

Fill in this information to identify the case:

Debtor Thrasio, LLC

United States Bankruptcy Court for the: _____ District of New Jersey
(State)

Case number 24-11902

**Official Form 410
Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>ARAMARK Refreshments Services, LLC</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? See summary page	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Contact phone <u>2083446000</u> Contact email <u>dbray@hawleytroxell.com</u>	Contact phone _____ Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <small>MM / DD / YYYY</small>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2883 _____

7. How much is the claim? \$ 959.62. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Goods Provided/Services Rendered

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ 149.98

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(b) that applies.	\$ <u>809.64</u>

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 04/17/2024
MM / DD / YYYY

/s/Devin G. Bray
Signature

Print the name of the person who is completing and signing this claim:

Name Devin G. Bray
First name Middle name Last name

Title Attorney for Aramark Refreshment Services LLC

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0496 | International 001-310-823-9000

Debtor: 24-11902 - Thrasio, LLC		
District: District of New Jersey, Trenton Division		
Creditor: ARAMARK Refreshments Services, LLC c/o Devin G. Bray Hawley Troxell Ennis Hawley LLP P.O. Box 1617 Boise, ID, 83701 Phone: 2083446000 Phone 2: Fax: Email: dbray@hawleytroxell.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
Has Related Claim: No Related Claim Filed By:		
Filing Party: Authorized agent		
Other Names Used with Debtor:		Amends Claim: No Acquired Claim: No
Basis of Claim: Goods Provided/Services Rendered	Last 4 Digits: Yes - 2883	Uniform Claim Identifier:
Total Amount of Claim: 959.62		Includes Interest or Charges: No
Has Priority Claim: Yes		Priority Under: 11 U.S.C. §507(a)(b1): 809.64
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: Yes, 149.98 Subject to Right of Setoff: No		Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:
Submitted By: Devin G. Bray on 17-Apr-2024 6:42:41 p.m. Eastern Time Title: Attorney for Aramark Refreshment Services LLC Company:		

doc Fill in this information to identify the case:

Debtor 1 Thrasio, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of New Jersey

Case number 24-11902

Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach 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. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part I: Identify the Claim

1. Who is the current creditor?	
<u>ARAMARK Refreshments Services, LLC</u>	
Name of the current creditor (the person or entity to be paid for this claim)	
Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
<u>c/o Devin G. Bray</u>	_____
<u>Hawley Troxell Ennis & Hawley LLP</u>	Name _____
Name	
<u>P.O. Box 1617</u>	_____
Number Street	Number Street
<u>Boise, Idaho 83701</u>	_____
City State ZIP Code	City State ZIP Code
Contact phone <u>208.344.6000.</u>	Contact phone _____
Contact email <u>dbray@hawleytroxell.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
Filed on _____	
MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2 8 8 3

7. How much is the claim? \$ 959.62 Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
Goods Provided/Services Rendered

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded).
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any defaults as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ 149.98

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12 Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C § 507(a)(7).

Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

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

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

Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies. **503(b)(1)(A)**

Unpaid Post Petition Invoices

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ **809.64**

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?

No

Yes. Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.


I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Executed on date 04/16/2024
MM / DD / YYYY



Signature

Print the name of the person who is completing and signing this claim:

Name

Devin G. Bray

First name

Middle name

Last name

Title

Attorney for ARAMARK Refreshment Services, LLC

Company

Click here to enter text.

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

P.O. Box 1617

Number

Street

Boise, Idaho 83701

City

State

ZIP Code

Contact phone

208.344.6000

Email

dbray@hawleytroxell.com

ATTACHMENT TO PROOF OF CLAIM
THRASIO, LLC
CASE NO. 24-11902

Unpaid Pre-Petition Invoices	\$ 149.98
Unpaid Post-Petition Invoices	<u>\$ 809.64</u>

TOTAL CLAIM	\$ 959.62
-------------	------------------

UNPAID PRE PETITION INVOICES

Invoice Data	Transaction	Class	Current Amount	
10/27/23	7539272	Invoice	\$	117.77
2/23/24	8583311	Invoice	\$	32.21
			\$	149.98



Invoice		
Bill To: Thrasio 85 West Street Suite 4 Walpole, MA 02081	Invoice Number: Invoice Date: Customer Number: Cost Center Note: PO Number: Payment Terms: Ticket Number:	7539272 10/27/2023 6033-222883 Net 30 7539272
Ship To: Thrasio 259 West 30th Street 13th Floor New York, NY 10001	Mike Crowley (508) 505-4418 payables@thras.io	

Product Code	Description	UOM	QTY	Unit Price	Total
RENTAL	13th fl - Cold Brew Machine-KegCo KegC Comm Keg XCK (2762272) @ 79.37 Monthly (10/01/23 to 10/31/23)		1	\$79.37	\$79.37
RENTAL	13th fl - Flavored Water-Bevi Bevi Machine Flv Sprk WTR (2762310) @ 366.30 Monthly (10/01/23 to 10/31/23)		1	\$366.30	\$366.30
RENTAL	13th fl - Water Filtration Unit-Waterlogic Innowave Countertop CHCMU3-AR (2681105) @ 28.80 Monthly (10/01/23 to 10/31/23)		1	\$28.80	\$28.80

