

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1082317

Vendor Name: Aramark Uniform Services

Invoice Number: 2081336008

Invoice Date: 12/08/17

PO Number:

Check Number: 0229836

Check Amount: \$ 745.65

Check Date: 01/17/2018

Department ID: 64005

Reviewer Name:

Voucher Number: V0489407

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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EMPLOYEES

Welcome Yvonne!

Voucher

Voucher Number V0489407
Voucher Amount \$149.13
Vendor ID and/or Name 1082317 Aramark Uniform Services

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000

Voucher Date 12/12/17 Voucher Maintenance Date 12/12/17 Due Date 12/12/17

Invoice Number 2081336008 Invoice Date 12/12/17

Check/Transaction Number Paid Date

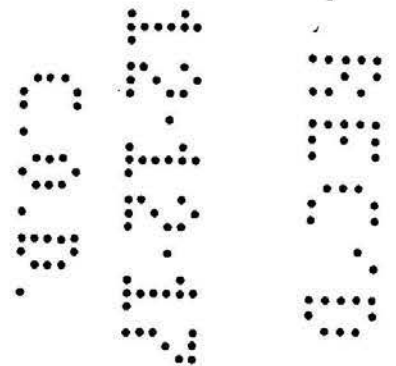
Created from Document

Item	Vendor	Unit	Extended	GL	Invoice	Tax	Tax	
Description	Item	Quantity	Price	Price	Distribution	Number	Codes	Info
Massage Therapy Linen		1.000	149.1300	149.13	05-63-64005-5308001 Massage Therapy CE : Instructional Service Contr	2081336008		

Comments Approval Date Next Approval

OK

DEC 12 2017

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INVOICE

CUSTOMER SERVICE (800) 272-6275

CUSTOMER 792575588
INVOICE 2081336008
DATE 12/08/17
PAGE 1 of 01

Deliver To >

COMMUNITY COLLEGE DISTRICT#502
425 FAWELL BLVD
GLEN ELLYN IL 60137
(630)942-3818

#1082317

ROUTE 299	STOP 220	TERMS 2	GARMENT ID
A/R INV	SERVICE DAY F	PREVIOUS BALANCE 44739	

0 - 30 DAYS 44739	31 - 60 DAYS 00	OVER 60 DAYS 00
----------------------	--------------------	--------------------

SERVICE	WEARER # LR	ITEM DESCRIPTION / NAME	INVENTORY	BILL QUANTITY	RATE	TOTAL CHARGE	ADD'L AMOUNT	CREDIT AMOUNT
SRC ROOM 1114 SEE PAT								
WKLY		SHEET_PERCALE WHGR TW110	60	30*	965	2895		
WKLY		FITTED_SHEET_T180 WHGR TW009	60	30*	124	3720		
WKLY		SPLASH_STDY_STEP BLAK 3X5	1	1*	300	300		
WKLY		MASSAGE_TOWEL WHIT X INVENTORY MAINTENANCE	60	30* 2	30 228	900 456		
WKLY		TWL_BATH_27X54_17 WHIT X INVENTORY MAINTENANCE	20	10* 1	2275 2422	2275 2422		
WKLY		LNDRY_BAG_ERGO BLAK X SERVICE_CHARGE SER	16	5 1	00 1945	00 1945		
<div>APPROVED</div> <div>#05-63-64005-5308001</div> <div>DEC 12 2017</div>								
GO GREEN!	WE NOW OFFER EMAIL DELIVERY OF INVOICES AND STATEMENTS. CALL 1-800-504-0328 TO SWITCH TODAY!							

