Fill in this information to identify the case:

Debtor Superior Energy Services, L.L.C.

United States Bankruptcy Court for the: Southern District of Texas (State)

Case number 20-35824

Official Form 410
Proof of Claim

04/19

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?**
   See summary page
   Name of the current creditor (the person or entity to be paid for this claim)
   Other names the creditor used with the debtor Aramark Uniform Services

2. **Has this claim been acquired from someone else?**
   ☑ No
   ☐ Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**
   Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
See summary page	
Contact phone 2083446000	Contact phone _____
Contact email sschwager@hawleytroxell.com	Contact email _____

   Uniform claim identifier for electronic payments in chapter 13 (if you use one):
   _

4. **Does this claim amend one already filed?**
   ☑ No
   ☐ 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?**
   ☑ No
   ☐ Yes. Who made the earlier filing? _____

20358242101250000000000001

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: Mult

7. **How much is the claim?** $ 2,834.13 . **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.** $ 1,715.42

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

20358242101250000000000001

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.

		Amount entitled to priority
☐	No	
☑	Yes. *Check all that apply:*	
☐	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$
☐	Up to $3,025* 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 $13,650*) 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.	$ 1,118.71

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. **Is all or part of the claim 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 01/25/2021
MM / DD / YYYY

/s/Sheila R. Schwager
Signature

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

Name: Sheila R. Schwager
First name Middle name Last name

Title: Attorney for ARAMARK Uniform and Career Apparel, LLC

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

Address

Contact phone Email

20358242101250000000000001

KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (888) 802-7207 | International (781) 575-2107

Debtor:
20-35824 - Superior Energy Services, L.L.C.
District:
Southern District of Texas, Houston Division

Creditor:
ARAMARK Uniform and Career Apparel, LLC fka ARAMARK Uniform and Career Apparel, Inc.
c/o Sheila R. Schwager
Hawley Troxell Ennis and Hawley LLP
P.O. Box 1617
Boise, ID, 83701
US
Phone:
2083446000
Phone 2:
Fax:
Email:
sschwager@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:
Aramark Uniform Services

Amends Claim:
No
Acquired Claim:
No

Basis of Claim:
Goods Provided/Services Rendered

Last 4 Digits:
Yes - Mult

Uniform Claim Identifier:

Total Amount of Claim:
2,834.13

Includes Interest or Charges:
No

Has Priority Claim:
Yes

Priority Under:
11 U.S.C. §507(a)(2): 1,118.71

Has Secured Claim:
No
Amount of 503(b)(9):
No
Based on Lease:
Yes, 1,715.42
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:
Sheila R. Schwager on 25-Jan-2021 4:20:07 p.m. Eastern Time
Title:
Attorney for ARAMARK Uniform and Career Apparel, LLC
Company:

VN: FB26AF69B523A4702EB31F9369984E0A

Fill in this information to identify the case:

Debtor 1: SUPERIOR ENERGY SERVICES, L.L.C.

Debtor 2 (Spouse, if filing):

United States Bankruptcy Court for the: Southern District of Texas

Case number: 20-35824

Official Form 410

Proof of Claim

04/19

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 1: Identify the Claim

1. Who is the current creditor?

ARAMARK Uniform & Career Apparel, LLC fka ARAMARK Uniform & Career Apparel, Inc.

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor: Aramark Uniform Services

2. Has this claim been acquired from someone else?

☒ No
☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
c/o Sheila R. Schwager Hawley Troxell Ennis & Hawley LLP Name	Name
P.O. Box 1617 Number Street	Number Street
Boise, Idaho 83701 City State ZIP Code	City State ZIP Code
Contact phone 208.344.6000.	Contact phone
Contact email sschwager@hawleytroxell.com	Contact email

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No
☐ 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?

☒ No
☐ 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: **Multiple** ___ ___ ___ ___

7. How much is the claim? $ **2,834.13**

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.** $ **1,715.42**

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.

☐ No

☒ Yes. *Check all that apply:*

	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 $3,025* 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 $13,650*) 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**	$ **1,118.71**

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

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 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.

Executed on date 01/25/2021
MM / DD / YYYY

Sheila R. Schwager
Signature

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

Name **Sheila R. Schwager**
First name Middle name Last name

Title **Attorney for ARAMARK Uniform & Career Apparel, 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 **sschwager@hawleytroxell.com**

ATTACHMENT TO PROOF OF CLAIM
SUPERIOR ENERGY SERVICES, L.L.C.
CASE NO. 20-35824

Unpaid Pre-Petition Invoices	$ 1,715.42
Unpaid Post Petition Invoices	$ 1,118.71
TOTAL CLAIM	$ 2,834.13