Notes:

Invoice Note:

Pack Note:

Note 1: Energy Fee: Learn more at ararefreshments.com/fuel

Note 2:

Sub Total	\$474.47
Tax	\$42.11
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$516.58
Amount Received	\$398.81
Balance Due	\$117.77

Send Payment To:	
Aramark Refreshment Services, LLC P.O. Box 21971 New York, NY 10087-1971	JPMorgan Chase Rc nat

This Service Charge is to offset operating costs and is not intended to be a tip, gratuity, or service charge for the benefit of the employee.
For questions on this invoice contact: ars-ar@aramark.com or 1-855-273-3835



Invoice		
Bill To: Thrasio 85 West Street Suite 4 Walpole, MA 02081	Invoice Number: Invoice Date: Customer Number: Cost Center Note: PO Number: Payment Terms: Ticket Number:	8583311 02/23/2024 6033-222883 Net 30 8583311
Ship To: Thrasio 259 West 30th Street 13th Floor New York, NY 10001	Mike Crowley (508) 505-4418 payables@thras.io	

Product Code	Description	UOM	QTY	Unit Price	Total
RENTAL	14th fl - Water Filtration Unit-Waterlogic Innowave Countertop CHCMU3-AR (2602085) @ 29.58 Monthly (02/01/24 to 02/29/24)		1	\$29.58	\$29.58

Notes:

Invoice Note:

Pack Note:

Note 1: Energy Fee: Learn more at ararefreshments.com/fuel

Note 2:

Sub Total	\$29.58
Tax	\$2.63
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$32.21
Amount Received	\$0.00
Balance Due	\$32.21

Send Payment To:	
Aramark Refreshment Services, LLC P.O. Box 21971 New York, NY 10087-1971	JPMorgan Chase

This Service Charge is to offset operating costs and is not intended to be a tip, gratuity, or service charge for the benefit of the employee.
For questions on this invoice contact: ars-ar@aramark.com or 1-855-273-3835

UNPAID POST PETITION INVOICES

Invoice Data	Transaction	Class	Current Amount	
3/5/24	3303908	Invoice	\$	117.60
3/8/24	8694929	Invoice	\$	103.38
3/27/24	3251360	Invoice	\$	150.00
3/29/24	8836702	Invoice	\$	33.82
4/3/24	8921147	Invoice	\$	103.38
4/9/24	3222887	Invoice	\$	301.46
			\$	809.64



Invoice		
Bill To: Thrasio 85 West Street Suite 4 Walpole, MA 02081	Invoice Number: Invoice Date: Customer Number: Cost Center Note: PO Number: Payment Terms: Ticket Number:	3303908 03/05/2024 6033-222883 Net 30 3303908
Ship To: Thrasio 259 West 30th Street 13th Floor New York, NY 10001	Mike Crowley (508) 505-4418 payables@thras.io	

Product Code	Description	UOM	QTY	Unit Price	Total
CMB1	Contract Minimum Billing		1	\$126.31	\$126.31

Notes:

Invoice Note: CMB 2024-02-01 To 2024-02-29
 Pack Note:
 Note 1: Energy Fee: Learn more at ararefreshments.com/fuel
 Note 2:

Sub Total	\$126.31
Tax	\$0.00
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$126.31
Amount Received	\$8.71
Balance Due	\$117.60

Send Payment To:	
Aramark Refreshment Services, LLC P.O. Box 21971 New York, NY 10087-1971	JPMorgan Chase R

This Service Charge is to offset operating costs and is not intended to be a tip, gratuity, or service charge for the benefit of the employee.
 For questions on this invoice contact: ars-ar@aramark.com or 1-855-273-3835



Invoice		
Bill To: Thrasio 85 West Street Suite 4 Walpole, MA 02081	Invoice Number: Invoice Date: Customer Number: Cost Center Note: PO Number: Payment Terms: Ticket Number:	8694929 03/08/2024 6033-222883 Net 30 8694929
Ship To: Thrasio 259 West 30th Street 13th Floor New York, NY 10001	Mike Crowley (508) 505-4418 payables@thras.io	

Product Code	Description	UOM	QTY	Unit Price	Total
4571	CO2 Tanks 10# 1ct Each	EACH	2	\$47.47	\$94.94

Notes:

Invoice Note: AIRGAS_5505863800_022924\r\nRENT
 Pack Note:
 Note 1: Energy Fee: Learn more at ararefreshments.com/fuel
 Note 2:

Sub Total	\$94.94
Tax	\$8.44
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$103.38
Amount Received	\$0.00
Balance Due	\$103.38

