PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70639

Bill To
A & M Supply Corporation 6602 Deane Hill Drive KNOXVILLE, TN 37919

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	36462	$2410.96	$2410.96

A & M SUPPLY

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248965	05/15/2017	SMITH , TODD	CDL DRIVER	Regular Pay	$23.99	8.50	$203.92
248966	05/15/2017	RICE, CHARLES	CDL DRIVER	Regular Pay	$23.99	8.25	$197.92
248965	05/16/2017	SMITH , TODD	CDL DRIVER	Regular Pay	$23.99	9.00	$215.91
248966	05/16/2017	RICE, CHARLES	CDL DRIVER	Regular Pay	$23.99	10.00	$239.90
248965	05/17/2017	SMITH , TODD	CDL DRIVER	Regular Pay	$23.99	9.00	$215.91
248966	05/17/2017	RICE, CHARLES	CDL DRIVER	Regular Pay	$23.99	11.75	$281.88
248965	05/18/2017	SMITH , TODD	CDL DRIVER	Regular Pay	$23.99	9.00	$215.91
248966	05/18/2017	RICE, CHARLES	CDL DRIVER	Regular Pay	$23.99	10.00	$239.90
248965	05/19/2017	SMITH , TODD	CDL DRIVER	Regular Pay	$23.99	4.50	$107.96
248965	05/19/2017	SMITH , TODD	CDL DRIVER	Overtime Pay	$35.99	4.00	$143.96
248966	05/19/2017	RICE, CHARLES	CDL DRIVER	Overtime Pay	$35.99	9.00	$323.91
						93.00	$2387.08

Reg: 80.00 DT:
OT: 13.00 Other:
Total Hours: 93.00

Invoice #: 33-70639
Office #: 33

Sub Total:	$2387.08
ACA:	$23.88
Total This Invoice:	$2410.96
Pay This Amount:	**$2410.96**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
A & M Supply Corporation 6602 Deane Hill Drive KNOXVILLE, TN 37919

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248965	A & M Supply Corporation	05/15/2017	06:00 AM	

ASSIGNMENT TITLE: 38402 A & M Supply

ASSIGNMENT ADDRESS: 5802 Deane Hill Drive KNOXVILLE, TN 37919

REPORT TO: Julian

CONTACT PHONE # Main (865) 558-3599 Cell

COMMENTS

5/12/2017 5:07:26 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☑ YES ☐ NO

Date: 5/22/17

Time: 7 out

# of Workers: 1

Julian Hall Wkse Mgr

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Smith, Todd 5/15 CDL	Driver	8	1/4
Smith, Todd 5/16 CDL	Driver	10	1/2
Smith, Todd 5/17 CDL	Driver	10	1/2
Smith, Todd 5/18 CDL	Driver	10	1/2
Smith, Todd 5/19 CDL	Driver	8	1/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248966	A & M Supply Corporation	05/15/2017	06:00 AM	

ASSIGNMENT TITLE: 38402 A & M Supply

ASSIGNMENT ADDRESS: 5802 Deane Hill Drive KNOXVILLE, TN 37919

REPORT TO: Julian

CONTACT PHONE # Main (865) 558-3599 Cell

COMMENTS

5/12/2017 5:10:26 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☑ YES ☐ NO

Date: 5/22/17

Time: 7 out

# of Workers: 1

Julian Hall Wkse Mgr

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Rice, Charles 5/15 CDL	Driver	8	1/2
Rice, Charles 5/16 CDL	Driver	10	1/2
Rice, Charles 5/17 CDL	Driver	11	1/2
Rice, Charles 5/18 CDL	Driver	10	1/2
Rice, Charles 5/19 CDL	Driver	9	1/2

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70640

Bill To
Acadia Landscaping 203 Gore Rd KNOXVILLE, TN 37919

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37570	$55.71	$55.71

ACADIA LANDSCAPING

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
249004	05/15/2017	EUBANKS, DELORES	LANDSCAPE/GEN LABO	Regular Pay	$13.79	4.00	$55.16
						4.00	$55.16

Reg: 4.00 DT:
OT: Other:
Total Hours: 4.00

Invoice #: 33-70640
Office #: 33

Sub Total:	$55.16
ACA:	$0.55
Total This Invoice:	$55.71
Pay This Amount:	**$55.71**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
Acadia Landscaping 203 Gore Rd KNOXVILLE, TN 37919

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70641

Bill To
Action Power Sweeping Inc 7907 Debra Drive FOUNTAIN CITY, TN 37938

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37503	$1479.98	$1479.98

LANDSCAPING

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248978	05/15/2017	BARBER, JIMMY	LANDSCAPING	Regular Pay	$13.79	9.00	$124.11
248979	05/15/2017	BARBER, JONATHAN	LANDSCAPING	Regular Pay	$13.79	9.00	$124.11
248978	05/16/2017	BARBER, JIMMY	LANDSCAPING	Regular Pay	$13.79	9.50	$131.01
248979	05/16/2017	BARBER, JONATHAN	LANDSCAPING	Regular Pay	$13.79	9.50	$131.01
248978	05/17/2017	BARBER, JIMMY	LANDSCAPING	Regular Pay	$13.79	10.50	$144.80
248979	05/17/2017	BARBER, JONATHAN	LANDSCAPING	Regular Pay	$13.79	10.50	$144.80
248978	05/18/2017	BARBER, JIMMY	LANDSCAPING	Regular Pay	$13.79	10.50	$144.80
248979	05/18/2017	BARBER, JONATHAN	LANDSCAPING	Regular Pay	$13.79	10.00	$137.90
248978	05/19/2017	BARBER, JIMMY	LANDSCAPING	Regular Pay	$13.79	0.50	$6.90
248978	05/19/2017	BARBER, JIMMY	LANDSCAPING	Overtime Pay	$20.69	8.00	$165.52
248979	05/19/2017	BARBER, JONATHAN	LANDSCAPING	Regular Pay	$13.79	1.00	$13.79
248979	05/19/2017	BARBER, JONATHAN	LANDSCAPING	Overtime Pay	$20.69	9.50	$196.56
						97.50	$1465.31

Reg: 80.00 DT:
OT: 17.50 Other:
Total Hours: 97.50

Invoice #: 33-70641
Office #: 33

Sub Total:	$1465.31
ACA:	$14.67
Total This Invoice:	$1479.98
Pay This Amount:	**$1479.98**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
Action Power Sweeping Inc 7907 Debra Drive FOUNTAIN CITY, TN 37938

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248978	Action Power Sweeping Inc	05/15/2017	06:00 AM	

NOTICE:
MINIMUM 4 HOURS PER PERSON

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37503 Landscaping	123 Clinton Hwy POWELL, TN 37849

PPSN Inc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8329

REPORT TO:	COMMENTS
Gary/Eddie	
CONTACT PHONE # Main (865) 938-4342 Cell	5/12/2017 5:46:03 PM

Do you need workers to return?
☑ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Barber, Jimmy 5/15	Landscaping	9	¾
Barber, Jimmy 5/16	Landscaping	9	¾
Barber, Jimmy 5/17	Landscaping	10	¾
Barber, Jimmy 5/18	Landscaping	10	¾
Barber, Jimmy 5/19	Landscaping	8	¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248979	Action Power Sweeping Inc	05/15/2017	06:00 AM	

NOTICE:
MINIMUM 4 HOURS PER PERSON

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37503 Landscaping	123 Clinton Hwy POWELL, TN 37849

PPSN Inc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8329

REPORT TO:	COMMENTS
Gary/Eddie	
CONTACT PHONE # Main (865) 938-4342 Cell	5/12/2017 5:47:17 PM

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Barber, Jonathan 5/15	Landscaping	9	¾
Barber, Jonathan 5/16	Landscaping	9	¾
Barber, Jonathan 5/17	Landscaping	10	¾
Barber, Jonathan 5/18	Landscaping	10	¾
Barber, Jonathan 5/19	Landscaping	8	¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70642

Bill To
Action Power Sweeping Inc 7907 Debra Drive FOUNTAIN CITY, TN 37938

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37503	$508.38	$508.38

NIGHT SHIFT

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248860	05/12/2017	DAVENPORT, RAYMOND	LANDSCAPING	Regular Pay	$13.79	7.00	$96.53
248981	05/13/2017	DAVENPORT, RAYMOND	LANDSCAPING	Regular Pay	$13.79	6.50	$89.64
248981	05/14/2017	DAVENPORT, RAYMOND	LANDSCAPING	Regular Pay	$13.79	8.00	$110.32
249037	05/15/2017	DAVENPORT, RAYMOND	LANDSCAPING	Regular Pay	$13.79	7.00	$96.53
249037	05/16/2017	DAVENPORT, RAYMOND	LANDSCAPING	Regular Pay	$13.79	8.00	$110.32
						36.50	$503.34

Reg: 36.50 DT:
OT: Other:
Total Hours: 36.50

Invoice #: 33-70642
Office #: 33

Sub Total:	$503.34
ACA:	$5.04
Total This Invoice:	$508.38
Pay This Amount:	**$508.38**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
Action Power Sweeping Inc 7907 Debra Drive FOUNTAIN CITY, TN 37938

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248880	Action Power Sweeping Inc	05/12/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37503 Night shift	8023 Clinton Hwy POWELL, TN 37849

REPORT TO:	COMMENTS
Gary Gilbert	
CONTACT PHONE # Main (865) 938-4342 Cell	5/10/2017 8:35:45 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
DAVENPORT, RAYMOND	Landscaping	1 2 3 4 5 6 **7** 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

Cahill Hunter

PRINT NAME AND TITLE

Cody Hunter

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248881	Action Power Sweeping Inc	05/13/2017	09:00 PM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37503 Night shift	8023 Clinton Hwy POWELL, TN 37849

REPORT TO:	COMMENTS
Gary Gilbert	
CONTACT PHONE # (865) 938-4342 Cell	5/13/2017 10:42:45 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
DAVENPORT, RAYMOND	5/13 Landscaping	1 2 3 4 5 **6** 7 8 9 10 11 12 13 14 15 16	0 1/4 **1/2** 3/4
DAVENPORT, RAYMOND	5/14 Landscaping	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

Cahill Hunter

PRINT NAME AND TITLE

Cody Hunter

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249037	Action Power Sweeping Inc	05/15/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37503 Night shift	6023 Clinton Hwy POWELL, TN 37849

REPORT TO:	COMMENTS
Gary Gilbert	
CONTACT PHONE # Main (865) 938-4342 Cell	5/15/2017 3:17:34 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

Cod Walker

PRINT NAME AND TITLE

Cody Hunter

AUTHORIZED SIGNATURE

by signing you agree to the terms and condition set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
DAVENPORT, RAYMOND 5/15 Landscaping		1 2 3 4 5 6 **7** 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
DAVENPORT, RAYMOND 5/16 Landscaping		1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70643

Bill To
Area Wide Protective 330-644-0655 826 Overholt Road KENT, OH 44240

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	19455	$161.50	$161.50

AWP

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
249061	05/16/2017	KELLEY, PATRICK	AWP	Regular Pay	$15.99	6.00	$95.94
249200	05/18/2017	WAKEMAN, CHRIS	AWP	Regular Pay	$15.99	4.00	$63.96
						10.00	$159.90

Reg: 10.00 DT:
OT: Other:
Total Hours: 10.00

Invoice #: 33-70643
Office #: 33

Sub Total:	$159.90
ACA:	$1.60
Total This Invoice:	$161.50
Pay This Amount:	**$161.50**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
Area Wide Protective 330-644-0655 826 Overholt Road KENT, OH 44240

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249061	Area Wide Protective	05/16/2017	06:00 AM	

ASSIGNMENT TITLE: 19455 AWP

ASSIGNMENT ADDRESS: 5014 Clinton Hwy KNOXVILLE, TN 37912

REPORT TO: William Javins

CONTACT PHONE # (865) 249-6704 Cell

COMMENTS

5/16/2017 6:50:26 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐YES ☐NO

Date: 5-16-17

Time: [illegible]

# of Workers: _____

PRINT NAME AND TITLE

Labor Smart Inc

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[illegible]ley, Patrick AWP		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249200	Area Wide Protective	05/18/2017	06:00 AM	

ASSIGNMENT TITLE: 19455 AWP

ASSIGNMENT ADDRESS: 5014 Clinton Hwy KNOXVILLE, TN 37912

REPORT TO: William Javins

CONTACT PHONE # (865) 249-6704 Cell

COMMENTS

5/18/2017 7:10:18 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐YES ☐NO

Date: 18 MAY 2017

Time: 0530

# of Workers: 1

WALTER Respondent
SR TCS

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[illegible]man, Chris AWP		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70644

Bill To

Art of Nature Inc/DBA Classic Lawn & Tree
3532 Peppermint Hils Dr
MARYVILLE, TN 37804

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37587	$120.12	$120.12

OFFICE

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248992	05/15/2017	KELLEY, PATRICK	LANDSCAPING	Regular Pay	$16.99	7.00	$118.93
						7.00	$118.93

Reg: 7.00 DT:
OT: Other:
Total Hours: 7.00

Invoice #: 33-70644
Office #: 33

Sub Total:	$118.93
ACA:	$1.19
Total This Invoice:	$120.12
Pay This Amount:	**$120.12**

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Bill To

Art of Nature Inc/DBA Classic Lawn & Tree
3532 Peppermint Hils Dr
MARYVILLE, TN 37804

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248992	Art of Nature Inc/DBA Classic Lawn & Tree	05/15/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37587 Office	9532 Peppermint Hills Dr MARYVILLE, TN 37804

REPORT TO:	COMMENTS
Joe	
CONTACT PHONE # Main (865) 719-0916 Cell	5/15/2017 6:48:21 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-9300
Fax: (865) 889-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Kelley, Patrick	Landscaping	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
MA 15		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐ YES ☒ NO

Date: 5/15/17

Time: _____

# of Workers: _____

Joe Vlerick

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70645

Bill To

Babcock Furniture
9622 Kingston Pike, Knoxville, TN 37922
KNOXVILLE, TN 37922

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37572	$6670.78	$6670.78

BABCOCK FURNITURE - KNOXVILLE - KINGSTON PIKE

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248957	05/15/2017	HAWK, SEAN	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
248993	05/15/2017	FAUVEL, ADAM	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
248994	05/15/2017	MCAMIS, ASHLEY	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
248995	05/15/2017	HAYES, JAMIE	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
248996	05/15/2017	EUNICE, PETER	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
248997	05/15/2017	BATES , SAMUEL	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
248998	05/15/2017	WYRICK, DAVID	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
248999	05/15/2017	NICELY, KATHERINE	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249000	05/15/2017	REINER, NICOLE	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249001	05/15/2017	TUCKER, LARRY	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249003	05/15/2017	BOYD, TIYTSHAWN	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249007	05/15/2017	TUCKER, KEYAUNIA	GENERAL LABOR	Regular Pay	$14.85	3.00	$44.55
249051	05/16/2017	HAWK, SEAN	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249052	05/16/2017	REINER, NICOLE	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249065	05/16/2017	TUCKER, LARRY	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249066	05/16/2017	FAUVEL, ADAM	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249067	05/16/2017	BORDIES, DANTEZ	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249068	05/16/2017	BATES , SAMUEL	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249069	05/16/2017	HAYES, JAMIE	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249070	05/16/2017	WYRICK, DAVID	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249071	05/16/2017	EUNICE, PETER	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249082	05/16/2017	DAMRON, COREY	GENERAL LABOR	Regular Pay	$14.85	6.50	$96.53
249051	05/17/2017	HAWK, SEAN	GENERAL LABOR	Regular Pay	$14.85	8.25	$122.51
249052	05/17/2017	REINER, NICOLE	GENERAL LABOR	Regular Pay	$14.85	8.25	$122.51
249113	05/17/2017	KELLEY, PATRICK	GENERAL LABOR	Regular Pay	$14.85	9.00	$133.65
249114	05/17/2017	TUCKER, LARRY	GENERAL LABOR	Regular Pay	$14.85	8.00	$118.80
249115	05/17/2017	FAUVEL, ADAM	GENERAL LABOR	Regular Pay	$14.85	8.00	$118.80
249117	05/17/2017	MENDENHALL III, HENRY	GENERAL LABOR	Regular Pay	$14.85	8.25	$122.51
249118	05/17/2017	BOYD, TIYTSHAWN	GENERAL LABOR	Regular Pay	$14.85	8.00	$118.80
249119	05/17/2017	DAMRON, COREY	GENERAL LABOR	Regular Pay	$14.85	8.00	$118.80
249121	05/17/2017	EUNICE, PETER	GENERAL LABOR	Regular Pay	$14.85	8.00	$118.80
249123	05/17/2017	BORDIES, DANTEZ	GENERAL LABOR	Regular Pay	$14.85	8.00	$118.80
249124	05/17/2017	WYRICK, DAVID	GENERAL LABOR	Regular Pay	$14.85	8.00	$118.80
249125	05/17/2017	BATES , SAMUEL	GENERAL LABOR	Regular Pay	$14.85	8.00	$118.80
249051	05/18/2017	HAWK, SEAN	GENERAL LABOR	Regular Pay	$14.85	9.00	$133.65
249052	05/18/2017	REINER, NICOLE	GENERAL LABOR	Regular Pay	$14.85	9.00	$133.65

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70645

Bill To
Babcock Furniture 9622 Kingston Pike, Knoxville, TN 37922 KNOXVILLE, TN 37922

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37572	$6670.78	$6670.78

BABCOCK FURNITURE - KNOXVILLE - KINGSTON PIKE

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
249199	05/18/2017	FAUVEL, ADAM	GENERAL LABOR	Regular Pay	$14.85	9.00	$133.65
249201	05/18/2017	TUCKER, LARRY	GENERAL LABOR	Regular Pay	$14.85	9.00	$133.65
249202	05/18/2017	BATES , SAMUEL	GENERAL LABOR	Regular Pay	$14.85	6.50	$96.53
249203	05/18/2017	BOYD, TIYTSHAWN	GENERAL LABOR	Regular Pay	$14.85	6.50	$96.53
249206	05/18/2017	KELLEY, PATRICK	GENERAL LABOR	Regular Pay	$14.85	6.00	$89.10
249208	05/18/2017	BORDIES, DANTEZ	GENERAL LABOR	Regular Pay	$14.85	9.00	$133.65
249211	05/18/2017	FLYTHE, DAVID	GENERAL LABOR	Regular Pay	$14.85	8.00	$118.80
249222	05/18/2017	DAMRON, COREY	GENERAL LABOR	Regular Pay	$14.85	8.00	$118.80
249225	05/18/2017	EUNICE, PETER	GENERAL LABOR	Regular Pay	$14.85	9.00	$133.65
249051	05/19/2017	HAWK, SEAN	GENERAL LABOR	Regular Pay	$14.85	5.75	$85.39
249051	05/19/2017	HAWK, SEAN	GENERAL LABOR	Overtime Pay	$22.28	3.25	$72.41
249052	05/19/2017	REINER, NICOLE	GENERAL LABOR	Regular Pay	$14.85	5.75	$85.39
249052	05/19/2017	REINER, NICOLE	GENERAL LABOR	Overtime Pay	$22.28	3.25	$72.41
249262	05/19/2017	SMITH, TERRI	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249263	05/19/2017	FAUVEL, ADAM	GENERAL LABOR	Regular Pay	$14.85	6.00	$89.10
249263	05/19/2017	FAUVEL, ADAM	GENERAL LABOR	Overtime Pay	$22.28	2.00	$44.56
249264	05/19/2017	DAMRON, COREY	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249265	05/19/2017	KELLEY, PATRICK	GENERAL LABOR	Regular Pay	$14.85	9.75	$144.79
249266	05/19/2017	TUCKER, LARRY	GENERAL LABOR	Regular Pay	$14.85	6.00	$89.10
249266	05/19/2017	TUCKER, LARRY	GENERAL LABOR	Overtime Pay	$22.28	2.00	$44.56
249267	05/19/2017	WYRICK, DAVID	GENERAL LABOR	Regular Pay	$14.85	8.50	$126.23
249287	05/19/2017	BORDIES, DANTEZ	GENERAL LABOR	Regular Pay	$14.85	4.00	$59.40
						439.50	$6604.72

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70645

Bill To
Babcock Furniture 9622 Kingston Pike, Knoxville, TN 37922 KNOXVILLE, TN 37922

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37572	$6670.78	$6670.78

Reg: 429.00	DT:	Invoice #: 33-70645	Sub Total:	$6604.72
OT: 10.50	Other:	Office #: 33	ACA:	$66.06
Total Hours: 439.50			Total This Invoice:	$6670.78
			Pay This Amount:	**$6670.78**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
Babcock Furniture 9622 Kingston Pike, Knoxville, TN 37922 KNOXVILLE, TN 37922

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249260	Babcock Furniture	05/31/2017	08:00 AM	

ASSIGNMENT TITLE	ASSIGNMENT ADDRESS
37572 Babcock Furniture - Knoxville - Kingston Pi	9922 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE #: (863) 712-1406 Cell	5/18/2017 6:32:02 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bonnice, Peter	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☑ YES ☐ NO

Date: 5-22-17

Time: 8:30

# of Workers: _____

Brenton Mick

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

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THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDEF

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249225	Babcock Furniture	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
31972 Babcock Furniture - Knoxville - Kingston Pi	6322 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (863) 712-1406 Cell	5/18/2017 9:44:48 AM

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Eunice, Peter	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSM 12, 865 Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6320

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDE

WWW.LABORSMART.C(

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249287	Babcock Furniture	05/19/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pi	7622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main: (865) 712-1406 Cell	5/19/2017 7:23:57 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐YES ☑NO

Date: 5-22-17

Time:

# of Workers:

Benoon-A

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and co
set forth on the back of this docume

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bordies, Dantez	General Labor	1 2 3 **4** 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINE

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
148957	Babcock Furniture	05/15/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	9622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE #	5/12/2017 11:32:21 AM
[illegible]) 712-1406	

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 969-0300
Fax: (865) 969-0329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[illegible], Sean	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

DM

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248993	Babcock Furniture	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37922 Babcock Furniture - Knoxville - Kingston Pike	9922 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (865) 712-1406 Cell	5/15/2017 6:52:53 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Powell, Adam	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☑ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

DM

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248994	Babcock Furniture	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37922 Babcock Furniture - Knoxville - Kingston Pike	9922 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (865) 712-1406 Cell	5/15/2017 6:54:39 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Roberts, Bailey	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☑ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

David Dean

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248995	Babcock Furniture	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	8622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (863) 712-1406 Cell	5/15/2017 6:55:17 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR llc, aka Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

David Denton

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Barnes, Jamie	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248996	Babcock Furniture	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	8622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (863) 712-1406 Cell	5/15/2017 6:56:42 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR llc, aka Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☒ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

D.M.

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Burns, Peter	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248997	Babcock Furniture	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	6622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Work (865) 712-1406 Cell	5/15/2017 6:57:13 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bates, Samuel	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

DM

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248998	Babcock Furniture	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	6622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Work (865) 712-1406 Cell	5/15/2017 6:58:25 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Patrick, David	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

David Patrick

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248999	Babcock Furniture	05/15/2017	06:00 AM	

ASSIGNMENT TITLE: 37572 Babcock Furniture - Knoxville - Kingston Pike

ASSIGNMENT ADDRESS: 6822 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE #: Main (863) 712-1406 Cell

COMMENTS: 5/15/2017 6:50:57 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

David Deans

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Nicely, Katherine	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249000	Babcock Furniture	05/15/2017	06:00 AM	

ASSIGNMENT TITLE: 37572 Babcock Furniture - Knoxville - Kingston Pike

ASSIGNMENT ADDRESS: 6822 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE #: Main (863) 712-1406 Cell

COMMENTS: 5/15/2017 7:00:02 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☒ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

DM

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Nicely, Nicole	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249001	Babcock Furniture	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	6822 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Hennott	
CONTACT PHONE # (865) 712-1406 Cell	5/15/2017 7:01:39 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

D.M.

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Tucker, Larry	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249003	Babcock Furniture	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	6822 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Hennott	
CONTACT PHONE # (865) 712-1406 Cell	5/15/2017 7:04:20 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☒ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

D.M

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Duffy, Tylerchen	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

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WORK ORDER
WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249051	Babcock Furniture	05/16/2017	06:00 AM	

ASSIGNMENT TITLE: Babcock Furniture - Knoxville - Kingston Pike
ASSIGNMENT ADDRESS: 5922 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott
CONTACT PHONE # Main: 865-712-1406 Cell:
COMMENTS: 5/15/2017 5:37:43 PM

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bank, Sean 5/16	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
Bank, Sean 5/17	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
Bank, Sean 5/18	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
Bank, Sean 5/19	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. d/b/a Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐YES ☐NO

Date: 5-19-17
Time:
# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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THANK YOU FOR YOUR BUSINESS

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WORK ORDER
WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249052	Babcock Furniture	05/16/2017	06:00 AM	

ASSIGNMENT TITLE: Babcock Furniture - Knoxville - Kingston Pike
ASSIGNMENT ADDRESS: 5922 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott
CONTACT PHONE # Main: 865-712-1406 Cell:
COMMENTS: 5/15/2017 5:38:21 PM

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Weiner, Nicole 5/16	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
Weiner, Nicole 5/17	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
Weiner, Nicole 5/18	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
Weiner, Nicole 5/19	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. d/b/a Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐YES ☐NO

Date: 5/19/17
Time:
# of Workers:

PRINT NAME AND TITLE

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THANK YOU FOR YOUR BUSINESS

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WORK ORDEI

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249065	Babcock Furniture	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	9822 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Hennott	5/16/2017 6:55:18 AM
CONTACT PHONE # Main (865) 712-1406 Cell	

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Tucker, Larry	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: _____
Time: _____
# of Workers: _____

PRINT NAME AND TITLE

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WORK ORDEF

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249066	Babcock Furniture	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	9822 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Hennott	5/16/2017 6:55:57 AM
CONTACT PHONE # Main (865) 712-1406 Cell	

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Farrell, Adam	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: 5-16-17
Time: 8:30
# of Workers: _____

PRINT NAME AND TITLE

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set forth on the back of this document

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249067	Babcock Furniture	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	6622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (863) 712-1406 Cell	5/16/2017 7:17:40 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bordies, Dantez	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249068	Babcock Furniture	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	6622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (863) 712-1406 Cell	5/16/2017 7:18:34 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Samuel	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249069	Babcock Furniture	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	8122 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (865) 712-1406 Cell	5/16/2017 7:19:28 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6309

Do you need workers to return?
☐YES ☐NO

Date: 5-16-17

Time: 8:30

# of Workers:

BRANDON-MGR

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Hayes, Jamie	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249070	Babcock Furniture	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	8122 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (865) 712-1406 Cell	5/16/2017 7:20:19 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6309

Do you need workers to return?
☐YES ☐NO

Date:

Time:

# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Eprick, David	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249071	Babcock Furniture	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	8522 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (423) 712-1406 Cell	5/16/2017 7:48:56 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

David Davis

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
By signing you agree to the terms and conditio set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bunice, Peter	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249062	Babcock Furniture	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	8522 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (423) 712-1406 Cell	5/16/2017 8:26:42 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐ YES ☐ NO

Date: 5-16-17

Time: 8:30

# of Workers: _____

BRANDON

PRINT NAME AND TITLE

BABCOCK MGR

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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bannon, Corey	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249113	Babcock Furniture	05/17/2017	06:00 AM	

ASSIGNMENT TITLE: 37572 Babcock Furniture - Knoxville - Kingston Pike

ASSIGNMENT ADDRESS: 8622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE # Main (865) 712-1406 Cell

COMMENTS

5/17/2017 7:07:11 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PESH Inc. dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐YES ☐NO

Date: 5-17-17

Time:

# of Workers:

BRANDON MG

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and condition set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Kelley, Patrick	General Labor	1 2 3 4 5 6 7 8 **9** 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249114	Babcock Furniture	05/17/2017	06:00 AM	

ASSIGNMENT TITLE: 37572 Babcock Furniture - Knoxville - Kingston Pike

ASSIGNMENT ADDRESS: 8622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE # Main (865) 712-1406 Cell

COMMENTS

5/17/2017 7:08:21 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PESH Inc. dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐YES ☐NO

Date:

Time:

# of Workers:

David Denn

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and condition set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Tucker, Larry	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

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labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
240115	Babcock Furniture	05/17/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37972 Babcock Furniture - Knoxville - Kingston Pike	6622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Hennott	
CONTACT PHONE # Main (423) 712-1406 Cell	5/17/2017 7:09:23 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSI Inc. dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Farvel, Adam	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

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THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORD

WWW.LABORSMART.