pre petition

INVOICE

CUSTOMER SERVICE (800) 272-6275

CUSTOMER 5442432
INVOICE 001267551516
DATE 05/22/20
PAGE 1 of 1

Deliver To ➢ SUPERIOR ENERGY
41165 PARK 290 DR.
WALLER, TX 77484

(936) 931-2100

ROUTE	STOP	TERMS	GARMENT ID
35	15	2	5730
A/R INV	SERVICE DAY		PREVIOUS BALANCE
0	.....F		98136

0 - 30 DAYS	30 - 60 DAYS	OVER 60 DAYS
98136	00	00

SERVICE	WEARER# L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TRN CODE	REPLACE RATE	INV AD NEXT WK / THIS WK	% OF INV
WKLY		HANGING_LOCKER 8 SLVN 8/CMP	2		2*	304	608				1		98197		100%
WKLY		ST_SOIL_LOCKER LD SLVN STAND	1		1*	2033	203				2		50917		100%
WKLY		ATM_TWL_DISPENSER BLAK X	1		1*	7086	709				3		90923		100%
WKLY		SHOP_TOWEL_PLAIN REDD 18X18	1000		1000*	063	6300				5		59		100%
		INVENTORY MAINTENANCE			74	59	4366					23			
WKLY	1	CASTILLO IVAN SHRT 652	11		11*	1375	1513				6		69183		100%
WKLY	3	CORTES CORTES SHRT 652	11		11*	1375	1513				8		69183		100%
WKLY	7	MATHIS CODY SHRT 019	6		6*	355	213				9		21111		100%
		SHRT 007	6		6*	355	213				13		21111		100%
WKLY	12	EDER CHARLIE SHRT 019	11		11*	355	391				22		21111		100%
WKLY	15	GOMEZ ARON SHRT 019	11		11*	355	391				11		21111		100%
WKLY	16	ALVAREZ JOHNNY SHRT 019	6		6*	355	213				27		21111		100%
		SHRT 007	5		5*	355	178				29		21111		100%
WKLY	17	TAMEZ DEMETRIO SHRT 019	11		11*	355	391				31		21111		100%
WKLY	18	TRAN ANTHONY SHRT 019	11		11*	355	391				33		21111		100%
WKLY	20	PEREZ ALEX SHRT 019	8		8*	355	284				36		21111		100%
		SHRT 007	3		3*	355	107				38		21111		100%
WKLY	21	GAMBLE LARRY SHRT 019	7		7*	355	249				40		21111		100%
		SHRT 007	4		4*	355	142				42		21111		100%
WKLY	26	SAAVEDRA JESUS SHRT 019	6		6*	355	213				41		21111		100%
		SHRT 007	5		5*	355	178				52		21111		100%
		EasyCare					1313								
		SERVICE_CHARGE			1	2711	2711				975				13.50%
TX SALES TAX tax on 227.90 at 8.250%							1880				976	01			

Delivery received by: G Cox
Signature from handheld acknowledging delivery/service

Visit us at www.ARAMARK-Uniform.com *Minimum bill quantity

AMOUNT DUE ➢	24670	00
FINAL INVOICE		24670

TOTAL ADJUSTMENT
ADJUSTED AMOUNT DUE

TERMS: NET 10 DAYS
NOT A REMITTANCE
PLEASE INCLUDE INVOICE NUMBER WITH CHECK

Payable To ➢ AUS CENTRAL LOCKBOX
PO BOX 731676
DALLAS, TX 75373-1676

CUSTOMER NAME SUPERIOR ENERGY
CUSTOMER / MASTER INVOICE 5442432 / 05/22/20 001267551516

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

P.O. Box 734514
Dallas, TX 75373-4514
Ph: 866-362-2691 Fax: 913-660-1995
www.westernfirstaid.com

western
FIRST AID & SAFETY

INVOICE

Invoice Date	Invoice #
8/3/2020	HOU2-002250

CUST #: Superior Energy

BILL TO: 41165 Park 290 Drive
Waller, TX 77484

Ph: 903-595-8604

SHIP TO: 41165 Park 290 Drive
Waller, TX 77484

Ph: 903-595-8604

Purchase Order	Salesperson	Terms	Due Date	Route #
	Kelly Aldred	NET 60	10/2/2020	HOU2

Qty	Item Code	Description	Price	Disc	Unit Price	Extended
1	Bandages:60275	Butterfly Bandage Box	7.89	0.00	7.89	7.89
1	Bandages:7015/0393	Long Strip Bandage Heavy Duty box	12.89	0.00	12.89	12.89
1	Cotton/Gauze:1159	Cotton Tip Applicator 3'	8.49	1.51	6.98	6.98
1	First Aid:26712	PVP Iodine Wipes (10/Unit)	9.89	0.00	9.89	9.89
1	First Aid:93473	Triple Antibiotic Ointment/treat R	12.98	1.00	11.98	11.98
2	Instruments:76512	Splinter Out - Tri Bevel Sterile Splinter Removers	9.89	0.00	9.89	19.78
1	Spray/Wipe:50004-Burn	Burn Spray Application Burn Relief Spray Bottle	10.98	0.00	10.98	10.98
2	Spray/Wipe:Alcohol Wipes	Alcohol Wipes R	9.89	2.00	7.89	15.78
3	Tablets:IBUA	Ibuprofen Pain & Fever Reducer R	20.89	3.00	17.89	53.67
1	Tablets:MAXA	Maximum Strength Non Aspirin Pain & Fever Relief R	20.89	3.00	17.89	17.89
1	Tapes/Wraps:3173	3' cotton self adherent confirming bandage easy to tear bandage lightweight porous and absorbent	8.98	0.49	8.49	8.49
1	Energy Fees:EN2331	Service Charge	9.95	0.00	9.95	9.95
		Total				**186.17**
15	**Total Units**					

	Subtotal	$186.17
	Sales Tax (8.25%)	$15.36
Customer Signature Daniel Goodwater	**Total**	$201.53

THANK YOU FOR YOUR PROMPT PAYMENT

P.O. Box 734514
Dallas, TX 75373-4514
Ph: 866-362-2691 Fax: 913-660-1995
www.westernfirstaid.com

western
FIRST AID & SAFETY

INVOICE

Invoice Date	Invoice #
8/31/2020	HOU2-002300

CUST #: Superior Energy

BILL TO: 41165 Park 290 Drive
Waller, TX 77484

Ph: 903-595-8604

SHIP TO: 41165 Park 290 Drive
Waller, TX 77484

Ph: 903-595-8604

Purchase Order	Salesperson	Terms	Due Date	Route #
	Kelly Aldred	NET 60	10/30/2020	HOU2

