
<input type="checkbox"/> Other Lines	<input type="checkbox"/> Toilet Bowl	<input type="checkbox"/> CREDIT CARD	TAX \$ _____
<input type="checkbox"/> Toilet Bowl	<input type="checkbox"/> Jetting	<input checked="" type="checkbox"/> NET 30 DAYS	TOTAL \$ _____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<small>OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH* In the event check/cheques is returned, the COMPANY will charge the CUSTOMER A \$25.00 processing fee.</small>	
<input type="checkbox"/> Repair	<input type="checkbox"/> Repair		
<input type="checkbox"/> Replace	<input type="checkbox"/> Replace		
<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Explain _____			

267864

IRR DIVISION _____ INVOICE DATE _____

FROM O/S PURCHASE			
VENDOR NAME	DESCRIPTION & P.O. #	TOTAL COST	PRICE TO CUST.
<i>1 PK</i>	<i>1/4" ANCHORS =</i>		
<i>15ft</i>	<i>Plumber's Strap metal =</i>		
<i>1</i>	<i>Flange Basket w/ Bolt and nuts =</i>		
<i>2ft</i>	<i>3" PVC Pipe Pressure =</i>		
TOTALS			

FROM TRUCK STOCK				
PART #	QTY USED	DESCRIPTION OF PART	TOTAL COST	PRICE TO CUST.
	<i>8</i>	<i>4" Pressure 45° PVC =</i>		
	<i>5</i>	<i>4" Pressure 90° PVC =</i>		
	<i>140 Ft</i>	<i>4" PVC Pipe Pressure =</i>		
	<i>1 qt</i>	<i>Blue =</i>		
	<i>1 qt</i>	<i>Primer =</i>		
	<i>1</i>	<i>UNI Flange 4" =</i>		
	<i>1</i>	<i>4" Threaded Flange =</i>		
	<i>1</i>	<i>4x3" Bushing Pressure =</i>		
	<i>1</i>	<i>7" Copper Female =</i>		
	<i>1</i>	<i>3" PVC Pressure male (PVC) =</i>		
TOTALS				

Arnold Lee
(SERVICE TECHNICIAN'S NAME AND NUMBER)

(CLERK'S SIGNATURE)

267864

ROTO ROOTER PLUMBING & SEWER
PO BOX 8458
CHATTANOOGA TN 37414

INVOICE

Date	Invoice Number
08/ 10/ 15	268844

P.O. : 12877

HUTCHESON MEDICAL
100 GROSS CRESCENT
FT OGLETHORPE GA 30742

Wk Auth / Called in by	Service Tech
GREG CROSSLI N	AARON

Description	Cost
REPLACED LEAK IN CAST IRON AND FITTINGS IN FILING ROOM AND REPLACE 3" CAST IRON WYE AT WOMENS CENTER ENTRANCE	3265.30
Subtotal	3265.30
Tax	
Total	3265.30
Received	0.00
Balance Due	3265.30

Notes

9/2 EMAIL TO RHONDA 9/11 EMAIL TO RHONDA POS
9/25 EMAIL TO KEVIN 9/30 EMAIL TO KEVIN AGAIN
10/8 EMAIL TO PAM 10/14 EMAIL TO SYLVIA

Job Site

HUTCHESON MEDICAL
100 GROSS CRESCENT
FT OGLETHORPE GA 30742

TERMS Payment Due Upon Service Date

Please detach and return with your payment

Invoice #: 268844
Date: 08/10/15
Balance Due: 3265.30

HUTCHESON MEDICAL
100 GROSS CRESCENT
FT OGLETHORPE GA 30742

Remit to: ROTO ROOTER PLUMBING &
PO BOX 8458
CHATTANOOGA TN 37414
423-855-1212

ROTO ROOTER PLUMBING & SEWER
PO BOX 8458
CHATTANOOGA TN 37414

INVOICE

Date	Invoice Number
08/ 12/ 15	269182

P.O. : 12941

HUTCHESON MEDICAL
100 GROSS CRESCENT
FT OGLETHORPE GA 30742

Wk Auth / Called in by	Service Tech
CONTRACT 44	MATTH

Description	Cost
PUMPED 1000 GALLON GREASE TRAP	210.00
Subtotal	210.00
Tax	
Total	210.00
Received	0.00
Balance Due	210.00

Notes

10/8 EMAIL TO PAM
10/14 EMAIL TO SYLVIA

Job Site

HUTCHESON MEDICAL
100 GROSS CRESCENT
FT OGLETHORPE GA 30742

TERMS Payment Due Upon Service Date

Please detach and return with your payment

HUTCHESON MEDICAL
100 GROSS CRESCENT
FT OGLETHORPE GA 30742

Invoice #: 269182
Date: 08/12/15
Balance Due: 210.00

Remit to: ROTO ROOTER PLUMBING &
PO BOX 8458
CHATTANOOGA TN 37414
423-855-1212



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CHATTANOOGA, TN 423-855-1212
ROME, GA 706-235-7076
CALHOUN, GA 706-625-4047
CARTERSVILLE, GA 770-386-1671