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
240117	Babcock Furniture	05/17/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37972 Babcock Furniture - Knoxville - Kingston Pike	6622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Hennott	
CONTACT PHONE # Main [illegible] Cell	5/17/2017 7:13:20 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSI Inc. dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
McDonald III, Harry	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TI

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set forth on the back of this d

THANK YOU FOR YOUR BU

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249118	Babcock Furniture	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	6322 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main [illegible]712-1406 Cell	5/17/2017 7:14:47 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐ YES ☐ NO

Date: _____
Time: _____
# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Boyd, Tiytshawn	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249118	Babcock Furniture	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	6322 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # [illegible]712-1406 Cell	5/17/2017 7:15:36 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐ YES ☐ NO

Date: _____
Time: _____
# of Workers: _____

PRINT NAME AND TITLE

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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[illegible], Corey	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249121	Babcock Furniture	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pike	8622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Mob (865) 712-1406 Cell	5/17/2017 7:18:34 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-6300
Fax: (865) 889-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bunice, Peter	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

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labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249123	Babcock Furniture	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pi	8622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Mob (865) 712-1406 Cell	5/17/2017 7:20:38 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-6300
Fax: (865) 889-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bunkles, Dantes	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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THANK YOU FOR YOUR BUSINESS

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labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249124	Babcock Furniture	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pi	5622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (863) 712-1406 Cell	5/17/2017 7:20:57 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Myrick, David	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249125	Babcock Furniture	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pi	5622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (863) 712-1406 Cell	5/17/2017 7:21:52 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bates, Samuel	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249199	Babcock Furniture	05/18/2017	06:00 AM	

ASSIGNMENT TITLE: 37572 Babcock Furniture - Knoxville - Kingston Pi

ASSIGNMENT ADDRESS: 8622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE #: Main (865) 712-1406 Cell

COMMENTS: 5/18/2017 7:09:30 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☒ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

DM

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Fauvel, Adam	General Labor	1 2 3 4 5 6 7 8 **9** 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249201	Babcock Furniture	05/18/2017	08:00 AM	

ASSIGNMENT TITLE: 37572 Babcock Furniture - Knoxville - Kingston Pi

ASSIGNMENT ADDRESS: 8622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE #: (865) 712-1406

COMMENTS: 5/18/2017 7:10:52 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

DM

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Zucker, Larry	General Labor	1 2 3 4 5 6 7 8 9 **10** 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249202	Babcock Furniture	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pi	9622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (865) 712-1406 Cell	5/18/2017 7:11:15 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 865-6300
Fax: (865) 865-6300

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bates , Samuel	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

D.M

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249203	Babcock Furniture	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pi	9622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # (865) 712-1406	5/18/2017 7:12:53 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 865-6300
Fax: (865) 865-6300

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[illegible]	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

D.M

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249206	Babcock Furniture	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pil	8022 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # Main (863) 712-1406 Cell	5/18/2017 7:18:02 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 669-8300
Fax: (865) 669-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Kelley, Patrick	General Labor	1 2 3 4 5 **6** 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☑ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

D.M

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249208	Babcock Furniture	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pil	8022 Kingston Pike KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
Brian Henriott	
CONTACT PHONE # (863) 712-1406 Cell	5/18/2017 7:23:01 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 669-8300
Fax: (865) 669-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bentley, Dantez	General Labor	1 2 3 4 5 6 7 8 **9** 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☑ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

D.M

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249211	Babcock Furniture	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pi	9622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE # Main: (863) 712-1406 Cell:

COMMENTS

5/18/2017 7:55:33 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PRSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☑ YES ☐ NO

Date: 5-19-17

Time:

# of Workers:

Brandon - M

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Flythe, David	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249222	Babcock Furniture	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pi	9622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE # Main: (863) 712-1406 Cell:

COMMENTS

5/18/2017 8:47:19 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PRSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☑ YES ☐ NO

Date:

Time:

# of Workers:

D.M

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Dawson, Corey	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249262	Babcock Furniture	05/19/2017	06:00 AM	

ASSIGNMENT TITLE: 37872 Babcock Furniture - Knoxville - Kingston Pi

ASSIGNMENT ADDRESS: 9622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE # Main (63) 712-1406 Cell

COMMENTS

5/18/2017 6:33:16 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPS-HQ, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Smith, Terri	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☑ YES ☐ NO

Date: Mon 5/22

Time: 8am

# of Workers: _____

BRANDON - MGR

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

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THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249263	Babcock Furniture	05/19/2017	06:00 AM	

ASSIGNMENT TITLE: 37872 Babcock Furniture - Knoxville - Kingston Pi

ASSIGNMENT ADDRESS: 9622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE # Main (63) 712-1406 Cell

COMMENTS

5/18/2017 6:33:38 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPS-HQ, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[illegible]	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐ YES ☐ NO MONDA

Date: 5-22 HALLS

Time: 8:30

# of Workers: _____

BRANDON MGR

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

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THANK YOU FOR YOUR BUSINESS

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labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248264	Babcock Furniture	05/19/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pil	8622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE # Main (863) 712-1406 Cell

COMMENTS

5/19/2017 7:37:56 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☑ YES ☐ NO

Date: Mon 5/22
Time: 8am
# of Workers:
Brandon Mad
PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Damron, Corey	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248265	Babcock Furniture	05/19/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37572 Babcock Furniture - Knoxville - Kingston Pil	8622 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE # (863) 712-1406 Cell

COMMENTS

5/18/2017 6:34:51 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐ YES ☐ NO

Date: Mon 5/22
Time: 8AM
# of Workers:
BRANDON-M
PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Kelley, Patrick	General Labor	1 2 3 4 5 6 7 8 **9** 10 11 12 13 14 15 16	0 ¼ ½ **¾**
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249266	Babcock Furniture	05/19/2017	06:00 AM	

ASSIGNMENT TITLE: 37572 Babcock Furniture - Knoxville - Kingston Pi

ASSIGNMENT ADDRESS: 8022 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE # Main (63) 712-1406 Cell

COMMENTS

5/18/2017 6:36:07 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐ YES ☑ NO

Date: 5/22
Time: 5:24
# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Tucker, Larry	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249267	Babcock Furniture	05/19/2017	06:00 AM	

ASSIGNMENT TITLE: 37572 Babcock Furniture - Knoxville - Kingston Pi

ASSIGNMENT ADDRESS: 8022 Kingston Pike KNOXVILLE, TN 37922

REPORT TO: Brian Henriott

CONTACT PHONE # [illegible]

COMMENTS

5/18/2017 6:36:53 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐ YES ☐ NO

Date: Mon 5/22
Time: 8 am
# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[illegible], David	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70646

Bill To
Clean Harbors 3300 Cummings Road CHATTANOOGA, TN 37419

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	6140	$678.50	$678.50

3300 CUMMINGS ROAD

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248818	05/15/2017	VAUGHT, MARGARET	ACCOUNTS PAYABLE	Regular Pay	$27.99	5.50	$153.95
248818	05/16/2017	VAUGHT, MARGARET	ACCOUNTS PAYABLE	Regular Pay	$27.99	5.50	$153.95
248818	05/17/2017	VAUGHT, MARGARET	ACCOUNTS PAYABLE	Regular Pay	$27.99	4.50	$125.96
248818	05/18/2017	VAUGHT, MARGARET	ACCOUNTS PAYABLE	Regular Pay	$27.99	4.50	$125.96
248818	05/19/2017	VAUGHT, MARGARET	ACCOUNTS PAYABLE	Regular Pay	$27.99	4.00	$111.96
						24.00	$671.78

Reg: 24.00 DT:
OT: Other:
Total Hours: 24.00

Invoice #: 33-70646
Office #: 33

Sub Total:	$671.78
ACA:	$6.72
Total This Invoice:	$678.50
Pay This Amount:	**$678.50**

Please Remit Payment To
Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Bill To
Clean Harbors
3300 Cummings Road
CHATTANOOGA, TN 37419

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME	DATE	TIME	# OF WORKERS
248818	Clean Harbors	05/15/2017	06:00 AM	

ASSIGNMENT TITLE: 8149 3300 Cummings Road

ASSIGNMENT ADDRESS: 3300 Cummings Road CHATTANOOGA, TN 37419

REPORT TO: Aaslie Ward

CONTACT PHONE #: (423) 821-6926

COMMENTS: 5/16/2017 2:56:02 PM

EMPLOYEE NAME	POS	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Vaught, Margaret 5/15 Accounts Payable		4	½
Vaught, Margaret 5/16 Accounts Payable		4	½
Vaught, Margaret 5/17 Accounts Payable		3	½
Vaught, Margaret 5/18 Accounts Payable		3	½
Vaught, Margaret 5/19 Accounts Payable		3	½

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. dba Labor SM
Phone: (865) 689-5300
Fax: (865) 769-0324

Do you need workers to return?
☐YES ☐NO

Date: _____
Time: _____
# of Workers: _____

Doug Kelly
PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
By signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70647

Bill To

Common Grounds Landscaping
P. O. Box 12927
KNOXVILLE, TN 37912

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37015	$2106.64	$2106.64

COMMON GROUNDS LANDSCAPING

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248974	05/15/2017	CARGILE, BILLY	LANDSCAPER	Regular Pay	$13.79	9.50	$131.01
248972	05/15/2017	DOBBINS, SHANNON	LANDSCAPER	Regular Pay	$13.79	9.75	$134.45
248971	05/15/2017	PHILLIPS, JOSHUA	LANDSCAPER	Regular Pay	$13.79	9.50	$131.01
248973	05/15/2017	WILLIAMS, JOHNATHAN	LANDSCAPER	Regular Pay	$13.79	9.50	$131.01
249057	05/16/2017	COX, KASHIF	LANDSCAPER	Regular Pay	$13.79	8.50	$117.22
249054	05/16/2017	DOBBINS, SHANNON	LANDSCAPER	Regular Pay	$13.79	9.75	$134.45
249056	05/16/2017	PHILLIPS, JOSHUA	LANDSCAPER	Regular Pay	$13.79	9.50	$131.01
249055	05/16/2017	TWITTY, SHAWNTAE	LANDSCAPER	Regular Pay	$13.79	9.75	$134.45
249116	05/17/2017	DOBBINS, SHANNON	LANDSCAPER	Regular Pay	$13.79	9.50	$131.01
249108	05/17/2017	PHILLIPS, JOSHUA	LANDSCAPER	Regular Pay	$13.79	9.50	$131.01
249106	05/17/2017	TWITTY, SHAWNTAE	LANDSCAPER	Regular Pay	$13.79	9.50	$131.01
249111	05/17/2017	WAKEMAN, CHRIS	LANDSCAPER	Regular Pay	$13.79	9.50	$131.01
249109	05/17/2017	WILLIAMS, JOHNATHAN	LANDSCAPER	Regular Pay	$13.79	9.50	$131.01
249174	05/18/2017	CARGILE, BILLY	LANDSCAPER	Regular Pay	$13.79	9.50	$131.01
249177	05/18/2017	PHILLIPS, JOSHUA	LANDSCAPER	Regular Pay	$13.79	9.25	$127.56
249178	05/18/2017	YOUNG, DANIEL	LANDSCAPER	Regular Pay	$13.79	9.25	$127.56
						151.25	$2085.79

Reg: 151.25 DT:
OT: Other:
Total Hours: 151.25

Invoice #: 33-70647
Office #: 33

Sub Total:	$2085.79
ACA:	$20.85
Total This Invoice:	$2106.64
Pay This Amount:	**$2106.64**

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Bill To

Common Grounds Landscaping
P. O. Box 12927
KNOXVILLE, TN 37912

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248971	Common Grounds Landscaping	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	8933 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	
CONTACT PHONE # Main (865) 687-1100 Cell	5/12/2017 5:21:29 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Phillips, Joshua	Landscaper	1 2 3 4 5 6 7 8 **9** 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☒ YES ☐ NO

Date: 5/16/17
Time: 7:00 AM
# of Workers: 3
Martie Bell
Off. Mgr.
PRINT NAME AND TITLE

Martie Bell
AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248972	Common Grounds Landscaping	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	8933 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	
CONTACT PHONE # Main (865) 687-1100 Cell	5/15/2017 7:06:07 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Phillips, Joshua	Landscaper	1 2 3 4 5 6 7 8 **9** 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☒ YES ☐ NO

Date: 5/16/17
Time: 7:00 AM
# of Workers: 3
Martie Bell
Off. Mgr.
PRINT NAME AND TITLE

Martie Bell
AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248973	Common Grounds Landscaping	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	4933 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	
CONTACT PHONE # Main (865) 687-1100 Cell	5/15/2017 7:07:38 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 688-8300
Fax: (865) 688-8320

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Williams, Johnathan	Landscaper	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☒ YES ☐ NO

Date: 5/16/17
Time: 7:00AM
# of Workers: 3

Martie Bell
Off. Mgr.
PRINT NAME AND TITLE

Martie Bell
AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248974	Common Grounds Landscaping	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	4933 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	
CONTACT PHONE # Main (865) 687-1100 Cell	5/12/2017 5:24:03 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 688-8300
Fax: (865) 688-8320

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Smith, Billy	Landscaper	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☒ YES ☐ NO

Date: 5/16/17
Time: 7:00AM
# of Workers: 3

Martie Bell
Off. Mgr.
PRINT NAME AND TITLE

Martie Bell
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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249054	Common Grounds Landscaping	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	5133 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	
CONTACT PHONE # Main (865) 687-1100 Cell	5/16/2017 6:20:16 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6309

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Mahina, Shannon	Landscaper	1 2 3 4 5 6 7 8 **9** 10 11 12 13 14 15 16	0 ¼ ½ **¾**
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☒ YES ☐ NO

Date: 5/17/17
Time: 7:00AM
# of Workers: 4

Martie Bell
OFF. Mgr.
PRINT NAME AND TITLE

Martie Bell
AUTHORIZED SIGNATURE
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THANK YOU FOR YOUR BUSINESS

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249055	Common Grounds Landscaping	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	5133 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	
CONTACT PHONE # [illegible] Cell	5/16/2017 7:05:08 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6309

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Mahina, Shannon	Landscaper	1 2 3 4 5 6 7 8 **9** 10 11 12 13 14 15 16	0 ¼ ½ **¾**
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☒ YES ☐ NO