Qty	Item Code	Description	Price	Disc	Unit Price	Extended
1	Bandages:1638214-3X00AK	Extra Heavy Latex Free Weight Elastic Sterile Knuckle R	10.89	0.00	10.89	10.89
1	Bandages:1642000-2400	Extra Heavy Latex Free Weight Elastic Sterile Regular Fingertip R	10.89	2.44	8.45	8.45
1	Cotton/Gauze:3113	3x5 Sterile Gauze Roll	7.49	1.00	6.49	6.49
1	First Aid:93373	Hydrocortisone Cream 1% Anti-inflammatory and antipruritic agents R	12.98	1.00	11.98	11.98
1	First Aid:93473	Triple Antibiotic Ointment/treat R	12.98	1.00	11.98	11.98
1	First Aid:HS-5	Instant Antiseptic Hand Sanitizer Jel R	8.89	0.00	8.89	8.89
1	Instruments:77233	Tweezers - Sterile	4.98	0.09	4.89	4.89
1	Spray/Wipe:103071A	Antiseptic Wipes R	9.98	1.00	8.98	8.98
1	Spray/Wipe:22617	Blood Clotting Spray helps stop bleeding and assists fighting infections OSHA Reg 1910.151(a)	15.89	0.00	15.89	15.89
1	Spray/Wipe:Alcohol Wipes	Alcohol Wipes R	9.89	2.00	7.89	7.89
3	Tablets:IBUA	Ibuprofen Pain & Fever Reducer R	20.89	3.00	17.89	53.67
3	Tablets:MAXA	Maximum Strength Non Aspirin Pain & Fever Relief R	20.89	3.00	17.89	53.67
1	Energy Fees:EN2331	Service Charge	9.95	0.00	9.95	9.95
		Total				**213.62**
16	**Total Units**					

	Subtotal	$213.62
	Sales Tax (8.25%)	$17.62
Customer Signature Greg Cox	**Total**	$231.24

THANK YOU FOR YOUR PROMPT PAYMENT

P.O. Box 734514
Dallas, TX 75373-4514
Ph: 866-362-2691 Fax: 913-660-1995
www.westernfirstaid.com

western
FIRST AID & SAFETY

INVOICE

Invoice Date	Invoice #
9/28/2020	HOU2-002340

CUST #: Superior Energy

BILL TO: 41165 Park 290 Drive
Waller, TX 77484

Ph: 903-595-8604

SHIP TO: 41165 Park 290 Drive
Waller, TX 77484

Ph: 903-595-8604

Purchase Order	Salesperson	Terms	Due Date	Route #
	Kelly Aldred	NET 60	11/27/2020	HOU2

Qty	Item Code	Description	Price	Disc	Unit Price	Extended
1	Bandages:41405-99676-30(	Extra Heavy Latex Free Duty Elastic Sterile Strip R	10.89	1.00	9.89	9.89
1	Bandages:7015/0393	Long Strip Bandage Heavy Duty box	12.89	0.00	12.89	12.89
1	Cotton/Gauze:1159	Cotton Tip Applicator 3'	8.49	1.51	6.98	6.98
1	Eye Care:71069	Eye Cups vial	8.98	0.49	8.49	8.49
1	First Aid:2332	QR Wound Seal Stops Bleeding Instantly	28.89	2.00	26.89	26.89
1	First Aid:93473	Triple Antibiotic Ointment/treat R	12.98	1.00	11.98	11.98
1	Spray/Wipe:103071A	Antiseptic Wipes R	9.98	1.00	8.98	8.98
1	Spray/Wipe:22617	Blood Clotting Spray helps stop bleeding and assists fighting infections OSHA Reg 1910.151(a)	15.89	0.00	15.89	15.89
1	Spray/Wipe:Alcohol Wipes	Alcohol Wipes R	9.89	2.00	7.89	7.89
3	Tablets:IBUA	Ibuprofen Pain & Fever Reducer R	20.89	3.00	17.89	53.67
1	Tablets:MAXA	Maximum Strength Non Aspirin Pain & Fever Relief R	20.89	3.00	17.89	17.89
1	Energy Fees:EN2331	Service Charge	9.95	0.00	9.95	9.95
		Total				**191.39**
13	**Total Units**					

	Subtotal	$191.39
	Sales Tax (8.25%)	$15.79
Customer Signature Greg Cox	**Total**	$207.18

THANK YOU FOR YOUR PROMPT PAYMENT

P.O. Box 734514
Dallas, TX 75373-4514
Ph: 866-362-2691 Fax: 913-660-1995
www.westernfirstaid.com

western
FIRST AID & SAFETY

INVOICE

Invoice Date	Invoice #
10/26/2020	HOU2-002395

CUST #: Superior Energy

BILL TO: 41165 Park 290 Drive
Waller, TX 77484

Ph: 903-595-8604

SHIP TO: 41165 Park 290 Drive
Waller, TX 77484

Ph: 903-595-8604

Purchase Order	Salesperson	Terms	Due Date	Route #
	Kelly Aldred	NET 60	12/25/2020	HOU2