Send Payment To:	
Aramark Refreshment Services, LLC P.O. Box 21971 New York, NY 10087-1971	JPMorgan Chase

This Service Charge is to offset operating costs and is not intended to be a tip, gratuity, or service charge for the benefit of the employee.
 For questions on this invoice contact: ars-ar@aramark.com or 1-855-273-3835



Invoice		
Bill To: Thrasio 85 West Street Suite 4 Walpole, MA 02081	Invoice Number: Invoice Date: Customer Number: Cost Center Note: PO Number: Payment Terms: Ticket Number:	3251360 03/27/2024 6033-222883 Net 30 3251360
Ship To: Thrasio 259 West 30th Street 13th Floor New York, NY 10001	Mike Crowley (508) 505-4418 payables@thras.io	

Product Code	Description	UOM	QTY	Unit Price	Total
PM1	Preventative Maintenance		3	\$50.00	\$150.00

Notes:

Invoice Note: WO-0442094407628701
 Pack Note:
 Note 1: Energy Fee: Learn more at ararefreshments.com/fuel
 Note 2: Selected items may reflect a price increase

Sub Total	\$150.00
Tax	\$0.00
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$150.00
Amount Received	\$0.00
Balance Due	\$150.00

Send Payment To:	
Aramark Refreshment Services, LLC P.O. Box 21971 New York, NY 10087-1971	JPMorgan Chase nat



Invoice		
Bill To: Thrasio 85 West Street Suite 4 Walpole, MA 02081	Invoice Number: Invoice Date: Customer Number: Cost Center Note: PO Number: Payment Terms: Ticket Number:	8836702 03/29/2024 6033-222883 Net 30 8836702
Ship To: Thrasio 259 West 30th Street 13th Floor New York, NY 10001	Mike Crowley (508) 505-4418 payables@thras.io	

Product Code	Description	UOM	QTY	Unit Price	Total
RENTAL	14th fl - Water Filtration Unit-Waterlogic Innwave Countertop CHCMU3-AR (2602085) @ 31.06 Monthly (03/01/24 to 03/31/24)		1	\$31.06	\$31.06

Notes:

Invoice Note:

Pack Note:

Note 1: Energy Fee: Learn more at ararefreshments.com/fuel

Note 2: Selected items may reflect a price increase

Sub Total	\$31.06
Tax	\$2.76
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$33.82
Amount Received	\$0.00
Balance Due	\$33.82

Send Payment To:	
Aramark Refreshment Services, LLC P.O. Box 21971 New York, NY 10087-1971	JPMorgan Chase

This Service Charge is to offset operating costs and is not intended to be a tip, gratuity, or service charge for the benefit of the employee.
For questions on this invoice contact: ars-ar@aramark.com or 1-855-273-3835



Invoice		
Bill To: Thrasio 85 West Street Suite 4 Walpole, MA 02081	Invoice Number: Invoice Date: Customer Number: Cost Center Note: PO Number: Payment Terms: Ticket Number:	8921147 04/03/2024 6033-222885 Net 30 8921147
Ship To: Thrasio 259 West 30th Street 13th Floor New York, NY 10001	Mike Crowley (508) 505-4418 payables@thras.io	

Product Code	Description	UOM	QTY	Unit Price	Total
4571	CO2 Tanks 10# 1ct Each	EACH	2	\$47.47	\$94.94

Notes:

Invoice Note: AIRGAS_5506587867_033124\r\n\r\nRENT
 Pack Note:
 Note 1:
 Note 2:

Sub Total	\$94.94
Tax	\$8.44
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$103.38
Amount Received	\$0.00
Balance Due	\$103.38

Send Payment To:	
Aramark Refreshment Services, LLC P.O. Box 21971 New York, NY 10087-1971	JPMorgan Chase



Invoice		
Bill To: Thrasio 85 West Street Suite 4 Walpole, MA 02081	Invoice Number: Invoice Date: Customer Number: Cost Center Note: PO Number: Payment Terms: Ticket Number:	3222887 04/09/2024 6033-222885 Net 30 3222887
Ship To: Thrasio 259 West 30th Street 13th Floor New York, NY 10001	Mike Crowley (508) 505-4418 payables@thras.io	

Product Code	Description	UOM	QTY	Unit Price	Total
CMB1	Contract Minimum Billing		1	\$301.46	\$301.46

Notes:

Invoice Note: CMB 2024-03-01 To 2024-03-31
 Pack Note:
 Note 1:
 Note 2:

Sub Total	\$301.46
Tax	\$0.00
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$301.46
Amount Received	\$0.00
Balance Due	\$301.46

Send Payment To:	
Aramark Refreshment Services, LLC P.O. Box 21971 New York, NY 10087-1971	JPMorgan Chase

This Service Charge is to offset operating costs and is not intended to be a tip, gratuity, or service charge for the benefit of the employee.
 For questions on this invoice contact: ars-ar@aramark.com or 1-855-273-3835