P.O. Box 8458
CHATTANOOGA, TN 37414

FAX 706-891-0416

DIVISION		
MATT Hicks		
SERVICE TECHNICIAN'S NAME	#	
DATE OF SERVICE	INVOICE NO.	
12/15		
TYPE OF SERVICE		
SEWER & DRAIN <input type="checkbox"/>	PLUMBING <input type="checkbox"/>	HVAC <input type="checkbox"/>
INDUSTRIAL <input type="checkbox"/>	I.P. <input type="checkbox"/>	S.T.P. <input type="checkbox"/>
CUSTOMER CLASS		
<input type="checkbox"/> MASS MEDIA <input type="checkbox"/> DIRECT SALES		

CUSTOMER NAME HUTCHESON MEDICAL CENTER		CUSTOMER NO.	
JOB ADDRESS 100 GLOSS CRESCENT		APT. NUMBER	
CITY FORT D.		STATE/PROVINCE GA	ZIP/POSTAL 30142
CUSTOMER TELEPHONE NUMBER 706-858-2275		FEDERAL I.D. # 62-1112874	
P.O. NUMBER/AUTHORIZATION			

ESTIMATE	WORK ORDER AUTHORIZATION
My estimate for performing this work is: \$	I authorize Roto-rooter to perform the described services and I agree to pay the amounts indicated. I understand that Roto-rooter is not responsible for broken, settled, rusted, deteriorated, or lead pipes, fixtures, or clean outs and any damage resulting from cleaning or repairing such lines.
	(PRINT NAME) GREG C. (SIGNATURE)
	COMPLETION I acknowledge completion of the below described work which has been done to my complete satisfaction.
	(SIGNATURE) GREG C.
<input type="checkbox"/> MAINLINE	
<input type="checkbox"/> KITCHEN SINK	
<input type="checkbox"/> FLOOR DRAIN	
<input type="checkbox"/> BATHROOM SINK / TUB / SHOWER	pumps 1,000 GAL GREAS TRAP
<input type="checkbox"/> TOILET BOWL	
<input type="checkbox"/> LAUNDRY LINE	
<input checked="" type="checkbox"/> OTHER	

TIME DISPATCHED 1:55	TIME ARRIVED 2:20	TIME DONE 3:25	INVOICE TOTAL
RESIDENTIAL GUARANTEE	COMMERCIAL GUARANTEE	PAYMENT	LABOR \$
<input type="checkbox"/> DRAIN CLEANING	<input type="checkbox"/> DRAIN CLEANING	<input type="checkbox"/> CASH	(A)+(B) = PARTS \$
<input type="checkbox"/> Main Line	<input type="checkbox"/> All Lines	<input type="checkbox"/> CHECK/CHEQUES NO. _____ *	OTHER \$
<input type="checkbox"/> Other Lines	<input type="checkbox"/> Toilet Bowl	<input type="checkbox"/> CREDIT CARD	TAX \$
<input type="checkbox"/> Toilet Bowl	<input type="checkbox"/> Jetting	<input checked="" type="checkbox"/> NET 30 DAYS	TOTAL \$ 210.00
<input type="checkbox"/> Other	<input type="checkbox"/> Other	OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH* In the event check/cheques is returned, the COMPANY will charge the CUSTOMER A \$25.00 processing fee.	
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> PLUMBING		269182
<input type="checkbox"/> Repair	<input type="checkbox"/> Repair		
<input type="checkbox"/> Replace	<input type="checkbox"/> Replace		
<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Explain _____			

IRR DIVISION _____ INVOICE DATE _____

FROM O/S PURCHASE			
VENDOR NAME	DESCRIPTION & P.O. #	TOTAL COST	PRICE TO CUST.
TOTALS →			

(A)

FROM TRUCK STOCK				
PART #	QTY USED	DESCRIPTION OF PART	TOTAL COST	PRICE TO CUST.
TOTALS →				

(B)

(SERVICE TECHNICIAN'S NAME AND NUMBER)

(CLERK'S SIGNATURE)

269182

ROTO ROOTER PLUMBING & SEWER
PO BOX 8458
CHATTANOOGA TN 37414

INVOICE

Date	Invoice Number
08/ 25/ 15	269320

P.O. : 12998

HUTCHESON MEDICAL
100 GROSS CRESCENT
FT OGLETHORPE GA 30742

Wk Auth / Called in by	Service Tech
GREG	LEE

Description	Cost
CLEAN SINK LINE IN WOMENS ROOM ON GROUND FLOOR	145.00
Subtotal	145.00
Tax	
Total	145.00
Received	0.00
Balance Due	145.00