Qty	Item Code	Description	Price	Disc	Unit Price	Extended
1	Cotton/Gauze:1159	Cotton Tip Applicator 3'	8.49	1.51	6.98	6.98
1	Eye Care:64470	Eye Pads-Unitized	9.89	0.00	9.89	9.89
1	Eye Care:FEN3200045100(	1 Ounce Bottle Sterile Saline Personal Eye Wash Solution OSHA Reg 1910.151c	8.89	1.07	7.82	7.82
1	Instruments:77233	Tweezers - Sterile	4.98	0.09	4.89	4.89
1	Spray/Wipe:22617	Blood Clotting Spray helps stop bleeding and assists fighting infections OSHA Reg 1910.151(a)	15.89	0.00	15.89	15.89
1	Spray/Wipe:50004-Burn	Burn Spray Application Burn Relief Spray Bottle	10.98	0.00	10.98	10.98
2	Spray/Wipe:53001	Hydrogen Peroxide Spray	10.98	0.00	10.98	21.96
2	Spray/Wipe:53002	Isopropyl Alcohol 2oz spray	10.98	0.00	10.98	21.96
1	Spray/Wipe:Alcohol Wipes	Alcohol Wipes R	9.89	2.00	7.89	7.89
2	Tablets:IBUA	Ibuprofen Pain & Fever Reducer R	20.89	3.00	17.89	35.78
2	Tablets:MAXA	Maximum Strength Non Aspirin Pain & Fever Relief R	20.89	3.00	17.89	35.78
1	Energy Fees:EN2331	Service Charge	9.95	0.00	9.95	9.95
		Total				**189.77**
15	**Total Units**					

	Subtotal	$189.77
	Sales Tax (8.25%)	$15.66
Customer Signature Greg Cox	**Total**	$205.43

THANK YOU FOR YOUR PROMPT PAYMENT

P.O. Box 734514
Dallas, TX 75373-4514
Ph: 866-362-2691 Fax: 913-660-1995
www.westernfirstaid.com

western
FIRST AID & SAFETY

INVOICE

Invoice Date	Invoice #
11/23/2020	HOU2-002441

CUST #: Superior Energy

BILL TO: 41165 Park 290 Drive
Waller, TX 77484

Ph: 903-595-8604

SHIP TO: 41165 Park 290 Drive
Waller, TX 77484

Ph: 903-595-8604

Purchase Order	Salesperson	Terms	Due Date	Route #
	Kelly Aldred	NET 60	1/22/2021	HOU2

Qty	Item Code	Description	Price	Disc	Unit Price	Extended
1	Bandages:1638214-3X00AK	Extra Heavy Latex Free Weight Elastic Sterile Knuckle R	10.89	0.00	10.89	10.89
1	Bandages:41405-99676-30(	Extra Heavy Latex Free Duty Elastic Sterile Strip R	10.89	0.00	10.89	10.89
1	Instruments:76512	Splinter Out - Tri Bevel Sterile Splinter Removers	9.89	0.00	9.89	9.89
1	Spray/Wipe:53002	Isopropyl Alcohol 2oz spray	10.98	0.00	10.98	10.98
1	Spray/Wipe:Alcohol Wipes	Alcohol Wipes R	9.89	0.00	9.89	9.89
3	Tablets:IBUA	Ibuprofen Pain & Fever Reducer R	20.89	0.00	20.89	62.67
3	Tablets:MAXA	Maximum Strength Non Aspirin Pain & Fever Relief R	20.89	0.00	20.89	62.67
1	Energy Fees:EN2331	Service Charge	13.95	0.00	13.95	13.95
		Total				**191.83**
11	**Total Units**					

	Subtotal	$191.83
	Sales Tax (8.25%)	$15.83
Customer Signature Daniel Goodwater	**Total**	$207.66

THANK YOU FOR YOUR PROMPT PAYMENT

INVOICE

CUSTOMER SERVICE (800) 272-6275

Deliver To ➢ SUPERIOR ENERGY
41165 PARK 290 DR.
WALLER, TX 77484

(936) 931-2100

CUSTOMER 5442432
INVOICE 001267666492
DATE 11/27/20
PAGE 1 of 1

ROUTE	STOP	TERMS	GARMENT ID
35	15	2	5730

A/R INV	SERVICE DAY	PREVIOUS BALANCE
0	.....F	1301 64

0 - 30 DAYS	30 - 60 DAYS	OVER 60 DAYS
1054 94	00	246 70

SERVICE	WEARER# L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TRN CODE	REPLACE RATE	INV AD NEXT WK	INV AD THIS WK	% OF INV
WKLY		HANGING_LOCKER 8 SLVN 8/CMP	2		2*	3 50	7 00				1		12 92	7		100%
WKLY		ST_SOIL_LOCKER LD SLVN STAND	1		1*	2 34	2 34				2		58 55			100%
WKLY		ATM_TWL_DISPENSER BLAK X	1		1*	8 15	8 15				3		45 62			100%
WKLY		SHOP_TOWEL_PLAIN REDD 18X18	500		500*	075	37 50				5		68			100%
		INVENTORY MAINTENANCE			37	68	25 16					23				
WKLY	1	CASTILLO IVAN SHRT 652	11		11*	1 585	17 44				6		80 31			100%
WKLY	3	CORTES CORTES SHRT 652	11		11*	1 585	17 44				8		80 31			100%
WKLY	7	MATHIS CODY SHRT 019	6		6*	41	2 46				9		24 28			100%
		SHRT 007	6		6*	41	2 46				13		24 28			100%
WKLY	12	EDER CHARLIE SHRT 019	11		11*	41	4 51				22		24 28			100%
WKLY	15	GOMEZ ARON SHRT 019	11		11*	41	4 51				11		24 28			100%
WKLY	16	ALVAREZ JOHNNY SHRT 019	6		6*	41	2 46				27		24 28			100%
		SHRT 007	5		5*	41	2 05				29		24 28			100%
WKLY	17	TAMEZ DEMETRIO SHRT 019	11		11*	41	4 51				31		24 28			100%
WKLY	18	TRAN ANTHONY SHRT 019	11		11*	41	4 51				33		24 28			100%
WKLY	20	PEREZ ALEX SHRT 019	8		8*	41	3 28				36		24 28			100%
		SHRT 007	3		3*	41	1 23				38		24 28			100%
WKLY	21	GAMBLE LARRY SHRT 019	7		7*	41	2 87				40		24 28			100%
		SHRT 007	4		4*	41	1 64				42		24 28			100%
WKLY	26	SAAVEDRA JESUS SHRT 019	6		6*	41	2 46				41		24 28			100%
		SHRT 007	5		5*	41	2 05				52		24 28			100%
		EasyCare					13 13									
		SERVICE_CHARGE			1	22 84	22 84				975					13.50%
TX SALES TAX tax on 192.00 at 8.250%							15 84				976	01				