Date: 5/17/17
Time: 7:00AM
# of Workers: 4

Martie Bell
OFF. Mgr.
PRINT NAME AND TITLE

Martie Bell
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WORK ORDER
WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249056	Common Grounds Landscaping	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	133 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	
CONTACT PHONE # Main (865) 687-1100 Cell	5/16/2017 6:21:21 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR Inc. dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8328

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Phillips, Joshua	Landscaper	1 2 3 4 5 6 7 8 **9** 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☒ YES ☐ NO

Date: 5/17/17
Time: 7:00AM
# of Workers: 4
Martie Bell
OFF. Mgr.
PRINT NAME AND TITLE

Martie Bell
AUTHORIZED SIGNATURE
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WORK ORDER
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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249057	Common Grounds Landscaping	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	133 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	
CONTACT PHONE # Main (865) 687-1100 Cell	5/16/2017 7:05:48 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR Inc. dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8328

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[illegible]	Landscaper	1 2 3 4 5 6 7 8 **9** 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☒ YES ☐ NO

Date: 5/17/17
Time: 7:00AM
# of Workers: 4
Martie Bell
OFF. Mgr.
PRINT NAME AND TITLE

Martie Bell
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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249108	Common Grounds Landscaping	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	833 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	5/16/2017 5:36:45 PM
CONTACT PHONE # Main (865) 687-1100 Cell	

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Twitty, Shawntae	Landscaper	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☒ YES ☐ NO

Date: 5/18/17
Time: 7:00AM
# of Workers: 4

Martie Bell
OFF. Mgr.
PRINT NAME AND TITLE

Martie Bell
AUTHORIZED SIGNATURE
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---

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249108	Common Grounds Landscaping	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	833 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	5/17/2017 6:48:22 AM
CONTACT PHONE # (865) 687-1100 Cell	

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Phillips, Joshua	Landscaper	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☒ YES ☐ NO

Date: 5/18/17
Time: 7:00AM
# of Workers: 4

Martie Bell
OFF. Mgr.
PRINT NAME AND TITLE

Martie Bell
AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249109	Common Grounds Landscaping	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	6333 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	
CONTACT PHONE # Main (865) 687-1100 Cell	5/17/2017 6:47:48 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Williams, Johnathan	Landscaper	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☒ YES ☐ NO

Date: 5/18/17

Time: 7:00 AM

# of Workers: 4

Martie Bell
OFF. Mgr.

PRINT NAME AND TITLE

Martie Bell

AUTHORIZED SIGNATURE

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WORK ORDER

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ORDER #	CUSTOMER NAME	DATE:	TIME:	# OF WORKERS:
249111	Common Grounds Landscaping	05/17/2017	06:00 AM	

ASSIGNMENT TITLE	ASSIGNMENT ADDRESS
37015 Common Grounds Landscaping	6333 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	
CONTACT PHONE # Main (865) 687-1100 Cell	5/17/2017 6:56:57 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Williams, Chris	Landscaper	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐ YES ☒ NO

Date: _____

Time: _____

# of Workers: _____

Martie Bell
OFF. Mgr

PRINT NAME AND TITLE

Martie Bell

AUTHORIZED SIGNATURE

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249116	Common Grounds Landscaping	05/17/2017	06:00 AM	

ASSIGNMENT TITLE: 37015 Common Grounds Landscaping

ASSIGNMENT ADDRESS: 6333 W Emory Rd POWELL, TN 37849

REPORT TO: John Watson

CONTACT PHONE # Main (865) 687-1100 Cell

COMMENTS: 5/17/2017 7:12:10 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Deins, Shannon	Landscaper	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☒ YES ☐ NO

Date: 5/18/17
Time: 7:00AM
# of Workers: 4
Martie Bell
OFF. Mgr.
PRINT NAME AND TITLE

Martie Bell
AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249174	Common Grounds Landscaping	05/18/2017	06:00 AM	

ASSIGNMENT TITLE: 37015 Common Grounds Landscaping

ASSIGNMENT ADDRESS: 6333 W Emory Rd POWELL, TN 37849

REPORT TO: John Watson

CONTACT PHONE # Main (865) 687-1100

COMMENTS: 5/17/2017 6:29:08 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Cargile, Billy	Landscaper	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☒ YES ☐ NO

Date: 5/22/17
Time: 7:00AM
# of Workers: 4
Martie Bell
OFF. Mgr.
PRINT NAME AND TITLE

Martie Bell
AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDE

WWW.LABORSMART.CO

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249177	Common Grounds Landscaping	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	5333 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	
CONTACT PHONE # Main (865) 687-1100 Cell	5/17/2017 6:30:15 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☒ YES ☐ NO

Date: 5/22/17
Time: 7:00 AM
# of Workers: 4
Martie Bell
OFF. Mgr.
PRINT NAME AND TITLE

Martie Bell
AUTHORIZED SIGNATURE
by signing you agree to the terms and cond
set forth on the back of this documen

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Phillips, Joshua	Landscaper	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINES

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249178	Common Grounds Landscaping	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37015 Common Grounds Landscaping	5333 W Emory Rd POWELL, TN 37849

REPORT TO:	COMMENTS
John Watson	
CONTACT PHONE # Main (865) 687-1100 Cell	5/18/2017 7:08:13 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☒ YES ☐ NO

Date: 5/22/17
Time: 7:00 AM
# of Workers: 4
Martie Bell
OFF. Mgr.
PRINT NAME AND TITLE

Martie Bell
AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Young, Terrell	Landscaper	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70648

Bill To
Dealers Warehouse Corporation 7580 Thunder Lane Powell, TN POWELL, TN 37849

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	32307	$4389.16	$4389.16

DEALERS WAREHOUSE THUNDER

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
249025	05/08/2017	COLLINS, RUSTY	DOCK WORKER	Regular Pay	$13.99	10.00	$139.90
249028	05/08/2017	PROFFITT, NEOLIN	DOCK WORKER	Regular Pay	$13.99	10.00	$139.90
249024	05/08/2017	SATCHELL, ROBERT	DOCK WORKER	Regular Pay	$13.99	9.00	$125.91
249022	05/08/2017	SOLOE, MICHAEL	CDL DRIVER	Regular Pay	$23.99	10.00	$239.90
249023	05/08/2017	WILSON, JAMES	CDL DRIVER	Regular Pay	$23.99	10.00	$239.90
249025	05/09/2017	COLLINS, RUSTY	DOCK WORKER	Regular Pay	$13.99	10.00	$139.90
249028	05/09/2017	PROFFITT, NEOLIN	DOCK WORKER	Regular Pay	$13.99	10.00	$139.90
249024	05/09/2017	SATCHELL, ROBERT	DOCK WORKER	Regular Pay	$13.99	10.00	$139.90
249022	05/09/2017	SOLOE, MICHAEL	CDL DRIVER	Regular Pay	$23.99	10.00	$239.90
249023	05/09/2017	WILSON, JAMES	CDL DRIVER	Regular Pay	$23.99	10.00	$239.90
249025	05/10/2017	COLLINS, RUSTY	DOCK WORKER	Regular Pay	$13.99	10.00	$139.90
249028	05/10/2017	PROFFITT, NEOLIN	DOCK WORKER	Regular Pay	$13.99	10.00	$139.90
249024	05/10/2017	SATCHELL, ROBERT	DOCK WORKER	Regular Pay	$13.99	6.00	$83.94
249022	05/10/2017	SOLOE, MICHAEL	CDL DRIVER	Regular Pay	$23.99	10.00	$239.90
249023	05/10/2017	WILSON, JAMES	CDL DRIVER	Regular Pay	$23.99	10.00	$239.90
249025	05/11/2017	COLLINS, RUSTY	DOCK WORKER	Regular Pay	$13.99	8.30	$116.12
249028	05/11/2017	PROFFITT, NEOLIN	DOCK WORKER	Regular Pay	$13.99	10.00	$139.90
249028	05/11/2017	PROFFITT, NEOLIN	DOCK WORKER	Overtime Pay	$20.99	1.97	$41.35
249024	05/11/2017	SATCHELL, ROBERT	DOCK WORKER	Regular Pay	$13.99	6.00	$83.94
249022	05/11/2017	SOLOE, MICHAEL	CDL DRIVER	Regular Pay	$23.99	10.00	$239.90
249023	05/11/2017	WILSON, JAMES	CDL DRIVER	Regular Pay	$23.99	10.00	$239.90
249026	05/12/2017	DANIEL, WILBERT	DOCK WORKER	Regular Pay	$13.99	11.30	$158.09
249027	05/12/2017	GAULDIN, JOSEPH	DOCK WORKER	Regular Pay	$13.99	11.30	$158.09
249022	05/12/2017	SOLOE, MICHAEL	CDL DRIVER	Overtime Pay	$35.99	15.00	$539.85
						228.87	$4345.69

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor SMART

DATE	INVOICE #
05/19/2017	33-70648

Bill To
Dealers Warehouse Corporation 7580 Thunder Lane Powell, TN POWELL, TN 37849

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	32307	$4389.16	$4389.16

Reg: 211.90	DT:	Invoice #: 33-70648	Sub Total:	$4345.69
OT: 16.97	Other:	Office #: 33	ACA:	$43.47
Total Hours: 228.87			Total This Invoice:	$4389.16
			Pay This Amount:	**$4389.16**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
Dealers Warehouse Corporation 7580 Thunder Lane Powell, TN POWELL, TN 37849

LSI Knoxville

From: Christy Hickman <chickman@dwc-k.com>
Sent: Monday, May 15, 2017 9:29 AM
To: 'knoxville@laborsmart.com'
Subject: Dealers Warehouse Time Sheets and times
Attachments: Labor Smart Times.pdf

Thanks so much!

Christy

From: Todd Allen
Sent: Monday, May 15, 2017 9:08 AM
To: Christy Hickman
Subject:

Christy, here are the temp times for last week:

Michael Soloe – 55hrs – 249022
James Wilson – 40hrs – 249023
Robert Satchell – 31hrs – 249024
Rusty Collins – 38.30hrs – 249025
Wilbert Daniel – 11.30hrs – 249026
Joseph Gauldin – 11.30hrs – 249027

249028

Proffitt, Neolin

Organizational Unit: Loaders / Pickers
Badge #: 517756

Day Start - Day End	Clock In	Clock Out	Clock In	Clock Out	Std	Over	Ben
05/07/17 - 05/08/17 12:00 AM 12:00 AM							
05/08/17 - 05/09/17 12:00 AM 12:00 AM	05/08/17 4:05 AM	05/08/17 11:03 AM	05/08/17 11:40 AM	05/08/17 12:34 PM	7.88	0.00	0.00
05/09/17 - 05/10/17 12:00 AM 12:00 AM	05/09/17 4:47 AM	05/09/17 11:00 AM	05/09/17 11:34 AM	05/09/17 2:11 PM	8.81	0.00	0.00
05/10/17 - 05/11/17 12:00 AM 12:00 AM	05/10/17 4:00 AM	05/10/17 11:10 AM	05/10/17 11:36 AM	05/10/17 12:30 PM	8.06	0.00	0.00
05/11/17 - 05/12/17 12:00 AM 12:00 AM	05/11/17 4:00 AM			05/11/17 2:10 PM	10.17	0.00	0.00
05/12/17 - 05/13/17 12:00 AM 12:00 AM	05/12/17 4:50 AM	05/12/17 11:29 AM	05/12/17 12:06 PM	05/12/17 12:29 PM	5.08	1.97	0.00
05/13/17 - 05/14/17 12:00 AM 12:00 AM							
					40.00	1.97	0.00
						Total:	41.97

Employee Signature: _____ Approved by: _____

GENERATED: 2017/05/15 09:26 AM EDT

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

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DATE	INVOICE #
05/19/2017	33-70649

Bill To

Ferguson Construction
3528 Schaad Rd
KNOXVILLE, TN 37921

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37561	$1079.41	$1079.41

OFFICE

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
249137	05/17/2017	HAYES, JAMIE	LANDSCAPING	Regular Pay	$13.79	8.00	$110.32
249138	05/17/2017	WOODY, JORDON	LANDSCAPING	Regular Pay	$13.79	8.00	$110.32
249140	05/17/2017	COX, KASHIF	LANDSCAPING	Regular Pay	$13.79	8.00	$110.32
249181	05/18/2017	WOODY, JORDON	LANDSCAPING	Regular Pay	$13.79	10.00	$137.90
249212	05/18/2017	TWITTY, SHAWNTAE	LANDSCAPING	Regular Pay	$13.79	9.00	$124.11
249227	05/18/2017	LOWERY , CALVIN	LANDSCAPING	Regular Pay	$13.79	6.00	$82.74
249231	05/18/2017	STRADER, RONALD	LANDSCAPING	Regular Pay	$13.79	6.00	$82.74
249268	05/19/2017	BATES , SAMUEL	LANDSCAPING	Regular Pay	$13.79	7.50	$103.43
249289	05/19/2017	FLYTHE, DAVID	LANDSCAPING	Regular Pay	$13.79	7.50	$103.43
249290	05/19/2017	BOYD, TIYTSHAWN	LANDSCAPING	Regular Pay	$13.79	7.50	$103.43
						77.50	$1068.74

Reg: 77.50 DT:
OT: Other:
Total Hours: 77.50

Invoice #: 33-70649
Office #: 33

Sub Total:	$1068.74
ACA:	$10.67
Total This Invoice:	$1079.41
Pay This Amount:	**$1079.41**

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Bill To

Ferguson Construction
3528 Schaad Rd
KNOXVILLE, TN 37921

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249137	Ferguson Construction	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37801 Office	2528 Schaad Rd KNOXVILLE, TN 37921

REPORT TO:	COMMENTS
Bill	
CONTACT PHONE # Main (865) 973-6070 Cell	5/17/2017 7:46:54 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR Inc. dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bayes, Jamie	Landscaping	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☑ YES ☐ NO

Date: 5-18-17
Time: 8:30
# of Workers:
Bill Ferguson
PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249138	Ferguson Construction	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
	2528 Schaad Rd KNOXVILLE, TN 37921

REPORT TO:	COMMENTS
CONTACT PHONE #	5/17/2017 7:47:24 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR Inc. dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Jordon	Landscaping	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐ YES ☐ NO

Date: 23
Time: 4
# of Workers:
Bill Ferguson
PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249140	Ferguson Construction	05/17/2017	06:00 AM	

ASSIGNMENT TITLE: 37561 office

ASSIGNMENT ADDRESS: 528 Schaad Rd KNOXVILLE, TN 37921

REPORT TO: Bill

CONTACT PHONE #: Main (865) 973-6070 Cell

COMMENTS: 5/17/2017 7:49:12 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Cox, Kashif	Landscaping	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: 5-18-17

Time: 8:30

# of Workers: 4

Billy Erickson

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249181	Ferguson Construction	05/18/2017	06:00 AM	

ASSIGNMENT TITLE: 37561 office

ASSIGNMENT ADDRESS: 528 Schaad Rd KNOXVILLE, TN 37921

REPORT TO: Bill

CONTACT PHONE #: (865) 973-6070 Cell

COMMENTS: 5/17/2017 6:35:17 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Sandy, Jordan	Landscaping	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

Bill

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDE

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249212	Ferguson Construction	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37501 office	2528 Schaad Rd KNOXVILLE, TN 37921

REPORT TO:	COMMENTS
Bill	
CONTACT PHONE # Mail (865) 973-6070 Cell	5/18/2017 7:56:02 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Twitty, Shawntae	Landscaping	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditio set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249227	Ferguson Construction	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37501 office	2528 Schaad Rd KNOXVILLE, TN 37921

REPORT TO:	COMMENTS
Bill	
CONTACT PHONE # Mail (865) 973-6070 Cell	5/18/2017 10:21:43 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Lanning, Calvin	Landscaping	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: 19

Time: 8:00

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249231	Ferguson Construction	05/18/2017	06:00 AM	

ASSIGNMENT TITLE: 37581 office

ASSIGNMENT ADDRESS: 8528 Schaad Rd KNOXVILLE, TN 37921

REPORT TO: Bill

CONTACT PHONE #: Main (865) 973-6070 Cell:

COMMENTS: 5/18/2017 10:40:50 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSK Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☒ YES ☐ NO

Date: 5/19

Time: 8:00

# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditio set forth on the back of this document.