AMOUNT DUE >

149.13

< TOTAL ADJUSTMENT

APPROVED BY _____

Visit us at: www.aramarkuniform.com

*Minimum bill quantity

CUSTOMER INVOICE

Payable To > ARAMARK UNIFORM SERVICES
25259 NETWORK PLACE
CHICAGO IL 60673-1252

CUSTOMER NAME COMMUNITY COLLEGE DISTRICT#502
CUSTOMER / MASTER 792575588 /
INVOICE 12/08/17 2081336008

TERMS: NET 10 DAYS

NOT A REMITTANCE

PLEASE INCLUDE INVOICE NUMBER WITH CHECK

FOR ARAMARK ROUTE USE ONLY	
CASH OR CHECK NUMBER	NET AMOUNT

Deliver To ➤

**CUSTOMER
INVOICE
DATE
PAGE**

[illegible]

- | | | | | | |
|---|--|----|---|----|--|
| 1 | Frequency of service.
WKLY = Weekly, E2W = Every two weeks,
E4W = Every four weeks. | 6 | Quantity billed per service. For uniforms a "1" is
printed which means 1 set of the specified
garment based on inventory. | 11 | M - Monday, T - Tuesday, W - Wednesday,
H - Thursday, F - Friday |
| 2 | A unique number assigned to each wearer's
uniform, or a delivery location. | 7 | The rate for the item(s). This amount may
represent a weekly rate or a per item rate. | 12 | Look for customer notes regarding account
changes in this section on the last page of
your invoice. |
| 3 | Describes the item being provided. For garments
the description includes wearer name and
internal ARAMARK garment codes. | 8 | Total charges per service line. | 13 | Amount Due based on services provided. If
service adjustments were made at the time of
delivery, then Adjusted Amount Due is
payable. |
| 4 | Quantity of product reserved for your service. | 9 | Delivery adjustments. | | |
| | | 10 | Previous outstanding balance due not including
this invoice. | | |

Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082317
Vendor Name: Aramark Uniform Services
Invoice Number: 002081316762
Invoice Date: 11/24/17
PO Number:
Check Number: 0229836
Check Amount: \$ 745.65
Check Date: 01/17/2018
Department ID: 64005
Reviewer Name:
Voucher Number: V0489413
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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EMPLOYEES

Welcome Yvonne!

Voucher

Voucher Number V0489413
Voucher Amount \$149.13
Vendor ID and/or Name 1082317 Aramark Uniform Services

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000
Voucher Date 12/12/17 Voucher Maintenance Date 12/12/17 Due Date 12/12/17
Invoice Number 2081316702 Invoice Date 11/24/17
Check/Transaction Number Paid Date

Created from Document

Item Description	Vendor Item	Unit of Issue	Price	Extended Price	Cost Distribution	Invoice Number	Codes	Info	Comments
Massage Therapy Linen			149.1300	149.13	03-03-04005-5308001 Massage Therapy CE : Instructional Service Contr	2081316702			

Comments Approval Date Next Approval

OK

DEC 12 2017

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11.11.11
0.034



1082317

INVOICE

CUSTOMER SERVICE

(800) 272-6275

Deliver To ➤ COMMUNITY COLLEGE DISTRICT#502
425 FAWELL BLVD
GLEN ELLYN, IL 60137

(630) 942-3818

CUSTOMER 792575588
INVOICE 002081316762
DATE 11/24/17
PAGE 1 of 1

ROUTE	STOP	TERMS	GARMENT ID
299	220	2	
A/R INV	SERVICE DAY	PREVIOUS BALANCE	
0F	103841	

0 - 30 DAYS	30 - 60 DAYS	OVER 60 DAYS
89478	14363	00

SERVICE	WEARER# LR	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADD'L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TRN CODE	REPLACE RATE	INV AD NEXT WK THIS WK	% OF INV
SRC ROOM 1114											3				
SEE PAT											7				
SRC BUILDING, DOOR 7, ROOM 1110											8				
WKLY		SHEET PERCALE WHGR TW110	60		30*	965	2895				2		32:00		50%
WKLY		FITTED SHEET T180 WHGR TW009	60		30*	124	3720				6		25:13		50%
WKLY		SPLASH STDY STEP BLAK 3X5	1		1*	300	300				9		80:00		50%
WKLY		MASSAGE TOWEL WHIT X	60		30*	30	900				1		2:28		50%
		INVENTORY MAINTENANCE			2	228	456				23				
WKLY		TWL BATH 27X54 17 WHIT X	20		10*	2275	2275				4		24:22		50%
		INVENTORY MAINTENANCE			1	2422	2422				23				
WKLY		LNDRY BAG ERGO BLAK X	16		5		00				5		11:42		
		SERVICE CHARGE SER			1	1945	1945				975				15.00%
<div style="display: flex; justify-content: space-between; align-items: center;"> #05-63-64003-5308001 APPROVED </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> DEC 12 2017 </div>															