AMOUNT DUE ➢	207 84	00
FINAL INVOICE		207 84

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

Delivery received by: Delivery made on 11/27/20

Visit us at www.ARAMARK-Uniform.com

*Minimum bill quantity

Payable To ➢ AUS CENTRAL LOCKBOX
PO BOX 731676
DALLAS, TX 75373-1676

CUSTOMER NAME SUPERIOR ENERGY
CUSTOMER / MASTER INVOICE 5442432 /
11/27/20 001267666492

Superior Energy Services, L.L.C.					
Pre-Petition					
File date:	12/7/2020				
Total Invoice					$ 1,715.42
Total Pre-Petition					**$ 1,715.42**
MC	**Transaction**	**Account**	**Transaction Date**	**Original Amount**	**Open Balance**
557	1267551516	860057045	05/22/2020	$ 246.70	$ 246.70
302	HOU2-002250	30218000101F	08/03/2020	$ 201.53	$ 201.53
302	HOU2-002300	30218000101F	08/31/2020	$ 231.24	$ 231.24
302	HOU2-002340	30218000101F	09/28/2020	$ 207.18	$ 207.18
302	HOU2-002395	30218000101F	10/26/2020	$ 205.43	$ 205.43
302	HOU2-002441	30218000101F	11/23/2020	$ 207.66	$ 207.66
557	1267666492	860057045	11/27/2020	$ 207.84	$ 207.84
557	1267670707	860057045	12/04/2020	$ 207.84	$ 207.84

Post Petition

Superior Energy Services, L.L.C.					
Post-Petition					
Total Invoice					$ 1,118.71
Total Post-Petition					**$ 1,118.71**
MC	**Transaction**	**Account**	**Transaction Date**	**Original Amount**	**Open Balance**
522	522000028231	792287650	12/10/2020	$ 38.64	$ 38.64
557	1267674989	860057045	12/11/2020	$ 207.84	$ 207.84
557	1267679355	860057045	12/18/2020	$ 207.84	$ 207.84
302	HOU2-002485	30218000101F	12/21/2020	$ 210.07	$ 210.07
522	522000035556	792287650	12/24/2020	$ 38.64	$ 38.64
557	1267683340	860057045	12/25/2020	$ 207.84	$ 207.84
557	1267688073	860057045	01/01/2021	$ 207.84	$ 207.84

INVOICE

CUSTOMER SERVICE (800) 272-6275

aramark

Deliver To ➢ SUPERIOR ENERGY
41165 PARK 290 DR.
WALLER, TX 77484

(936) 931-2100

CUSTOMER 5442432
INVOICE 001267670707
DATE 12/04/20
PAGE 1 of 1

ROUTE	STOP	TERMS	GARMENT ID
35	15	2	5730
A/R INV	SERVICE DAY		PREVIOUS BALANCE
0	.....F		1493.74

0 - 30 DAYS	30 - 60 DAYS	OVER 60 DAYS
1247.04	.00	246.70

SERVICE	WEARER# L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TRN CODE	REPLACE RATE	INV AD NEXT WK	INV AD THIS WK	% OF INV
WKLY		HANGING_LOCKER 8 SLVN 8/CMP	2		2*	3.50	7.00				1		129.27			100%
WKLY		ST_SOIL_LOCKER LD SLVN STAND	1		1*	2.34	2.34				2		585.55			100%
WKLY		ATM_TWL_DISPENSER BLAK X	1		1*	8.15	8.15				3		45.62			100%
WKLY		SHOP_TOWEL_PLAIN REDD 18X18	500		500*	.075	37.50				5		.68			100%
		INVENTORY MAINTENANCE			37	.68	25.16					23				
WKLY	1	CASTILLO IVAN SHRT 652	11		11*	1.585	17.44				6		80.31			100%
WKLY	3	CORTES CORTES SHRT 652	11		11*	1.585	17.44				8		80.31			100%
WKLY	7	MATHIS CODY SHRT 019	6		6*	41	2.46				9		24.28			100%
		SHRT 007	6		6*	41	2.46				13		24.28			100%
WKLY	12	EDER CHARLIE SHRT 019	11		11*	41	4.51				22		24.28			100%
WKLY	15	GOMEZ ARON SHRT 019	11		11*	41	4.51				11		24.28			100%
WKLY	16	ALVAREZ JOHNNY SHRT 019	6		6*	41	2.46				27		24.28			100%
		SHRT 007	5		5*	41	2.05				29		24.28			100%
WKLY	17	TAMEZ DEMETRIO SHRT 019	11		11*	41	4.51				31		24.28			100%
WKLY	18	TRAN ANTHONY SHRT 019	11		11*	41	4.51				33		24.28			100%
WKLY	20	PEREZ ALEX SHRT 019	8		8*	41	3.28				36		24.28			100%
		SHRT 007	3		3*	41	1.23				38		24.28			100%
WKLY	21	GAMBLE LARRY SHRT 019	7		7*	41	2.87				40		24.28			100%
		SHRT 007	4		4*	41	1.64				42		24.28			100%
WKLY	26	SAAVEDRA JESUS SHRT 019	6		6*	41	2.46				41		24.28			100%
		SHRT 007	5		5*	41	2.05				52		24.28			100%
		EasyCare					13.13									
		SERVICE_CHARGE			1	22.84	22.84				975					13.50%
TX SALES TAX tax on 192.00 at 8.250%							15.84				976	01				