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Williams, Richard	Landscaping	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249206	Ferguson Construction	05/19/2017	06:00 AM	

ASSIGNMENT TITLE: 37581 office

ASSIGNMENT ADDRESS: 8528 Schaad Rd KNOXVILLE, TN 37921

REPORT TO: Bill

CONTACT PHONE #: (865) 973-6070

COMMENTS: 5/18/2017 6:39:02 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSK Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐ YES ☒ NO

Date:

Time:

# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditio set forth on the back of this document.

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Barrett, Samuel	Landscaping	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249289	Ferguson Construction	05/19/2017	06:00 AM	

ASSIGNMENT TITLE: 37561 office

ASSIGNMENT ADDRESS: 8528 Schaad Rd KNOXVILLE, TN 37921

REPORT TO: Bill

CONTACT PHONE #: Main (865) 973-6070 Cell

COMMENTS: 5/19/2017 8:06:07 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8329

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

Bill Ferguson

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditio set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Fitzche, David	Landscaping	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249290	Ferguson Construction	05/19/2017	06:00 AM	

ASSIGNMENT TITLE: 37561 office

ASSIGNMENT ADDRESS: 8528 Schaad Rd KNOXVILLE, TN 37921

REPORT TO: Bill

CONTACT PHONE #: Main [illegible] Cell

COMMENTS: 5/19/2017 8:06:52 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8329

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

Bill Ferguson

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Ford, Tiytaham	Landscaping	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

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PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70650

Bill To
Hoodz of Greater Knoxville 7998 Greenbriar Rd TALBOTT, TN 37877

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37502	$134.24	$134.24

HOODS OF GREATER KNOXVILLE

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248950	05/12/2017	LOWERY , CALVIN	GENERAL LABOR	Regular Pay	$13.99	9.50	$132.91
						9.50	$132.91

Reg: 9.50 DT:
OT: Other:
Total Hours: 9.50

Invoice #: 33-70650
Office #: 33

Sub Total:	$132.91
ACA:	$1.33
Total This Invoice:	$134.24
Pay This Amount:	**$134.24**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
Hoodz of Greater Knoxville 7998 Greenbriar Rd TALBOTT, TN 37877

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248950	Hoodz of Greater Knoxville	05/12/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37502 Hoods of Greater Knoxville	7998 Greenbriar Rd TALBOTT, TN 37877

REPORT TO:	COMMENTS
Daniel Haigh	
CONTACT PHONE # Main (865) 262-0551 Cell	5/12/2017 9:44:26 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

5-12-17

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Lowery , Calvin	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70651

Bill To
Jewelry Television 9600 Parkside Dr KNOXVILLE, TN 37922

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37105	$2388.60	$2388.60

JEWELRY TV

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248967	05/15/2017	RICHEY, DEMETRIUS	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
248969	05/15/2017	RICHEY, STEVE	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249005	05/15/2017	BOSSIER, PHILLIP	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249006	05/15/2017	CARTER, TRAMMON	GENREAL LABOR	Regular Pay	$13.79	7.00	$96.53
249038	05/16/2017	BOSSIER, PHILLIP	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249039	05/16/2017	RICHEY, STEVE	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249040	05/16/2017	RICHEY, DEMETRIUS	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249041	05/16/2017	TURNER, JAVON	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249042	05/16/2017	CARTER, TRAMMON	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249096	05/17/2017	TURNER, JAVON	GENREAL LABOR	Regular Pay	$13.79	7.00	$96.53
249097	05/17/2017	RICHEY, DEMETRIUS	GENREAL LABOR	Regular Pay	$13.79	7.00	$96.53
249101	05/17/2017	CARTER, TRAMMON	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249102	05/17/2017	BOSSIER, PHILLIP	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249102	05/18/2017	BOSSIER, PHILLIP	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249164	05/18/2017	TURNER, JAVON	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249165	05/18/2017	RICHEY, STEVE	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249166	05/18/2017	RICHEY, DEMETRIUS	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249168	05/18/2017	CARTER, TRAMMON	GENREAL LABOR	Regular Pay	$13.79	6.50	$89.64
249102	05/19/2017	BOSSIER, PHILLIP	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249234	05/19/2017	CARTER, TRAMMON	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249241	05/19/2017	TURNER, JAVON	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
249243	05/19/2017	RICHEY, DEMETRIUS	GENREAL LABOR	Regular Pay	$13.79	8.00	$110.32
						171.50	$2364.99

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

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DATE	INVOICE #
05/19/2017	33-70651

Bill To
Jewelry Television 9600 Parkside Dr KNOXVILLE, TN 37922

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37105	$2388.60	$2388.60

Reg: 171.50	DT:	Invoice #: 33-70651	Sub Total:	$2364.99
OT:	Other:	Office #: 33	ACA:	$23.61
Total Hours: 171.50			Total This Invoice:	$2388.60
			Pay This Amount:	**$2388.60**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
Jewelry Television 9600 Parkside Dr KNOXVILLE, TN 37922

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249243	Jewelry Television	05/19/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	5600 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/18/2017 4:37:51 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR Inc. dba Labor SM
Phone: (865) 669-8300
Fax: (865) 669-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Ruchey, Demetrius	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐ YES ☐ NO

Date: 5-19-17

Time: _____

# of Workers: _____

Kris Jung

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
246867	Jewelry Television	05/15/2017	08:00 AM	

ASSIGNMENT TITLE	ASSIGNMENT ADDRESS
37105 - Jewelry TV	9000 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # (865) 692-6000 Cell	5/12/2017 5:17:19 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 569-5300
Fax: (865) 569-5329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Kirkley, Demetrius	General Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐ YES ☐ NO

Date: 5-15-17

Time:

# of Workers:

Kris Jones

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249101	Jewelry Television	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	8000 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/16/2017 4:31:51 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Carter, Tramon	Genreal Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	**0** 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐ YES ☐ NO

Date: 5-17-17
Time: 4:00
# of Workers: 1

PRINT NAME AND TITLE

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249102	Jewelry Television	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry Tv	8000 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/16/2017 4:49:46 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bossler, Phillip 5/17	Genreal Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	**0** 1/4 1/2 3/4
Bossler, Phillip 5/16	Genreal Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
Bossler, Phillip 5/14	Genreal Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☑ YES ☐ NO

Date: 5-17-17
Time: 4:00
# of Workers: 1

PRINT NAME AND TITLE

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249184	Jewelry Television	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	9600 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/17/2017 4:32:45 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐YES ☐NO

Date: 5-18-21

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Turner, Javon	Genreal Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249185	Jewelry Television	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	9600 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # (865) 692-6000	5/17/2017 4:33:15 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐YES ☐NO

Date: 5-18-21

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Mahony, Steve	Genreal Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249186	Jewelry Television	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	9600 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/17/2017 4:33:41 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐YES ☐NO

Date: 5-18-21

Time:

# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Ruchey, Demetrius	Genreal Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249188	Jewelry Television	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	9600 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # (865) 692-6000	5/17/2017 4:39:59 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☑YES ☐NO

Date: 5-18-17

Time: 9:30

# of Workers: 1

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Carter, Tramon	Genreal Labor	1 2 3 4 5 **6** 7 8 9 10 11 12 13 14 15 16	0 1/4 **1/2** 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249234	Jewelry Television	05/19/2017	08:00 AM	

ASSIGNMENT TITLE: 37105 Jewelry TV

ASSIGNMENT ADDRESS: 8000 Parkside Dr KNOXVILLE, TN 37922

REPORT TO: James Walker

CONTACT PHONE #: Main (865) 692-6000 Cell

COMMENTS: 5/18/2017 2:49:17 PM

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Carter, Tramon	General Labor	7	0

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 869-6300
Fax: (865) 869-6320

Do you need workers to return?
☐ YES ☐ NO

Date: 5-19-17

Time:

# of Workers:

Kris Jones

PRINT NAME AND TITLE

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249241	Jewelry Television	05/19/2017	08:00 AM	

ASSIGNMENT TITLE: 37105 Jewelry TV

ASSIGNMENT ADDRESS: 8000 Parkside Dr KNOXVILLE, TN 37922

REPORT TO: James Walker

CONTACT PHONE #: Main (865) 692-6000 Cell

COMMENTS: 5/18/2017 4:36:33 PM

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Turner, Javon	General Labor	8	0

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 869-6300
Fax: (865) 869-6320

Do you need workers to return?
☐ YES ☐ NO

Date: 5-19-17

Time:

# of Workers:

Kris Jones

PRINT NAME AND TITLE

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249969	Jewelry Television	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	9700 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/12/2017 5:18:21 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 669-6300
Fax: (865) 669-6329

Do you need workers to return?
☐YES ☐NO

Date: 5-15-17

Time:

# of Workers:

Kris Jones

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Witchey, Steve	Genreal Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

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WORK ORDEI

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249005	Jewelry Television	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	9700 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/15/2017 7:16:44 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 669-6300
Fax: (865) 669-6329

Do you need workers to return?
☐YES ☐NO

Date: 5-15-17

Time:

# of Workers:

Kris Jones

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bossler, Phillip	Genreal Labor	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINES

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249008	Jewelry Television	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	9600 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/15/2017 7:17:41 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8320

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Cutler, Tremon	General Labor	1 2 3 4 5 6 **7** 8 9 10 11 12 13 14 15 16	**0** ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☑ YES ☐ NO

Date: 5/15/17

Time: 16:15

# of Workers: _____

James Walker Dr

PRINT NAME AND TITLE

James Walker

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249038	Jewelry Television	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	9600 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/15/2017 3:19:51 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8320

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Butler, Phillip	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	**0** ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☑ YES ☐ NO

Date: 5-16-17

Time: 4:00

# of Workers: 2

PRINT NAME AND TITLE

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249039	Jewelry Television	05/16/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	8600 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/15/2017 3:21:09 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☑ YES ☐ NO

Date: 5-16-17
Time: 9:00
# of Workers: 1

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Richey, Steve	Genreal Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	**0** ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249040	Jewelry Television	05/16/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	8600 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/15/2017 3:21:30 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☑ YES ☐ NO

Date: 5-16-17
Time: 9:00
# of Workers: 2

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Richey, Demetrius	Genreal Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	**0** ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249041	Jewelry Television	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	8600 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/15/2017 3:21:49 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 899-6300
Fax: (865) 899-6329

Do you need workers to return?
☑ YES ☐ NO

Date: 5-16-17
Time: 4:00
# of Workers: 1

PRINT NAME AND TITLE

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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Turner, Javon	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	**0** ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249042	Jewelry Television	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	8600 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-6000 Cell	5/15/2017 3:22:28 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 899-6300
Fax: (865) 899-6329

Do you need workers to return?
☑ YES ☐ NO

Date: 5-16-17
Time: 4:00
# of Workers: 1

PRINT NAME AND TITLE

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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Carter, Treshon	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	**0** ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249096	Jewelry Television	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	8800 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main (865) 692-8600 Cell	5/16/2017 4:22:27 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8320

Do you need workers to return?
☐YES ☐NO

Date: 5-17-17

Time: 4:00

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Turner, Javon	General Labor	1 2 3 4 5 6 **7** 8 9 10 11 12 13 14 15 16	**0** ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249097	Jewelry Television	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37105 Jewelry TV	8800 Parkside Dr KNOXVILLE, TN 37922

REPORT TO:	COMMENTS
James Walker	
CONTACT PHONE # Main [illegible] Cell	5/16/2017 4:23:00 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8320

Do you need workers to return?
☐YES ☐NO

Date: 5-17-17

Time: 4:00

# of Workers: 1

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[illegible]	General Labor	1 2 3 4 5 6 **7** 8 9 10 11 12 13 14 15 16	**0** ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

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PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70652

Bill To
JP Home Improvement P.O. Box 11406 KNOXVILLE, TN 37939

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37330	$115.46	$115.46

OFFICE

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
249012	05/15/2017	ARMSTRONG, NATHAN	GENERAL LABOR	Regular Pay	$14.29	8.00	$114.32
						8.00	$114.32

Reg: 8.00	DT:	Invoice #: 33-70652	Sub Total:	$114.32
OT:	Other:	Office #: 33	ACA:	$1.14
Total Hours: 8.00			Total This Invoice:	$115.46
			Pay This Amount:	**$115.46**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
JP Home Improvement P.O. Box 11406 KNOXVILLE, TN 37939

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249012	JP Home Improvement	05/15/2017	06:00 AM	

ASSIGNMENT TITLE	ASSIGNMENT ADDRESS:
37330 Office	2005 Ridgeback Lane PIGEON FORGE, TN 37862

REPORT TO:	COMMENTS:
Paul	
CONTACT PHONE #: [redacted] Cell	5/15/2017 7:26:50 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPGR LLC, dba Labor SM
Phone: (865) 609-6300
Fax: (865) 869-0329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[redacted]	general labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☑ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

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THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70653

Bill To

Knox Leaf and Lawn
8620 Oakridge Highway
KNOXVILLE, TN 37931

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	30330	$561.55	$561.55

1703 FAIRMONT BLVD

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248977	05/15/2017	AUSTIN, SILAS	LANDSCAPING	Regular Pay	$13.90	8.00	$111.20
248977	05/16/2017	AUSTIN, SILAS	LANDSCAPING	Regular Pay	$13.90	8.00	$111.20
248977	05/17/2017	AUSTIN, SILAS	LANDSCAPING	Regular Pay	$13.90	8.00	$111.20
248977	05/18/2017	AUSTIN, SILAS	LANDSCAPING	Regular Pay	$13.90	8.00	$111.20
248977	05/19/2017	AUSTIN, SILAS	LANDSCAPING	Regular Pay	$13.90	8.00	$111.20
						40.00	$556.00

Reg: 40.00 DT:
OT: Other:
Total Hours: 40.00

Invoice #: 33-70653
Office #: 33

Sub Total:	$556.00
ACA:	$5.55
Total This Invoice:	$561.55
Pay This Amount:	**$561.55**

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Bill To

Knox Leaf and Lawn
8620 Oakridge Highway
KNOXVILLE, TN 37931

LSI Knoxville 248977

From: Kevin Cox <knoxvilleleafandlawn@gmail.com>
Sent: Friday, May 19, 2017 1:59 PM
To: knoxville@laborsmart.com

Silas 40 hours.