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APPROVED BY

AMOUNT DUE ➤
FINAL INVOICE

14913 00
14913

➤ TOTAL ADJUSTMENT

➤ ADJUSTED AMOUNT DUE

TERMS: NET 10 DAYS

NOT A REMITTANCE

PLEASE INCLUDE INVOICE NUMBER WITH CHECK

FOR ARAMARK ROUTE USE ONLY	
CASH OR CHECK NUMBER	NET AMOUNT
	00

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*Minimum bill quantity

Payable To ➤ ARAMARK UNIFORM SERVICES
25259 NETWORK PLACE
CHICAGO, IL 60673-1252

CUSTOMER NAME COMMUNITY COLLEGE DISTRI
CUSTOMER / MASTER 792575588 /
INVOICE 11/24/17 002081316762

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1082317

Vendor Name: Aramark Uniform Services

Invoice Number: 2081345605

Invoice Date: 12/15/17

PO Number:

Check Number: 0229836

Check Amount: \$ 745.65

Check Date: 01/17/2018

Department ID: 64005

Reviewer Name:

Voucher Number: V0490929

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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EMPLOYEES

Welcome Yvonne!

Voucher

Voucher Number V0490929
Voucher Amount \$149.13
Vendor ID and/or Name 1082317 Aramark Uniform Services

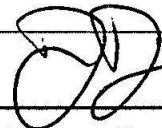
Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000
Voucher Date 01/09/18 Voucher Maintenance Date 01/09/18 Due Date 01/09/18
Invoice Number 2081345605 Invoice Date 12/15/17
Check/Transaction Number Paid Date

Created from Document

Item Description	Vendor Item	Quantity	Unit of Issue	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
Massage Therapy Linen		1.000		149.1300	149.13	05-63-64005-5308001 Massage Therapy CE : Instructional Service Contr	2081345605			