Delivery received by: D Daniel
Signature from handheld acknowledging delivery/service

Visit us at www.ARAMARK-Uniform.com *Minimum bill quantity

AMOUNT DUE ➢	207.84	.00
FINAL INVOICE		207.84

➢ **TOTAL ADJUSTMENT**
➢ **ADJUSTED AMOUNT DUE**

TERMS: NET 10 DAYS
NOT A REMITTANCE
PLEASE INCLUDE INVOICE NUMBER WITH CHECK

Payable To ➢ AUS CENTRAL LOCKBOX
PO BOX 731676
DALLAS, TX 75373-1676

CUSTOMER NAME SUPERIOR ENERGY
CUSTOMER / MASTER INVOICE 5442432 / 12/04/20 001267670707

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

INVOICE

CUSTOMER SERVICE (800) 272-6275

Deliver To ➢ SUPERIOR ENERGY
41165 PARK 290 DR.
WALLER, TX 77484

(936) 931-2100

CUSTOMER 5442432
INVOICE 001267674989
DATE 12/11/20
PAGE 1 of 1

ROUTE	STOP	TERMS	GARMENT ID
35	15	2	5730
A/R INV	SERVICE DAY		PREVIOUS BALANCE
0	.....F		1493.74

0 - 30 DAYS	30 - 60 DAYS	OVER 60 DAYS
1247.04	.00	246.70

SERVICE	WEARER# L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TRN CODE	REPLACE RATE	INV AD NEXT WK	INV AD THIS WK	% OF INV
WKLY		HANGING_LOCKER 8 SLVN 8/CMP	2		2*	3.50	7.00				1		129.27			100%
WKLY		ST_SOIL_LOCKER LD SLVN STAND	1		1*	2.34	2.34				2		585.55			100%
WKLY		ATM_TWL_DISPENSER BLAK X	1		1*	8.15	8.15				3		45.62			100%
WKLY		SHOP_TOWEL_PLAIN REDD 18X18	500		500*	.075	37.50				5		.68			100%
		INVENTORY MAINTENANCE			37	.68	25.16					23				
WKLY	1	CASTILLO IVAN SHRT 652	11		11*	1.585	17.44				6		80.31			100%
WKLY	3	CORTES CORTES SHRT 652	11		11*	1.585	17.44				8		80.31			100%
WKLY	7	MATHIS CODY SHRT 019	6		6*	.41	2.46				9		24.28			100%
		SHRT 007	6		6*	.41	2.46				13		24.28			100%
WKLY	12	EDER CHARLIE SHRT 019	11		11*	.41	4.51				22		24.28			100%
WKLY	15	GOMEZ ARON SHRT 019	11		11*	.41	4.51				11		24.28			100%
WKLY	16	ALVAREZ JOHNNY SHRT 019	6		6*	.41	2.46				27		24.28			100%
		SHRT 007	5		5*	.41	2.05				29		24.28			100%
WKLY	17	TAMEZ DEMETRIO SHRT 019	11		11*	.41	4.51				31		24.28			100%
WKLY	18	TRAN ANTHONY SHRT 019	11		11*	.41	4.51				33		24.28			100%
WKLY	20	PEREZ ALEX SHRT 019	8		8*	.41	3.28				36		24.28			100%
		SHRT 007	3		3*	.41	1.23				38		24.28			100%
WKLY	21	GAMBLE LARRY SHRT 019	7		7*	.41	2.87				40		24.28			100%
		SHRT 007	4		4*	.41	1.64				42		24.28			100%
WKLY	26	SAAVEDRA JESUS SHRT 019	6		6*	.41	2.46				41		24.28			100%
		SHRT 007	5		5*	.41	2.05				52		24.28			100%
		EasyCare					13.13									
		SERVICE_CHARGE			1	22.84	22.84				975					13.50%
TX SALES TAX tax on 192.00 at 8.250%							15.84				976	01				

Delivery received by: G Cox
Signature from handheld acknowledging delivery/service