Can you send me a statement please. Thanks.

Sent from my iPhone

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70654

Bill To
Knox Leaf and Lawn 8620 Oakridge Highway KNOXVILLE, TN 37931

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	30330	$154.43	$154.43

RUSHLAND PARK BLVD

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
249103	05/16/2017	ARMSTRONG, NATHAN	LANDSCAPING	Regular Pay	$13.90	6.00	$83.40
249158	05/17/2017	ARMSTRONG, NATHAN	LANDSCAPING	Regular Pay	$13.90	5.00	$69.50
						11.00	$152.90

Reg: 11.00	DT:	Invoice #: 33-70654	Sub Total:	$152.90
OT:	Other:	Office #: 33	ACA:	$1.53
Total Hours: 11.00			Total This Invoice:	$154.43
			Pay This Amount:	**$154.43**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
Knox Leaf and Lawn 8620 Oakridge Highway KNOXVILLE, TN 37931

249.158

LSI Knoxville

From: Kevin Cox <knoxvilleleafandlawn@gmail.com>
Sent: Wednesday, May 17, 2017 3:00 PM
To: LSI Knoxville

Nathan 5 hours today

thanks

Best,

Kevin Cox
Owner | Knoxville Leaf & Lawn
8620 Oak Ridge Highway
Knoxville, TN 37931
O: 865-694-7999 | **C**: 865-591-0802
E: knoxvilleleafandlawn@gmail.com

249103

LSI Knoxville

From: Kevin Cox <knoxvilleleafandlawn@gmail.com>
Sent: Tuesday, May 16, 2017 4:35 PM
To: knoxville@laborsmart.com

Nathan 6 hours today. Thanks. Ask him to get a ticket daily please or get a weekly ticket. Thanks!

Sent from my iPhone

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70655

Bill To
Powell Auction & Realty, LLC 6729 Pleasant Ridge Rd KARNS, TN 37921

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	29322	$73.16	$73.16

POWELL AUCTION

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
249223	05/18/2017	WAKEMAN, CHRIS	WAREHOUSE	Regular Pay	$11.59	6.25	$72.44
						6.25	$72.44

Reg: 6.25	DT:	Invoice #: 33-70655	Sub Total:	$72.44
OT:	Other:	Office #: 33	ACA:	$0.72
Total Hours: 6.25			Total This Invoice:	$73.16
			Pay This Amount:	**$73.16**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
Powell Auction & Realty, LLC 6729 Pleasant Ridge Rd KARNS, TN 37921

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249223	Powell Auction & Realty, LLC	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
29322 Powell Auction	9728 Pleasant Ridge Rd KARNS, TN 37921

REPORT TO:	COMMENTS
Kenny/Barbara	
CONTACT PHONE #: (865) 938-3403 Cell	5/18/2017 8:50:12 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR llc, dba Labor SM
Phone: (865) 869-8300
Fax: (865) 869-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Keman, Chris	Warehouse	1 2 3 4 5 **6** 7 8 9 10 11 12 13 14 15 16	0 **1/4** 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐ YES ☒ NO

Date: _____

Time: _____

# of Workers: _____

David W. Gregory

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70656

Bill To
Prism Pool & Spa 203 S Northshore Drive KNOXVILLE, TN 37919

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	32746	$598.98	$598.98

PRISM POOL & BACKYARD

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248980	05/15/2017	KENT, JOHN	GENERAL LABOR	Regular Pay	$14.29	8.25	$117.89
249044	05/16/2017	KENT, JOHN	GENERAL LABOR	Regular Pay	$14.29	8.75	$125.04
249122	05/17/2017	KENT, JOHN	GENERAL LABOR	Regular Pay	$14.29	8.00	$114.32
249198	05/18/2017	KENT, JOHN	GENERAL LABOR	Regular Pay	$14.29	9.50	$135.76
249254	05/19/2017	KENT, JOHN	GENERAL LABOR	Regular Pay	$14.29	5.50	$78.60
249254	05/19/2017	KENT, JOHN	GENERAL LABOR	Overtime Pay	$21.44	1.00	$21.44
						41.00	$593.05

Reg: 40.00	DT:	Invoice #: 33-70656	Sub Total:	$593.05
OT: 1.00	Other:	Office #: 33	ACA:	$5.93
Total Hours: 41.00			Total This Invoice:	$598.98
			Pay This Amount:	**$598.98**

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Bill To
Prism Pool & Spa 203 S Northshore Drive KNOXVILLE, TN 37919

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248254	Prism Pool & Spa	05/19/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
32746 Prism Pool & Backyard	93 Northshore Drive KNOXVILLE, TN 37919

REPORT TO:	COMMENTS
Pat	
CONTACT PHONE # Main (865) 584-1372 Cell	5/18/2017 5:49:44 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[illegible], John	General Labor	1 2 3 4 5 **6** 7 8 9 10 11 12 13 14 15 16	0 1/4 **1/2** 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☑ YES ☐ NO

Date: 5/19/17

Time: _____

# of Workers: _____

Alma Gillian

PRINT NAME AND TITLE

Alma Gillian

AUTHORIZED SIGNATURE

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THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248980	Prism Pool & Spa	05/15/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
32746 Prism Pool & Backyard	803 Northshore Drive KNOXVILLE, TN 37919

REPORT TO:	COMMENTS
Pat	5/12/2017 6:05:39 PM
CONTACT PHONE # Main (865) 584-1372 Cell	

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSM Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Kent, John	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 **¼** ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: 5/15/17

Time: _____

# of Workers: _____

Alma Gillian

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249044	Prism Pool & Spa	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
32746 Prism Pool & Backyard	803 Northshore Drive KNOXVILLE, TN 37919

REPORT TO:	COMMENTS
Pat	5/15/2017 3:24:39 PM
CONTACT PHONE # (865) 584-1372 Cell	

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSM Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Kent, John	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ ½ **¾**
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: 5/16/17

Time: _____

# of Workers: _____

Alma Gillian

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249122	Prism Pool & Spa	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
32740 Prism Pool & Backyard	3 Northshore Drive KNOXVILLE, TN 37919

REPORT TO:	COMMENTS
Pat	
CONTACT PHONE # Main (865) 584-1372 Cell	5/17/2017 7:20:09 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Kent, John	General Labor	1 2 3 4 5 6 7 **8** 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: 5/17/17

Time: ~~5:30~~

# of Workers:

Pat Bright Pre

PRINT NAME AND TITLE

Pat Bright

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditio set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249198	Prism Pool & Spa	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
32740 Prism Pool & Backyard	3 Northshore Drive KNOXVILLE, TN 37919

REPORT TO:	COMMENTS
Pat	
CONTACT PHONE # Main (865) 584-1372 Cell	5/18/2017 6:52:16 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Kent, John	General Labor	1 2 3 4 5 6 7 8 **9** 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: 5/18/17

Time:

# of Workers:

Pat Bright

PRINT NAME AND TITLE

Pat Bright

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70657

Bill To

Surface Doc, inc
868 Dorset Dr
KNOXVILLE, TN 37923

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37554	$95.45	$95.45

868 DORSET DR

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
249013	05/15/2017	BORCHERT, TINA	GENERAL LABOR/PRES	Regular Pay	$13.50	3.00	$40.50
249053	05/15/2017	EUBANKS, DELORES	GENERAL LABOR/PRES	Regular Pay	$13.50	4.00	$54.00
						7.00	$94.50

Reg: 7.00 DT:
OT: Other:
Total Hours: 7.00

Invoice #: 33-70657
Office #: 33

Sub Total:	$94.50
ACA:	$0.95
Total This Invoice:	$95.45
Pay This Amount:	**$95.45**

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Bill To

Surface Doc, inc
868 Dorset Dr
KNOXVILLE, TN 37923

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
[illegible]	Surface Doc, Inc	05/15/2017	06:00 AM	

[illegible] 868 Dorset Dr	ASSIGNMENT ADDRESS 868 Dorset Dr KNOXVILLE, TN 37923
[illegible] John	COMMENTS
[illegible]	5/15/2017 7:36:52 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

JOHN FITZWATER

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Robinson, Tim	General Labor/Prep	1 2 ● 4 5 6 7 8 9 10 11 12 13 14 15 16	● ¼ ½ ¾
3 HRS		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
830- 11:30		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

249053

LSI Knoxville

From: john@surfacedoc.com
Sent: Monday, May 15, 2017 6:48 PM
To: Knoxville@laborsmart.com
Subject: Surfacedoc

Deloris worked from 1:30 to 5:30. - 4 hrs.

John
SurfaceDoc

Sent from my Verizon 4G LTE Smartphone

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70658

Bill To

US Lawns
4957 Ball Camp Pike
KARNS, TN 37921

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	32461	$1646.04	$1646.04

LANDSCAPING

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
249049	05/15/2017	ALLEN, JUSTIN	SENIOR LANDSCAPER	Regular Pay	$17.99	9.30	$167.31
249247	05/15/2017	DUHON, CLARENCE	LANDSCAPING	Regular Pay	$13.79	9.45	$130.32
249257	05/15/2017	ADAMS, EARL	LANDSCAPING	Regular Pay	$15.99	9.51	$152.06
249247	05/16/2017	DUHON, CLARENCE	LANDSCAPING	Regular Pay	$13.79	10.21	$140.80
249247	05/17/2017	DUHON, CLARENCE	LANDSCAPING	Regular Pay	$13.79	11.47	$158.17
249257	05/17/2017	ADAMS, EARL	LANDSCAPING	Regular Pay	$15.99	9.51	$152.06
249258	05/17/2017	ALLEN, JUSTIN	SENIOR LANDSCAPER	Regular Pay	$17.99	9.30	$167.31
249247	05/18/2017	DUHON, CLARENCE	LANDSCAPING	Regular Pay	$13.79	8.16	$112.53
249257	05/18/2017	ADAMS, EARL	LANDSCAPING	Regular Pay	$15.99	9.19	$146.95
249258	05/18/2017	ALLEN, JUSTIN	SENIOR LANDSCAPER	Regular Pay	$17.99	10.30	$185.30
249308	05/19/2017	ALLEN, JUSTIN	SENIOR LANDSCAPER	Regular Pay	$17.99	6.50	$116.94
						102.90	$1629.75

Reg: 102.90 DT:
OT: Other:
Total Hours: 102.90

Invoice #: 33-70658
Office #: 33

Sub Total:	$1629.75
ACA:	$16.29
Total This Invoice:	$1646.04
Pay This Amount:	**$1646.04**

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Bill To

US Lawns
4957 Ball Camp Pike
KARNS, TN 37921

249049

05:07 pm EDT Monday, May 15, 2017 US Lawns of Knoxville - 78126 Stephen Wolfe

TIMECARDS 2 of 28 JUSTIN ALLEN | **PAY PERIOD** 05/15/17 - 05/21/17

DATE	DEPT	IN	OUT	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL	SHOW NOTES
Mon 05/15/17	5015	07:00 AM	05:00 PM	10:00								EDIT [x] [+]
	5015	LUNCH DEDUCTION		-:30							9:30	
Tue 05/16/17												[+]
Wed 05/17/17												[+]
Thu 05/18/17												[+]
Fri 05/19/17												[+]
Sat 05/20/17												[+]
Sun 05/21/17												[+]
											Hours Worked	Week 1: 10:00
				REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL	
			Total Hours	9:30							9:30	

DEPT	DEPARTMENT TRANSFER	TOTAL	PAY CODE	ACCRUED	USED	AVAIL.

| PRINT | EMAIL | DOWNLOAD | EXPORT | RECALCULATE

249247

03:47 pm EDT Thursday, May 18, 2017 US Lawns of Knoxville - 78126 Stephen Wolfe

TIMECARDS 11 of 29 CLARENCE DUHON | **PAY PERIOD** 05/15/17 - 05/21/17

DATE	DEPT	IN	OUT	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL	SHOW NOTES
Mon 05/15/17	5015	07:00 AM	05:15 PM	10:15								EDIT [x] [+]
	5015	LUNCH DEDUCTION		-:30							9:45	
Tue 05/16/17	5015	07:00 AM	05:51 PM	10:51								EDIT [x] [+]
	5015	LUNCH DEDUCTION		-:30							10:21	
Wed 05/17/17	5015	07:00 AM	07:17 PM	12:17								EDIT [x] [+]
	5015	LUNCH DEDUCTION		-:30							11:47	
Thu 05/18/17	5015	07:00 AM	03:46 PM	8:46								EDIT [x] [+]
	5015	LUNCH DEDUCTION		-:30							8:16	
Fri 05/19/17												[+]
Sat 05/20/17												[+]
Sun 05/21/17	5015	WEEKLY OVERTIME		-:09	:09							[+]
											Hours Worked	Week 1: 42:09

	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL
Total Hours	40:00	:09						40:09