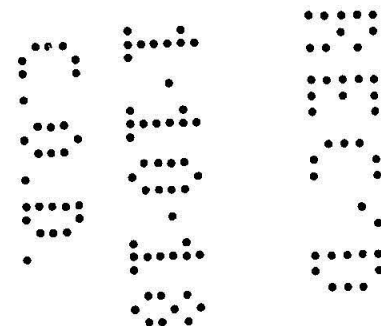
Comments Approval Date Next Approval

OK



JAN 10 2018

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INVOICE

CUSTOMER SERVICE (800)272-6275

CUSTOMER 792575588
INVOICE 2081345605
DATE 12/15/17
PAGE 1 of 01

Deliver To ➤

COMMUNITY COLLEGE DISTRICT#502
425 FAWELL BLVD
GLEN ELLYN IL 60137
(630)942-3818

ROUTE	STOP	TERMS	GARMENT ID
299	220	2	
A/R INV	SERVICE DAY	PREVIOUS BALANCE	
 F	74565	

0 - 30 DAYS	31 - 60 DAYS	OVER 60 DAYS
74565	00	00

SERVICE	WEARER # L/R	ITEM DESCRIPTION / NAME	INVENTORY	BILL QUANTITY	RATE	TOTAL CHARGE	ADD'L AMOUNT	CREDIT AMOUNT
BRC ROOM 1114 SEE PAT								
BRC BUILDING, DOOR 7, ROOM 1110								
NKLY		SHEET_PERCALE WHGR TW110	60	30*	765	2895		
NKLY		FITTED_SHEET_T180 WHGR TW009	60	30*	124	3720		
NKLY		SPLASH_STDY_STEP BLAK 3X5	1	1*	300	300		
NKLY		MASSAGE_TOWEL WHIT X	60	30*	30	900		
		INVENTORY MAINTENANCE		2	228	456		
NKLY		TWL_BATH_21X4_VINYL	20	10*	2275	2275		
		INVENTORY MAINTENANCE		1	2422	2422		
NKLY		LNDRY_HO_BROD		5	00	00		
		SERVICE CHARGE SER		1	1945	1945		
<div style="text-align: center;"> <p>APPROVED</p> <p><i>[Signature]</i></p> <p>JAN 10 2018</p> </div>								
<p># 05-63-64005-5308001</p>								
<p>GO GREEN! WE NOW OFFER EMAIL DELIVERY OF INVOICES AND STATEMENTS. CALL 1-800-504-0328 TO SWITCH TODAY!</p>								

AMOUNT DUE ➤

149.13

◀ TOTAL ADJUSTMENT

◀ ADJUSTED AMOUNT DUE

APPROVED BY _____

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Payable To ➤

ARAMARK UNIFORM SERVICES
25259 NETWORK PLACE
CHICAGO IL 60673-1252

CUSTOMER INVOICE

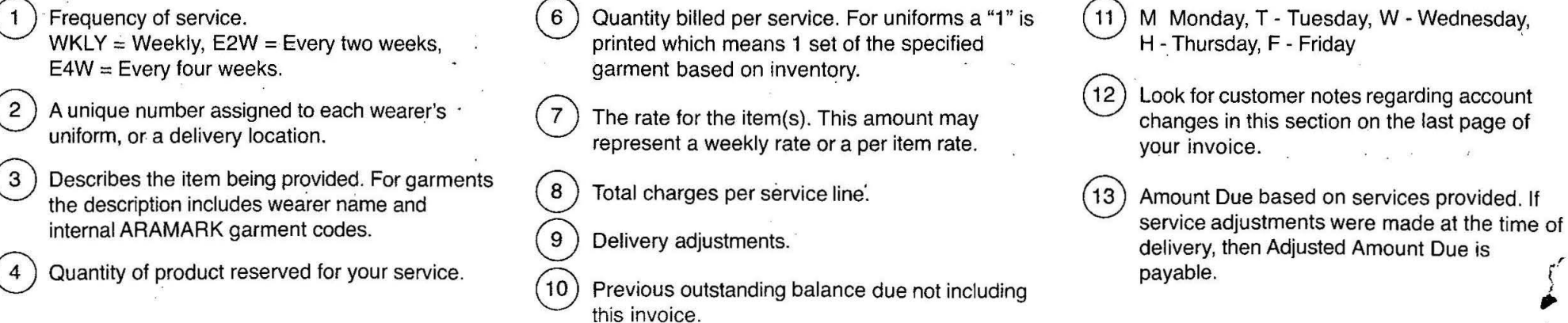
CUSTOMER NAME COMMUNITY COLLEGE DISTRICT
CUSTOMER / MASTER 792575588 /
INVOICE 12/15/17 2081345605

TERMS: NET 10 DAYS
NOT A REMITTANCE

PLEASE INCLUDE INVOICE NUMBER WITH CHECK

FOR ARAMARK ROUTE USE ONLY	
CASH OR CHECK NUMBER	NET AMOUNT





Information:

Drawer: Accounts Payable - Invoices
Vendor Number: 1082317
Vendor Name: Aramark Uniform Services
Invoice Number: 2081355264
Invoice Date: 12/22/17
PO Number:
Check Number: 0229836
Check Amount: \$ 745.65
Check Date: 01/17/2018
Department ID: 64005
Reviewer Name:
Voucher Number: V0490930
Redaction Type: None
Document Type: AP Invoice-3 Way/Pre-Approved

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EMPLOYEES

Welcome Yvonne!