Visit us at www.ARAMARK-Uniform.com

*Minimum bill quantity

AMOUNT DUE ➢	207.84	.00
FINAL INVOICE		207.84

TOTAL ADJUSTMENT

ADJUSTED AMOUNT DUE

TERMS: NET 10 DAYS

NOT A REMITTANCE

PLEASE INCLUDE INVOICE NUMBER WITH CHECK

Payable To ➢ AUS CENTRAL LOCKBOX
PO BOX 731676
DALLAS, TX 75373-1676

CUSTOMER NAME SUPERIOR ENERGY
CUSTOMER / MASTER INVOICE 5442432 /
12/11/20 001267674989

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

INVOICE

CUSTOMER SERVICE (800) 272-6275

CUSTOMER 5442432
INVOICE 001267679355
DATE 12/18/20
PAGE 1 of 1

Deliver To ➢ SUPERIOR ENERGY
41165 PARK 290 DR.
WALLER, TX 77484

(936) 931-2100

ROUTE	STOP	TERMS	GARMENT ID
35	15	2	5730
A/R INV	SERVICE DAY		PREVIOUS BALANCE
0	.....F		1493.74

0 - 30 DAYS	30 - 60 DAYS	OVER 60 DAYS
1247.04	.00	246.70

SERVICE	WEARER# L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT
WKLY		HANGING_LOCKER 8 SLVN 8/CMP	2		2*	3.50	7.00		
WKLY		ST_SOIL_LOCKER LD SLVN STAND	1		1*	2.34	2.34		
WKLY		ATM_TWL_DISPENSER BLAK X	1		1*	8.15	8.15		
WKLY		SHOP_TOWEL_PLAIN REDD 18X18	500		500*	.075	37.50		
		INVENTORY MAINTENANCE			37	68	25.16		
WKLY	1	CASTILLO IVAN SHRT 652	11		11*	1.585	17.44		
WKLY	3	CORTES CORTES SHRT 652	11		11*	1.585	17.44		
WKLY	7	MATHIS CODY SHRT 019	6		6*	41	2.46		
		SHRT 007	6		6*	41	2.46		
WKLY	12	EDER CHARLIE SHRT 019	11		11*	41	4.51		
WKLY	15	GOMEZ ARON SHRT 019	11		11*	41	4.51		
WKLY	16	ALVAREZ JOHNNY SHRT 019	6		6*	41	2.46		
		SHRT 007	5		5*	41	2.05		
WKLY	17	TAMEZ DEMETRIO SHRT 019	11		11*	41	4.51		
WKLY	18	TRAN ANTHONY SHRT 019	11		11*	41	4.51		
WKLY	20	PEREZ ALEX SHRT 019	8		8*	41	3.28		
		SHRT 007	3		3*	41	1.23		
WKLY	21	GAMBLE LARRY SHRT 019	7		7*	41	2.87		
		SHRT 007	4		4*	41	1.64		
WKLY	26	SAAVEDRA JESUS SHRT 019	6		6*	41	2.46		
		SHRT 007	5		5*	41	2.05		
		EasyCare					13.13		
		SERVICE_CHARGE			1	22.84	22.84		
TX SALES TAX tax on 192.00 at 8.250%							15.84		

ADJ CODE	LINE NO	TRN CODE	REPLACE RATE	INV AD NEXT WK	INV AD THIS WK	% OF INV
	1		12.927			100%
	2		585.55			100%
	3		45.62			100%
	5		.68			100%
		23				
	6		80.31			100%
	8		80.31			100%
	9		24.28			100%
	13		24.28			100%
	22		24.28			100%
	11		24.28			100%
	27		24.28			100%
	29		24.28			100%
	31		24.28			100%
	33		24.28			100%
	36		24.28			100%
	38		24.28			100%
	40		24.28			100%
	42		24.28			100%
	41		24.28			100%
	52		24.28			100%
	975					13.50%
	976	01				

Delivery received by: D Goodwater
Signature from handheld acknowledging delivery/service