DEPT	DEPARTMENT TRANSFER	TOTAL	PAY CODE	ACCRUED	USED	AVAIL

| PRINT | EMAIL | DOWNLOAD | EXPORT | RECALCULATE

249257

05:25 pm EDT Thursday, May 18, 2017 US Lawns of Knoxville - 78126 Stephen Wolfe

TIMECARDS 2 of 29 EARL ADAMS | **PAY PERIOD** 05/15/17 - 05/21/17

DATE	DEPT	IN	OUT	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL	SHOW NOTES
Mon 05/15/17	5015	07:00 AM	05:21 PM	10:21								EDIT [x] [+]
	5015	LUNCH DEDUCTION		-:30							9:51	
Tue 05/16/17												[+]
Wed 05/17/17	5015	07:00 AM	05:21 PM	10:21								EDIT [x] [+]
	5015	LUNCH DEDUCTION		-:30							9:51	
Thu 05/18/17	5015	07:00 AM	04:49 PM	9:49								EDIT [x] [+]
	5015	LUNCH DEDUCTION		-:30							9:19	
Fri 05/19/17												[+]
Sat 05/20/17												[+]
Sun 05/21/17												[+]
											Hours Worked	Week 1: 30:31

249258

05:26 pm EDT Thursday, May 18, 2017 US Lawns of Knoxville - 78126 Stephen Wolfe

TIMECARDS 3 of 29 JUSTIN ALLEN | **PAY PERIOD** 05/15/17 - 05/21/17

DATE	DEPT	IN	OUT	REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL	SHOW NOTES
Mon 05/15/17	5015	07:00 AM	05:00 PM	10:00								EDIT [x] [+]
	5015	LUNCH DEDUCTION		-:30							9:30	
Tue 05/16/17												[+]
Wed 05/17/17												[+]
Thu 05/18/17	5015	07:00 AM	06:00 PM	11:00								EDIT [x] [+]
	5015	LUNCH DEDUCTION		-:30							10:30	
Fri 05/19/17												[+]
Sat 05/20/17												[+]
Sun 05/21/17												[+]
											Hours Worked	Week 1: 21:00
				REG	OT1	OT2	VAC	HOL	SIC	OTH	TOTAL	
			Total Hours	20:00							20:00	

LSI Knoxville US Lawn 249308

From: Daniel.Moriarty@uslawns.net
Sent: Friday, May 19, 2017 2:00 PM
To: knoxville@laborsmart.com
Subject: Justin Allen Hours today

This Email is to Confirm that Justin Allen worked 6.5 hours today on 5-19-17

Thank you,

Daniel P. Moriarty
Senior Account Manager / Landscape Construction Manager
cell- **865.300.4071**
home office- 865.773.2699
email - Daniel.Moriarty@uslawns.net

U.S. LAWNS
of Knoxville
4957 Ball Camp Pike
Knoxville,TN 37921
Visit our webpage

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70659

Bill To

Wheel Recovery Systems, LLC
PO Box 318
MAYBROOK, NY 12543

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	15982	$872.50	$872.50

WHEEL RECOVERY

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248976	05/15/2017	COVINGTON, JOSEPH	WHEEL RECOVERY	Regular Pay	$13.29	8.00	$106.32
249058	05/16/2017	WOODY, JORDON	WHEEL RECOVERY	Regular Pay	$13.29	8.00	$106.32
249059	05/16/2017	DAMRON, COREY	WHEEL RECOVERY	Regular Pay	$13.29	1.50	$19.94
249060	05/16/2017	COVINGTON, JOSEPH	WHEEL RECOVERY	Regular Pay	$13.29	5.50	$73.10
249095	05/17/2017	COVINGTON, JOSEPH	WHEEL RECOVERY	Regular Pay	$13.29	8.00	$106.32
249159	05/18/2017	COVINGTON, JOSEPH	WHEEL RECOVERY	Regular Pay	$13.29	8.50	$112.97
249213	05/18/2017	HAYES, JAMIE	WHEEL RECOVERY	Regular Pay	$13.29	6.50	$86.39
249238	05/19/2017	COVINGTON, JOSEPH	WHEEL RECOVERY	Regular Pay	$13.29	10.00	$132.90
249240	05/19/2017	HAYES, JAMIE	WHEEL RECOVERY	Regular Pay	$13.29	9.00	$119.61
						65.00	$863.87

Reg: 65.00 DT:
OT: Other:
Total Hours: 65.00

Invoice #: 33-70659
Office #: 33

Sub Total:	$863.87
ACA:	$8.63
Total This Invoice:	$872.50
Pay This Amount:	**$872.50**

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Bill To

Wheel Recovery Systems, LLC
PO Box 318
MAYBROOK, NY 12543

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249240	Wheel Recovery Systems, LLC	05/19/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
15682 Wheel Recovery	805 Jackson Rd KNOXVILLE, TN 37921

REPORT TO:	COMMENTS
joe Frasier	
CONTACT PHONE # Main (423) 491-3893 Cell	5/18/2017 4:32:56 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 680-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Hayes, Jamie	Wheel Recovery	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

Joe Frasier

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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WORK ORDI

WWW.LABORSMART.C

248976

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
[redacted]	Wheel Recovery Systems, LLC	05/11/2017	06:00 AM	

ASSIGNMENT TITLE: 15862 Wheel Recovery

ASSIGNMENT ADDRESS: 4805 Jackson Rd KNOXVILLE, TN 37921

REPORT TO: Joe Frasier

CONTACT PHONE # Main (865)491-3893 Cell

COMMENTS

5/12/2017 5:26:31 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

Joe Frasier

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Covington, Joseph 5-12	Wheel Recovery	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
5-15-17		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

White: Cust

WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
248058	Wheel Recovery Systems, LLC	05/16/2017	06:00 AM	

ASSIGNMENT TITLE: 15862 Wheel Recovery

ASSIGNMENT ADDRESS: 4805 Jackson Rd KNOXVILLE, TN 37921

REPORT TO: Joe Frasier

CONTACT PHONE # [redacted] Cell

COMMENTS

5/16/2017 6:27:11 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

Joe Frasier

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bailey, Jordan	Wheel Recovery	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249059	Wheel Recovery Systems, LLC	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
15982 Wheel Recovery	1905 Jackson Rd KNOXVILLE, TN 37921

REPORT TO:	COMMENTS
Joe Frasier	
CONTACT PHONE # (423) 491-3893 Cell	5/16/2017 6:27:43 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 888-8300
Fax: (865) 888-8329

Do you need workers to return?
☐YES ☐NO

Date: _____
Time: _____
# of Workers: _____

Joe Frasier
PRINT NAME AND TITLE

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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Barron, Corey	Wheel Recovery	1	0 ¼ ½ ¾

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249060	Wheel Recovery Systems, LLC	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
15982 Wheel Recovery	1905 Jackson Rd KNOXVILLE, TN 37921

REPORT TO:	COMMENTS
Joe Frasier	
CONTACT PHONE # [illegible] Cell	5/16/2017 6:28:11 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 888-8300
Fax: (865) 888-8329

Do you need workers to return?
☐YES ☐NO

Date: _____
Time: _____
# of Workers: _____

Joe Frasier
PRINT NAME AND TITLE

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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Carrington, Joseph	Wheel Recovery	1	0 ¼ ½ ¾

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249095	Wheel Recovery Systems, LLC	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
15982 Wheel Recovery	4805 Jackson Rd KNOXVILLE, TN 37921

REPORT TO:	COMMENTS
Joe Frasier	
CONTACT PHONE # Main (865) 491-3893 Cell	5/16/2017 4:08:20 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-6300
Fax: (865) 889-6329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

Joe Frasier

PRINT NAME AND TITLE

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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Covington, Joseph	Wheel Recovery	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

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WORK ORDER

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ORDER #	CUSTOMER NAME	DATE:	TIME:	# OF WORKERS:
249159	Wheel Recovery Systems, LLC	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
15982 Wheel Recovery	4805 Jackson Rd KNOXVILLE, TN 37921

REPORT TO:	COMMENTS
joe Frasier	
CONTACT PHONE # Main (865) 491-3893 Cell	5/17/2017 3:45:38 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-6300
Fax: (865) 889-6329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

Joe Frasier

PRINT NAME AND TITLE

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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Covington, Joseph	Wheel Recovery	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249213	Wheel Recovery Systems, LLC	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
15982 Wheel Recovery	1505 Jackson Rd KNOXVILLE, TN 37921

REPORT TO:	COMMENTS
joe Frasier	
CONTACT PHONE # Main (423) 491-3893 Cell	5/18/2017 7:57:19 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

Joe Frasier

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Hayes, Jamie	Wheel Recovery	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249238	Wheel Recovery Systems, LLC	05/19/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
15982 Wheel Recovery	1505 Jackson Rd KNOXVILLE, TN 37921

REPORT TO:	COMMENTS
joe Frasier	
CONTACT PHONE # Main (423) 491-3893 Cell	5/18/2017 4:32:19 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

Joe Frasier

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Remington, Joseph	Wheel Recovery	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70660

Bill To
Wilderness at the Smokies 1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37586	$3785.21	$3785.21

WILDERNESS

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
249015	05/15/2017	BORDIES, DANTEZ	HOUSEKEEPERS	Regular Pay	$14.54	4.00	$58.16
249016	05/15/2017	SUBER, ELEASE	HOUSEKEEPERS	Regular Pay	$14.54	4.00	$58.16
249017	05/15/2017	WISE, ROBERT	HOUSEKEEPERS	Regular Pay	$14.54	4.00	$58.16
249018	05/15/2017	PIPKINS, TAQUANTA	HOUSEKEEPERS	Regular Pay	$14.54	4.00	$58.16
249019	05/15/2017	MURR, BILLE	HOUSEKEEPERS	Regular Pay	$14.54	4.00	$58.16
249072	05/16/2017	BORCHERT, TINA	HOUSEKEEPERS	Regular Pay	$14.54	7.50	$109.05
249073	05/16/2017	MCAMIS, ASHLEY	HOUSEKEEPERS	Regular Pay	$14.54	7.50	$109.05
249074	05/16/2017	EUBANKS, DELORES	HOUSEKEEPERS	Regular Pay	$14.54	7.50	$109.05
249075	05/16/2017	SHERRITZE, RANDALL	HOUSEKEEPERS	Regular Pay	$14.54	7.75	$112.69
249076	05/16/2017	SUBER, ELEASE	HOUSEKEEPERS	Regular Pay	$14.54	7.75	$112.69
249078	05/16/2017	RICHARDS, KAREN-SUE	HOUSEKEEPERS	Regular Pay	$14.54	7.50	$109.05
249080	05/16/2017	SMITH, TERRI	HOUSEKEEPERS	Regular Pay	$14.54	7.25	$105.42
249120	05/17/2017	SMITH, TERRI	HOUSEKEEPERS	Regular Pay	$14.54	6.50	$94.51
249131	05/17/2017	NICELY, KATHERINE	HOUSEKEEPERS	Regular Pay	$14.54	6.50	$94.51
249133	05/17/2017	EUBANKS, DELORES	HOUSEKEEPERS	Regular Pay	$14.54	7.50	$109.05
249134	05/17/2017	MCAMIS, ASHLEY	HOUSEKEEPERS	Regular Pay	$14.54	6.50	$94.51
249136	05/17/2017	ADKINS, TRACY	HOUSEKEEPERS	Regular Pay	$14.54	7.50	$109.05
249139	05/17/2017	CRISP, ERNEST	HOUSEKEEPERS	Regular Pay	$14.54	7.50	$109.05
249141	05/17/2017	SHADRICK, EMILY	HOUSEKEEPERS	Regular Pay	$14.54	6.50	$94.51
249142	05/17/2017	RICHARDS, KAREN-SUE	HOUSEKEEPERS	Regular Pay	$14.54	7.50	$109.05
249145	05/17/2017	SHERRITZE, RANDALL	HOUSEKEEPERS	Regular Pay	$14.54	7.50	$109.05
249146	05/17/2017	CLEMMONS, NAKEESHA	HOUSEKEEPERS	Regular Pay	$14.54	7.50	$109.05
249163	05/18/2017	SHADRICK, EMILY	HOUSEKEEPERS	Regular Pay	$14.54	6.50	$94.51
249204	05/18/2017	TUCKER, MONICA	HOUSEKEEPERS	Regular Pay	$14.54	6.00	$87.24
249205	05/18/2017	ROACH, KEVIN	HOUSEKEEPERS	Regular Pay	$14.54	6.00	$87.24
249207	05/18/2017	CRISP, ERNEST	HOUSEKEEPERS	Regular Pay	$14.54	6.00	$87.24
249209	05/18/2017	RICHARDS, KAREN-SUE	HOUSEKEEPERS	Regular Pay	$14.54	6.00	$87.24
249210	05/18/2017	BOSTIC, JACQUELINE	HOUSEKEEPERS	Regular Pay	$14.54	6.00	$87.24
249214	05/18/2017	SHERRITZE, RANDALL	HOUSEKEEPERS	Regular Pay	$14.54	6.50	$94.51
249215	05/18/2017	HAMMITT, MELANIE	HOUSEKEEPERS	Regular Pay	$14.54	2.00	$29.08
249216	05/18/2017	BINGHAM, STEVIE	HOUSEKEEPERS	Regular Pay	$14.54	2.00	$29.08
249217	05/18/2017	MURR, BILLE	HOUSEKEEPERS	Regular Pay	$14.54	6.00	$87.24
249219	05/18/2017	EUBANKS, DELORES	HOUSEKEEPERS	Regular Pay	$14.54	6.25	$90.88
249221	05/18/2017	SMITH, TERRI	HOUSEKEEPERS	Regular Pay	$14.54	2.50	$36.35
249131	05/19/2017	NICELY, KATHERINE	HOUSEKEEPERS	Regular Pay	$14.54	6.00	$87.24
249134	05/19/2017	MCAMIS, ASHLEY	HOUSEKEEPERS	Regular Pay	$14.54	6.00	$87.24

PPSR llc, dba Labor SMART
118 W Fifth St, FL 2
COVINGTON, KY 41011
Phone: (865) 689-6300
Fax: (865) 689-6329

labor|SMART

DATE	INVOICE #
05/19/2017	33-70660

Bill To

Wilderness at the Smokies
1424 Old Knoxville Hwy
PIGEON FORGE, TN 37876

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Terms	Customer #	Amount	Balance Due
NET 7	37586	$3785.21	$3785.21