Voucher

Voucher Number V0490930
Voucher Amount \$149.13
Vendor ID and/or Name 1082317 Aramark Uniform Services

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000
Voucher Date 01/09/18 Voucher Maintenance Date 01/09/18 Due Date 01/09/18
Invoice Number 2081355264 Invoice Date 12/22/17
Check/Transaction Number Paid Date

Created from Document

Item Description	Vendor Item	Quantity	Unit of Issue	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
Massage Therapy Linen		1.000		149.1300	149.13	05-63-64005-5308001 Massage Therapy CE : Instructional Service Contr	2081355264			

Comments Approval Date Next Approval

JAN 10 2018

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#1082317

INVOICE

CUSTOMER SERVICE (800) 272-6275

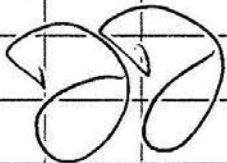
CUSTOMER 792575588
 INVOICE 2081355264
 DATE 12/22/17
 PAGE 1 of 01

Deliver To >

COMMUNITY COLLEGE DISTRICT#502
 425 FAWELL BLVD
 GLEN ELLYN IL 60137
 (630)942-3818

ROUTE	STOP	TERMS	GARMENT ID
299	220	2	
A/R INV	SERVICE DAY	PREVIOUS BALANCE	
 F	89478	

0-30 DAYS	31-60 DAYS	OVER 60 DAYS
89478	00	00

SERVICE	WEARER # L/R	ITEM DESCRIPTION / NAME	INVENTORY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDTL AMOUNT	CREDIT AMOUNT
3RC ROOM 1114 SEE PAT								
3RC BUILDING, DOOR 7, ROOM 1110								
WKLY		SHEET PERCALE WHGR TW110	60	30*	965	2895		
WKLY		FITTED SHEET T180 WHGR TW009	60	30*	124	3720		
WKLY		SPLASH STDY STEP BLAK 3X5	1	1*	300	300		
WKLY		MASSAGE TOWEL WHIT X	60	30*	30	900		
		INVENTORY MAINTENANCE		2	228	456		
WKLY		TWL_BATH_27X54_17 WHIT	20	10*	2275	2275		
		INVENTORY MAINTENANCE		1	2422	2422		
WKLY		LNDRY_BD LFG BLAK X		5	00	00		
		SERVICE_CHARGE SER		1	1945	1945		
<div style="text-align: center;"> <p>APPROVED</p>  <p>JAN 10 2018</p> </div>								
<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <p>AP-VERIFIED 01/10/18 MARIA ZERRUDO</p> </div>								
<p>#05-63-64005-5308001</p>								
<p>GO GREEN! WE NOW OFFER EMAIL DELIVERY OF INVOICES AND STATEMENTS. CALL 1-800-504-0328 TO SWITCH TODAY!</p>								

AMOUNT DUE >

149.13

< TOTAL ADJUSTMENT

< ADJUSTED AMOUNT DUE

APPROVED BY _____

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Payable To >

ARAMARK UNIFORM SERVICES
 25259 NETWORK PLACE
 CHICAGO IL 60673-1252

CUSTOMER INVOICE

CUSTOMER NAME COMMUNITY COLLEGE DISTRICT
 CUSTOMER / MASTER 792575588 /
 INVOICE 12/22/17 2081355264

TERMS: NET 10 DAYS

NOT A REMITTANCE

PLEASE INCLUDE INVOICE NUMBER WITH CHECK

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CASH OR CHECK NUMBER

NET AMOUNT



INVOICE

CUSTOMER SERVICE

CUSTOMER
INVOICE
DATE
PAGE

Deliver To ➤

1		2		3		4		11		10					
SERVICE	WEARER # L/R	ITEM DESCRIPTION / NAME		INVENTORY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDTL AMOUNT	CREDIT AMOUNT	FOR OFFICE USE ONLY					
<p>12</p>															
<p>13 AMOUNT DUE ➤</p>								<p>11</p>							
<p>APPROVED BY _____</p> <p>Visit us at: www.aramarkuniform.com http://www.aramarkuniform.com *Minimum bill quantity</p> <p>Payable To ➤</p>								<p>THANK YOU FOR LETTING US SERVE YOU</p> <p>← TOTAL ADJUSTMENT</p> <p>← ADJUSTED AMOUNT DUE</p> <p>TERMS: NET 10 DAYS NOT A REMITTANCE PLEASE INCLUDE INVOICE NUMBER WITH CHECK</p> <table border="1"> <tr> <th colspan="2">FOR ARAMARK ROUTE USE ONLY</th> </tr> <tr> <td>CASH OR CHECK NUMBER</td> <td>NET AMOUNT</td> </tr> </table>				FOR ARAMARK ROUTE USE ONLY		CASH OR CHECK NUMBER	NET AMOUNT
FOR ARAMARK ROUTE USE ONLY															
CASH OR CHECK NUMBER	NET AMOUNT														