Notes

10/8 EMAIL TO PAM
10/14 EMAIL TO SYLVIA

Job Site

HUTCHESON MEDICAL
100 GROSS CRESCENT
FT OGLETHORPE GA 30742

TERMS Payment Due Upon Service Date

Please detach and return with your payment

Invoice #: 269320
Date: 08/25/15
Balance Due: 145.00

HUTCHESON MEDICAL
100 GROSS CRESCENT
FT OGLETHORPE GA 30742

Remit to: ROTO ROOTER PLUMBING &
PO BOX 8458
CHATTANOOGA TN 37414
423-855-1212



P.O. Box 8458
CHATTANOOGA, TN 37414

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CHATTANOOGA, TN 423-855-1212
ROME, GA 706-235-7076
CALHOUN, GA 706-625-4047
CARTERSVILLE, GA 770-386-1671

FAX 706-891-0416

Jeff Lee DIVISION
~~HUTCHESON MEDICAL~~
SERVICE TECHNICIAN'S NAME #
DATE OF SERVICE 8^M 12^D 15^Y INVOICE NO.
TYPE OF SERVICE
SEWER & DRAIN PLUMBING HVAC
INDUSTRIAL I.P. S.T.P.
CUSTOMER CLASS
 MASS MEDIA DIRECT SALES

CUSTOMER NAME Hutcheson medical CUSTOMER NO.
JOB ADDRESS 100 glass crescent APT. NUMBER FEDERAL I.D. # 62-1112874
CITY Fort O STATE/PROVINCE GA ZIP/POSTAL 30742 CUSTOMER TELEPHONE NUMBER P.O. NUMBER/AUTHORIZATION

ESTIMATE **WORK ORDER AUTHORIZATION**
My estimate for performing this work is: I authorize Roto-rooter to perform the described services and I agree to pay the amounts indicated. I understand that Roto-rooter is not responsible for broken, settled, rusted, deteriorated, or lead pipes, fixtures, or clean outs and any damage resulting from cleaning or repairing such lines
\$ _____ (PRINT NAME) X Jim Hutcheson (SIGNATURE) X
COMPLETION I acknowledge completion of the below described work which has been done to my complete satisfaction.
(SIGNATURE) X Jim Hutcheson
 MAINLINE
 KITCHEN SINK
 FLOOR DRAIN
 BATHROOM SINK / TUB / SHOWER laboratory sink in womens bathroom
 TOILET BOWL
 LAUNDRY LINE
 OTHER

TIME DISPATCHED 10:05 TIME ARRIVED 10:17 TIME DONE 11:15
RESIDENTIAL GUARANTEE COMMERCIAL GUARANTEE PAYMENT
DRAIN CLEANING
 Main Line All Lines CASH
 Other Lines Toilet Bowl CHECK/CHEQUES NO. _____ *
 Toilet Bowl Jetting CREDIT CARD
 Other Other NET 30 DAYS
PLUMBING
 Repair Repair
 Replace Replace
 Other Other
Explain _____
OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH* In the event check/cheques is returned, the COMPANY will charge the CUSTOMER A \$25.00 processing fee.

INVOICE TOTAL
LABOR \$ _____
(A)+(B) = PARTS \$ _____
OTHER \$ _____
TAX \$ _____
TOTAL \$ 145
269320

IRR DIVISION _____ INVOICE DATE _____ INVOICE NO. _____

FROM O/S PURCHASE			
VENDOR NAME	DESCRIPTION & P.O. #	TOTAL COST	PRICE TO CUST.
TOTALS →			

(A)

FROM TRUCK STOCK				
PART #	QTY USED	DESCRIPTION OF PART	TOTAL COST	PRICE TO CUST.
TOTALS →				

(B)

269320

(SERVICE TECHNICIAN'S NAME AND NUMBER)

(CLERK'S SIGNATURE)

ROTO ROOTER PLUMBING & SEWER
PO BOX 8458
CHATTANOOGA TN 37414

INVOICE

Date	Invoice Number
09/ 16/ 15	270024

P.O. : 13098

HUTCHESON MEDICAL
100 GROSS CRESCENT
FT OGLETHORPE GA 30742

Wk Auth / Called in by	Service Tech
GREG	COREY

Description	Cost
SEWER LINE PULL COMMODE APT 512	245.00
Subtotal	245.00
Tax	
Total	245.00
Received	0.00
Balance Due	245.00