Visit us at www.ARAMARK-Uniform.com *Minimum bill quantity

AMOUNT DUE ➢	207.84	.00
FINAL INVOICE		207.84

➢ **TOTAL ADJUSTMENT**

➢ **ADJUSTED AMOUNT DUE**

TERMS: NET 10 DAYS

NOT A REMITTANCE

PLEASE INCLUDE INVOICE NUMBER WITH CHECK

Payable To ➢ AUS CENTRAL LOCKBOX
PO BOX 731676
DALLAS, TX 75373-1676

CUSTOMER NAME SUPERIOR ENERGY
CUSTOMER / MASTER INVOICE 5442432 /
12/18/20 001267679355

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

INVOICE

CUSTOMER SERVICE (800) 272-6275

CUSTOMER 5442432
INVOICE 001267683340
DATE 12/25/20
PAGE 1 of 1

Deliver To ➢ SUPERIOR ENERGY
41165 PARK 290 DR.
WALLER, TX 77484

(936) 931-2100

ROUTE	STOP	TERMS	GARMENT ID
35	15	2	5730
A/R INV	SERVICE DAY		PREVIOUS BALANCE
0	.....F		1285.90

0 - 30 DAYS	30 - 60 DAYS	OVER 60 DAYS
1039.20	.00	246.70

SERVICE	WEARER# L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TRN CODE	REPLACE RATE	INV AD NEXT WK	INV AD THIS WK	% OF INV
WKLY		HANGING_LOCKER 8 SLVN 8/CMP	2		2*	3.50	7.00				1		12.927			100%
WKLY		ST_SOIL_LOCKER LD SLVN STAND	1		1*	2.34	2.34				2		585.55			100%
WKLY		ATM_TWL_DISPENSER BLAK X	1		1*	8.15	8.15				3		45.62			100%
WKLY		SHOP_TOWEL_PLAIN REDD 18X18	500		500*	.075	37.50				5		.68			100%
		INVENTORY MAINTENANCE			37	.68	25.16					23				
WKLY	1	CASTILLO IVAN SHRT 652	11		11*	1.585	17.44				6		80.31			100%
WKLY	3	CORTES CORTES SHRT 652	11		11*	1.585	17.44				8		80.31			100%
WKLY	7	MATHIS CODY SHRT 019	6		6*	41	2.46				9		24.28			100%
		SHRT 007	6		6*	41	2.46				13		24.28			100%
WKLY	12	EDER CHARLIE SHRT 019	11		11*	41	4.51				22		24.28			100%
WKLY	15	GOMEZ ARON SHRT 019	11		11*	41	4.51				11		24.28			100%
WKLY	16	ALVAREZ JOHNNY SHRT 019	6		6*	41	2.46				27		24.28			100%
		SHRT 007	5		5*	41	2.05				29		24.28			100%
WKLY	17	TAMEZ DEMETRIO SHRT 019	11		11*	41	4.51				31		24.28			100%
WKLY	18	TRAN ANTHONY SHRT 019	11		11*	41	4.51				33		24.28			100%
WKLY	20	PEREZ ALEX SHRT 019	8		8*	41	3.28				36		24.28			100%
		SHRT 007	3		3*	41	1.23				38		24.28			100%
WKLY	21	GAMBLE LARRY SHRT 019	7		7*	41	2.87				40		24.28			100%
		SHRT 007	4		4*	41	1.64				42		24.28			100%
WKLY	26	SAAVEDRA JESUS SHRT 019	6		6*	41	2.46				41		24.28			100%
		SHRT 007	5		5*	41	2.05				52		24.28			100%
		EasyCare					13.13									
		SERVICE_CHARGE			1	22.84	22.84				975					13.50%
TX SALES TAX tax on 192.00 at 8.250%							15.84				976	01				

AMOUNT DUE ➢	207.84	.00
FINAL INVOICE		207.84

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

Delivery received by: Delivery made on 12/25/20

Visit us at www.ARAMARK-Uniform.com

*Minimum bill quantity

Payable To ➢ AUS CENTRAL LOCKBOX
PO BOX 731676
DALLAS, TX 75373-1676

CUSTOMER NAME SUPERIOR ENERGY
CUSTOMER / MASTER INVOICE 5442432 / 12/25/20 001267683340

INVOICE

CUSTOMER SERVICE (800) 272-6275

CUSTOMER 5442432
INVOICE 001267688073
DATE 01/01/21
PAGE 1 of 1

Deliver To ➢ SUPERIOR ENERGY
41165 PARK 290 DR.
WALLER, TX 77484

(936) 931-2100

ROUTE	STOP	TERMS	GARMENT ID
35	15	2	5730
A/R INV	**SERVICE DAY**		**PREVIOUS BALANCE**
0	.....F		1493.74

0 - 30 DAYS	30 - 60 DAYS	OVER 60 DAYS
1247.04	.00	246.70

SERVICE	WEARER# L/R	ITEM DESCRIPTION / NAME	INVENTORY	DELIVERY QUANTITY	BILL QUANTITY	RATE	TOTAL CHARGE	ADDT'L AMOUNT	CREDIT AMOUNT	ADJ CODE	LINE NO	TRN CODE	REPLACE RATE	INV AD NEXT WK	INV AD THIS WK	% OF INV
WKLY		HANGING_LOCKER 8 SLVN 8/CMP	2		2*	3.50	7.00				1		129.27			100%
WKLY		ST_SOIL_LOCKER LD SLVN STAND	1		1*	2.34	2.34				2		585.55			100%
WKLY		ATM_TWL_DISPENSER BLAK X	1		1*	8.15	8.15				3		45.62			100%
WKLY		SHOP_TOWEL_PLAIN REDD 18X18	500		500*	.075	37.50				5		.68			100%
		INVENTORY MAINTENANCE			37	.68	25.16					23				
WKLY	1	CASTILLO IVAN SHRT 652	11		11*	1.585	17.44				6		80.31			100%
WKLY	3	CORTES CORTES SHRT 652	11		11*	1.585	17.44				8		80.31			100%
WKLY	7	MATHIS CODY SHRT 019	6		6*	41	2.46				9		24.28			100%
		SHRT 007	6		6*	41	2.46				13		24.28			100%
WKLY	12	EDER CHARLIE SHRT 019	11		11*	41	4.51				22		24.28			100%
WKLY	15	GOMEZ ARON SHRT 019	11		11*	41	4.51				11		24.28			100%
WKLY	16	ALVAREZ JOHNNY SHRT 019	6		6*	41	2.46				27		24.28			100%
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		SHRT 007	5		5*	41	2.05				52		24.28			100%
		EasyCare					13.13									
		SERVICE_CHARGE			1	22.84	22.84				975					13.50%
TX SALES TAX tax on 192.00 at 8.250%							15.84				976	01				

Delivery received by: G Cox

Signature from handheld acknowledging delivery/service

Visit us at www.ARAMARK-Uniform.com

*Minimum bill quantity

AMOUNT DUE ➢	207.84	.00
FINAL INVOICE		207.84

TOTAL ADJUSTMENT

ADJUSTED AMOUNT DUE

TERMS: NET 10 DAYS

NOT A REMITTANCE

PLEASE INCLUDE INVOICE NUMBER WITH CHECK

Payable To ➢ AUS CENTRAL LOCKBOX
PO BOX 731676
DALLAS, TX 75373-1676

CUSTOMER NAME SUPERIOR ENERGY
CUSTOMER / MASTER INVOICE 5442432 /
01/01/21 001267688073

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