- | | | |
|--|--|--|
| <p>1 Frequency of service.
WKLY = Weekly, E2W = Every two weeks,
E4W = Every four weeks.</p> <p>2 A unique number assigned to each wearer's
uniform, or a delivery location.</p> <p>3 Describes the item being provided. For garments
the description includes wearer name and
internal ARAMARK garment codes.</p> <p>4 Quantity of product reserved for your service.</p> | <p>6 Quantity billed per service. For uniforms a "1" is
printed which means 1 set of the specified
garment based on inventory.</p> <p>7 The rate for the item(s). This amount may
represent a weekly rate or a per item rate.</p> <p>8 Total charges per service line.</p> <p>9 Delivery adjustments.</p> <p>10 Previous outstanding balance due not including
this invoice.</p> | <p>11 M Monday, T - Tuesday, W - Wednesday,
H - Thursday, F - Friday</p> <p>12 Look for customer notes regarding account
changes in this section on the last page of
your invoice.</p> <p>13 Amount Due based on services provided. If
service adjustments were made at the time of
delivery, then Adjusted Amount Due is
payable.</p> |
|--|--|--|

Information:

Drawer: Accounts Payable - Invoices

Vendor Number: 1082317

Vendor Name: Aramark Uniform Services

Invoice Number: 2081374473

Invoice Date: 01/05/18

PO Number:

Check Number: 0229836

Check Amount: \$ 745.65

Check Date: 01/17/2018

Department ID: 64005

Reviewer Name:

Voucher Number: V0490931

Redaction Type: None

Document Type: AP Invoice-3 Way/Pre-Approved

Document Below

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EMPLOYEES

Welcome Yvonne!

Voucher

Voucher Number V0490931
 Voucher Amount \$149.13
 Vendor ID and/or Name 1082317 Aramark Uniform Services

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000
 Voucher Date 01/09/18 Voucher Maintenance Date 01/09/18 Due Date 01/09/18
 Invoice Number 2081374473 Invoice Date 01/05/18
 Check/Transaction Number Paid Date

Created from Document

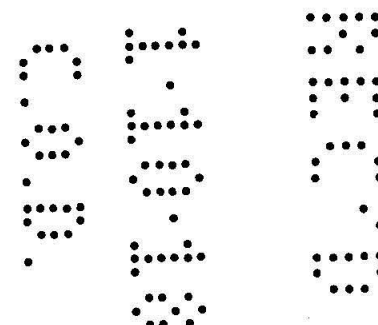
Item Description	Vendor Item	Quantity	Unit of Issue	Price	Extended Price	GL Distribution	Invoice Number	Tax Codes	Tax Info	Comments
Massage Therapy Linen		1.000		149.1300	149.13	05-63-64005-5308001 Massage Therapy CE : Instructional Service Contr	2081374473			