Notes

10/8 EMAIL TO PAM
10/14 EMAIL TO SYLVIA

Job Site

HUTCHESON MEDICAL
512 N THOMAS RD
FT OGLETHORPE GA 30742

TERMS Payment Due Upon Service Date

Please detach and return with your payment

Invoice #: 270024
Date: 09/16/15
Balance Due: 245.00

HUTCHESON MEDICAL
100 GROSS CRESCENT
FT OGLETHORPE GA 30742

Remit to: ROTO ROOTER PLUMBING &
PO BOX 8458
CHATTANOOGA TN 37414
423-855-1212



SAVE THIS INVOICE FOR YOUR GUARANTEE
SEE BINDING TERMS ON REVERSE

CHATTANOOGA, TN 423-855-1212
ROME, GA 706-235-7076
CALHOUN, GA 706-625-4047
CARTERSVILLE, GA 770-386-1671

P.O. Box 8458
CHATTANOOGA, TN 37414

FAX 706-891-0416

DIVISION	
Core	
SERVICE TECHNICIAN'S NAME	#
DATE OF SERVICE	INVOICE NO.
9 ^M 10 ^D 13	
TYPE OF SERVICE	
SEWER & DRAIN <input type="checkbox"/>	PLUMBING <input type="checkbox"/> HVAC <input type="checkbox"/>
INDUSTRIAL <input type="checkbox"/>	I.P. <input type="checkbox"/> S.T.P. <input type="checkbox"/>
CUSTOMER CLASS	
<input type="checkbox"/> MASS MEDIA <input type="checkbox"/> DIRECT SALES	

CUSTOMER NAME Hutchinson Michael		CUSTOMER NO.	CUSTOMER CLASS	
JOB ADDRESS 512 N. Thomas		APT. NUMBER	FEDERAL I.D. # 62-1112874	
CITY FT. Oglethorpe	STATE/PROVINCE GA	ZIP/POSTAL 30142	CUSTOMER TELEPHONE NUMBER 718-7390	P.O. NUMBER/AUTHORIZATION

ESTIMATE	WORK ORDER AUTHORIZATION
My estimate for performing this work is:	I authorize Roto-rooter to perform the described services and I agree to pay the amounts indicated. I understand that Roto-rooter is not responsible for broken, settled, rusted, deteriorated, or lead pipes, fixtures, or clean outs and any damage resulting from cleaning or repairing such lines
\$	(PRINT NAME) <u>[Signature]</u> (SIGNATURE) <u>[Signature]</u>
	COMPLETION I acknowledge completion of the below described work which has been done to my complete satisfaction.
	(SIGNATURE) <u>[Signature]</u>

<input type="checkbox"/> MAINLINE	Main Line Stopped up. Pulled out main.
<input type="checkbox"/> KITCHEN SINK	Wiper (oil) Gauge in the line
<input type="checkbox"/> FLOOR DRAIN	
<input type="checkbox"/> BATHROOM SINK / TUB / SHOWER	
<input type="checkbox"/> TOILET BOWL	
<input type="checkbox"/> LAUNDRY LINE	
<input type="checkbox"/> OTHER	

TIME DISPATCHED	TIME ARRIVED 11:45	TIME DONE 12:55	INVOICE TOTAL
RESIDENTIAL GUARANTEE	COMMERCIAL GUARANTEE	PAYMENT	LABOR \$
<input type="checkbox"/> DRAIN CLEANING	<input type="checkbox"/> DRAIN CLEANING	<input type="checkbox"/> CASH	(A)+(B) = PARTS \$
<input type="checkbox"/> Main Line	<input type="checkbox"/> All Lines	<input type="checkbox"/> CHECK/CHEQUES NO. _____ *	OTHER \$
<input type="checkbox"/> Other Lines	<input type="checkbox"/> Toilet Bowl	<input type="checkbox"/> CREDIT CARD	TAX \$
<input type="checkbox"/> Toilet Bowl	<input type="checkbox"/> Jetting	<input checked="" type="checkbox"/> NET 30 DAYS	TOTAL \$ 24500
<input type="checkbox"/> Other	<input type="checkbox"/> Other	OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH* In the event check/cheques is returned, the COMPANY will charge the CUSTOMER A \$25.00 processing fee.	BILLING COPY
<input type="checkbox"/> PLUMBING	<input type="checkbox"/> PLUMBING		270024
<input type="checkbox"/> Repair	<input type="checkbox"/> Repair		
<input type="checkbox"/> Replace	<input type="checkbox"/> Replace		
<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Explain _____			

IRR DIVISION _____ INVOICE DATE _____ INVOICE NO. _____

FROM O/S PURCHASE			
VENDOR NAME	DESCRIPTION & P.O. #	TOTAL COST	PRICE TO CUST.
TOTALS →			

(A)

FROM TRUCK STOCK				
PART #	QTY USED	DESCRIPTION OF PART	TOTAL COST	PRICE TO CUST.
TOTALS →				

(B)

270024

(SERVICE TECHNICIAN'S NAME AND NUMBER)

(CLERK'S SIGNATURE)