Comments Approval Date Next Approval

OK

JAN 10 2018

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INVOICE

CUSTOMER SERVICE

(800) 272-6275
792575588
2081374473
01/05/18
1 of 01

CUSTOMER
INVOICE
DATE
PAGE

Deliver To ► COMMUNITY COLLEGE DISTRICT#502
425 FAWELL BLVD
GLEN ELLYN IL 60137
(630)942-3818

ROUTE	STOPS	TERMS	GARMENT ID
277	220	2	
A/R INV	SERVICE DAY	PREVIOUS BALANCE	
F	74565	

0-30 DAYS	31-60 DAYS	OVER 60 DAYS
74565	00	00

SERVICE	WEARER #	ITEM DESCRIPTION / NAME	INVENTORY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
SEE PAT	1111							
ERC BUILDING, DOOR 7, ROOM 1110								
WKLY		SHEET_PERCALE WHGR TW110	60	30*	965	2895		
WKLY		FITTED_SHEET_T180 WHGR TW009	60	30*	124	3720		
WKLY		SPLASH_STDY_STEP BLAK 3X5	1	1*	300	300		
WKLY		MASSAGE_TOWEL WHIT X	60	30*	30	900		
		INVENTORY MAINTENANCE		2	228	456		
WKLY		TWL_BATH_27X54_17 WHIT X	20	10*	2275	2275		
		INVENTORY MAINTENANCE		1	2422	2422		
WKLY		LNDRY_BAG_ERGD BLAK X	14	2	00	00		
		SERVICE_CHARGE		1	1945	1945		

AP VERIFIED
01/10/18 - MARIA ZERRUDO

APPROVED

#05-63-64005-5308001

JAN 10 2018

AMOUNT DUE ►

149.13

◀ TOTAL ADJUSTMENT

◀ ADJUSTED AMOUNT DUE

APPROVED BY _____

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Payable To ► ARAMARK UNIFORM SERVICES
25259 NETWORK PLACE
CHICAGO IL 60673-1252

CUSTOMER INVOICE

CUSTOMER NAME
CUSTOMER / MASTER
INVOICE

COMMUNITY COLLEGE DISTRICT
792575588 /
01/05/18 2081374473

TERMS: NET 10 DAYS

NOT A REMITTANCE

PLEASE INCLUDE INVOICE NUMBER WITH CHECK

FOR ARAMARK ROUTE USE ONLY

CASH OR CHECK NUMBER

NET AMOUNT



INVOICE

CUSTOMER SERVICE

CUSTOMER
INVOICE
DATE
PAGE

Deliver To ►

1		2		3		4		11		10	
SERVICE	WEARER # LR	ITEM DESCRIPTION / NAME	INVENTORY	BILL QUANTITY	RATE	TOTAL CHARGE	ADD'L AMOUNT	CREDIT AMOUNT	ROUTE	STOP	TERMS
									GARMENT ID PREVIOUS BALANCE 0 - 30 DAYS 31 - 60 DAYS OVER 60 DAYS		
									FOR OFFICE USE ONLY		
									THANK YOU FOR LETTING US SERVE YOU		
									TOTAL ADJUSTMENT ADJUSTED AMOUNT DUE		
									TERMS: NET 10 DAYS NOT A REMITTANCE PLEASE INCLUDE INVOICE NUMBER WITH CHECK		
									FOR ARAMARK ROUTE USE ONLY CASH ON DELIVERY NET AMOUNT		

APPROVED BY _____

Visit us at: www.aramarkuniform.com <http://www.aramarkuniform.com> *Minimum bill quantity

Payable To ►

AMOUNT DUE ►

ORIGINAL INVOICE

CUSTOMER NAME
CUSTOMER / MASTER
INVOICE

- 1 Frequency of service.
WKLY = Weekly, E2W = Every two weeks,
E4W = Every four weeks.
- 2 A unique number assigned to each wearer's
uniform, or a delivery location.
- 3 Describes the item being provided. For garments
the description includes wearer name and
internal ARAMARK garment codes.
- 4 Quantity of product reserved for your service.
- 6 Quantity billed per service. For uniforms a "1" is
printed which means 1 set of the specified
garment based on inventory.
- 7 The rate for the item(s). This amount may
represent a weekly rate or a per item rate.
- 8 Total charges per service line.
- 9 Delivery adjustments.
- 10 Previous outstanding balance due not including
this invoice.
- 11 M Monday, T - Tuesday, W - Wednesday,
H - Thursday, F - Friday
- 12 Look for customer notes regarding account
changes in this section on the last page of
your invoice.
- 13 Amount Due based on services provided. If
service adjustments were made at the time of
delivery, then Adjusted Amount Due is
payable.