WILDERNESS

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
249274	05/19/2017	CRISP, ERNEST	HOUSEKEEPERS	Regular Pay	$14.54	6.50	$94.51
249275	05/19/2017	BOSTIC, JACQUELINE	HOUSEKEEPERS	Regular Pay	$14.54	6.50	$94.51
249278	05/19/2017	ROACH, KEVIN	HOUSEKEEPERS	Regular Pay	$14.54	6.50	$94.51
249279	05/19/2017	LOWERY , CALVIN	HOUSEKEEPERS	Regular Pay	$14.54	6.50	$94.51
249286	05/19/2017	BROOKS, KRITSA	HOUSEKEEPERS	Regular Pay	$14.54	6.50	$94.51
249291	05/19/2017	LINDSAY, MARLA	HOUSEKEEPERS	Regular Pay	$14.54	7.75	$112.69
						257.75	$3747.71

Reg: 257.75 DT:
OT: Other:
Total Hours: 257.75

Invoice #: 33-70660
Office #: 33

Sub Total:	$3747.71
ACA:	$37.50
Total This Invoice:	$3785.21
Pay This Amount:	**$3785.21**

Please Remit Payment To

Transfac Capital, Inc
PO BOX 3238

SALT LAKE CITY, UT 84110
Phone: (865) 689-6300

Bill To

Wilderness at the Smokies
1424 Old Knoxville Hwy
PIGEON FORGE, TN 37876

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
246015	Wilderness at the Smokies	05/15/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37555 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37878

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # (865) 617-0477 Cell	5/15/2017 8:39:11 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bustos, Ramiez	Housekeepers	1 2 **3** 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 **1/2** 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

Melissa Nesbert
Supervisor

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE

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WORK ORDE

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249016	Wilderness at the Smokies	05/15/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	124 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/15/2017 8:39:53 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐YES ☐NO

Date: _____
Time: _____
# of Workers: _____

Melissa Newborn
Supervisor
PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Suber, Elease	Housekeepers	1 2 **3** 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249017	Wilderness at the Smokies	05/15/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	124 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # [illegible] Cell	5/15/2017 8:40:48 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐YES ☐NO

Date: 5-17-17
Time: _____
# of Workers: _____

Melissa Newborn
Supervisor
PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Brown, Robert	Housekeepers	1 2 **3** 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249018	Wilderness at the Smokies	05/15/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37866 Wilderness	124 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/15/2017 8:43:02 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

POSR Inc, dba Labor SM
Phone: (865) 609-8300
Fax: (865) 609-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Hipkins, Taquanta	Housekeepers	1 2 **3** 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 **1/2** 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: 5/17/17

Time: _____

# of Workers: _____

Kathy Kennedy Mgr

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249019	Wilderness at the Smokies	05/15/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37866 - Wilderness	124 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/15/2017 8:43:10 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

POSR Inc, dba Labor SM
Phone: (865) 609-8300
Fax: (865) 609-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Hipkins, Taquanta	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: 5-17-17

Time: _____

# of Workers: _____

Delaz Newberry
Supervisor

PRINT NAME AND TITLE

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249072	Wilderness at the Smokies	05/16/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37565 Wilderness	724 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/16/2017 7:54:57 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Borchert, Tina	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249073	Wilderness at the Smokies	05/16/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37565 Wilderness	724 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/16/2017 7:55:28 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Mckenzie, Ashley	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249274	Wilderness at the Smokies	05/19/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	424 Old Knoxville Hwy PIGEON FORGE, TN 37878

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/18/2017 6:43:11 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPS[illegible] or SM
Phone: (865) 669-6300
Fax: (865) 669-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Colsp, Ernest	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

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WORK ORDE

WWW.LABORSMART.C

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249275	Wilderness at the Smokies	05/16/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	424 Old Knoxville Hwy PIGEON FORGE, TN 37878

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # (865) 617-0477 Cell	5/16/2017 7:57:33 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPS[illegible] SM
Phone: (865) 669-6300
Fax: (865) 669-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Sanders, Randall	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITL

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249076	Wilderness at the Smokies	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37585 Wilderness	1124 Old Knoxville Hwy PIGEON FORGE, TN 37878

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/16/2017 7:58:00 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Huber, Elease	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249076	Wilderness at the Smokies	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37585 Wilderness	1124 Old Knoxville Hwy PIGEON FORGE, TN 37878

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE #	5/16/2017 8:03:51 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8329

Do you need workers to return?
☐YES ☐NO

Date: 5-16-17

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Kennedy, Karen-Sue	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249080	Wilderness at the Smokies	05/16/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37880 Wilderness	724 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/16/2017 8:07:31 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Smith, Terri	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: 5/16/17

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249120	Wilderness at the Smokies	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37880 Wilderness	724 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # (865) 617-0477 Cell	5/17/2017 7:17:14 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc. dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Smith, Terri	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: 5-17-17

Time: _____

# of Workers: _____

Melissa Nei

PRINT NAME AND TITLE
Supervisor

AUTHORIZED SIGNATURE
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set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249131	Wilderness at the Smokies	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37566 Wilderness	1124 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO: Amanda

CONTACT PHONE #: Main (865) 617-0477 Cell

COMMENTS: 5/17/2017 7:28:16 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Nicely, Katherine 5/17	Housekeepers	6	0 1/4 1/2 3/4
Nicely, Katherine 5/18	Housekeepers	6	0 1/4 1/2 3/4
Nicely, Katherine 5/19	Housekeepers	6	0 1/4 1/2 3/4
		5	0 1/4 1/2 3/4
			0 1/4 1/2 3/4
			0 1/4 1/2 3/4
			0 1/4 1/2 3/4
			0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249133	Wilderness at the Smokies	05/17/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37566 Wilderness	1124 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO: Amanda

CONTACT PHONE #: Main (865) 617-0477 Cell

COMMENTS: 5/17/2017 7:29:02 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR Inc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐ YES ☐ NO

Date: 5-17-17

Time: _____

# of Workers: _____

Melissa Hayden
Supervisor

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Dennis, Delores	Housekeepers	7	0 1/4 1/2 3/4
			0 1/4 1/2 3/4
			0 1/4 1/2 3/4
			0 1/4 1/2 3/4
			0 1/4 1/2 3/4
			0 1/4 1/2 3/4
			0 1/4 1/2 3/4
			0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249134	Wilderness at the Smokies	05/17/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37876 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
CONTACT PHONE # Main Cell	5/17/2017 7:29:45 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

POSITIVE LABOR SM
Phone: (865) 880-6300
Fax: (865) 880-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Mcnair, Ashley 5/17	Housekeepers	1 2 3 4 5 **6** 7 8 9 10 11 12 13 14 15 16	0 1/4 **1/2** 3/4
Mcnair, Ashley 5/18	Housekeepers	1 2 3 4 5 **6** 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
Mcnair, Ashley 5/19	Housekeepers	1 2 3 4 5 **6** 7 8 9 10 11 12 13 14 15 16	**0** 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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THANK YOU FOR YOUR BUSINESS

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249136	Wilderness at the Smokies	05/17/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37876 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (423) 617-0477 Cell	5/17/2017 7:42:27 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

POSITIVE LABOR SM
Phone: (865) 880-6300
Fax: (865) 880-6329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Mccoy, Tracy	Housekeepers	1 2 3 4 5 6 **7** 8 9 10 11 12 13 14 15 16	0 1/4 **1/2** 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

Do you need workers to return?
☐YES ☐NO

Date: 5-17-17

Time: _____

# of Workers: _____

Melissa Nestor
Supervisor
PRINT NAME AND TITLE

Melissa Nestor
AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

THANK YOU FOR YOUR BUSINESS

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labor|SMART

WORK ORDEI

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249139	Wilderness at the Smokies	05/17/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37530 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37878

REPORT TO: Amanda

CONTACT PHONE #
Main (865) 617-0477
Cell

COMMENTS

5/17/2017 7:50:09 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Cooper, Ernest	Housekeepers	1 2 3 4 5 6 **7** 8 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: 5-17-17

Time:

# of Workers:

Melissa Newbe

PRINT NAME AND TITLE
Supervisor

AUTHORIZED SIGNATURE
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THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249141	Wilderness at the Smokies	05/17/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37530 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37878

REPORT TO: Amanda

CONTACT PHONE #
Main (865) 617-0477
Cell

COMMENTS

5/17/2017 7:51:08 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

RPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Shadrick, Emily	Housekeepers	1 2 3 4 5 **6** 7 8 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: 5-17-17

Time:

# of Workers:

Melissa Newbe

PRINT NAME AND TITLE
Supervisor

AUTHORIZED SIGNATURE
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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249142	Wilderness at the Smokies	05/17/2017	06:00 AM	

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

ASSIGNMENT TITLE: 37586 Wilderness

ASSIGNMENT ADDRESS: 1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO: Amanda

CONTACT PHONE #: (865) 617-0477 Cell

COMMENTS: 5/17/2017 7:54:35 AM

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Richards, Karen-Sue	Housekeepers	1 2 3 4 5 6 **7** 8 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: 5-17-17

Time: _____

# of Workers: _____

Melissa Newberry

PRINT NAME AND TITLE

Supervisor

AUTHORIZED SIGNATURE

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THANK YOU FOR YOUR BUSINESS

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249145	Wilderness at the Smokies	05/17/2017	06:00 AM	4

NOTICE:
MINIMUM 4 HOURS PER PERSON

FPSR Inc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

ASSIGNMENT TITLE: 37586 Wilderness

ASSIGNMENT ADDRESS: 1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO: Amanda

CONTACT PHONE #: (865) 617-0477 Cell

COMMENTS: 5/17/2017 8:36:30 AM

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Hartline, Kendall	Housekeepers	1 2 3 4 5 6 **7** 8 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: 5-17-17

Time: _____

# of Workers: _____

Melissa Newberry

PRINT NAME AND TITLE

Supervisor

AUTHORIZED SIGNATURE

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249146	Wilderness at the Smokies	05/17/2017	06:00 AM	

ASSIGNMENT TITLE: 37556 Wilderness

ASSIGNMENT ADDRESS: 1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO: Amanda

CONTACT PHONE # Main (865) 617-0477 Cell

COMMENTS

5/17/2017 8:35:39 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-6300
Fax: (865) 889-6329

Do you need workers to return?
☐YES ☐NO

Date: 5-17-17

Time: _____

# of Workers: _____

Melissa Newton
PRINT NAME AND TITLE
Supervisor

Melissa Newton
AUTHORIZED SIGNATURE
by signing you agree to the terms and condition set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Clemons, Nakeesha	Housekeepers	1 2 3 4 5 6 **7** 8 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249183	Wilderness at the Smokies	05/18/2017	06:00 AM	

ASSIGNMENT TITLE: 37556 Wilderness

ASSIGNMENT ADDRESS: 1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO: Amanda

CONTACT PHONE # Main (865) 617-0477

COMMENTS

5/17/2017 4:29:08 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-6300
Fax: (865) 889-6329

Do you need workers to return?
☐YES ☐NO

Date: 5-18

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Hooker, Emily	Housekeepers	1 2 3 4 5 **6** 7 8 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINES

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249204	Wilderness at the Smokies	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37538 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/18/2017 7:14:22 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 690-8329

Do you need workers to return?
☐YES ☐NO

Date: 5/18/17

Time:

# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Tucker, Monica	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249205	Wilderness at the Smokies	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37538 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/18/2017 7:16:20 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 690-8329

Do you need workers to return?
☐YES ☐NO

Date: 5-18

Time:

# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Beach, Kevin	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249207	Wilderness at the Smokies	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main: Cell: (865) 617-0477	5/18/2017 7:18:51 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐YES ☐NO

Date: 5-18

Time:

# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Culsp, Ernest	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

White: Customer Copy Blue & Canary: Return to Labor Smart

labor|SMART

WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249209	Wilderness at the Smokies	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main: Cell: (865) 617-0477	5/18/2017 7:25:39 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-8300
Fax: (865) 689-8329

Do you need workers to return?
☐YES ☐NO

Date:

Time:

# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
by signing you agree to the terms and conditions set forth on the back of this document

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Richards, Karen-Sue	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

THANK YOU FOR YOUR BUSINESS

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249210	Wilderness at the Smokies	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37878

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main: Cell: (865) 617-0477	5/18/2017 7:54:30 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 869-8300
Fax: (865) 869-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
stic, Jacqueline	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: 5/18

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249214	Wilderness at the Smokies	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37878

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main: Cell: (865) 617-0477	5/18/2017 8:04:47 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 869-8300
Fax: (865) 869-8329

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[illegible], Randall	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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WORK ORDER

WWW.LABORSMART.COM

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249215	Wilderness at the Smokies	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/18/2017 8:15:20 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Hammitt, Melanie	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
DNR		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249219	Wilderness at the Smokies	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/18/2017 8:16:10 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8329

Do you need workers to return?
☐YES ☐NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Bingham, Stevie	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
DNR		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

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WORK ORDE

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249217	Wilderness at the Smokies	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Ce	5/18/2017 8:20:29 AM

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Murr, Bille	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6320

Do you need workers to return?
☐YES ☐NO

Date: 5-18

Time:

# of Workers:

PRINT NAME AND TITLE

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249219	Wilderness at the Smokies	05/18/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # (865) 617-0477	5/18/2017 8:31:53 AM

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Ramirez, Celeres	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6320

Do you need workers to return?
☐YES ☐NO

Date: 5-18

Time:

# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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10:30

WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249221	Wilderness at the Smokies	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/18/2017 8:46:33 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 669-6300
Fax: (865) 669-6329

Do you need workers to return?
☐YES ☐NO

Date: 5/18/17

Time:

# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Smith, Terri	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
DNR		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249219	Wilderness at the Smokies	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
[illegible]	
CONTACT PHONE # Main [illegible] Cell	5/18/2017 6:45:04 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 669-6300
Fax: (865) 669-6329

Do you need workers to return?
☐YES ☐NO

Date:

Time:

# of Workers:

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
[illegible]	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 1/4 1/2 3/4

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WORK ORDE

WWW.LABORSMART.CO

ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249279	Wilderness at the Smokies	05/19/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37878

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/18/2017 6:45:36 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐ YES ☐ NO

Date:
Time: 4:30
# of Workers:

Jennie Jackson
PRINT NAME AND TITLE

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set forth on the back of this docume

THANK YOU FOR YOUR BUSINE

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Lowery , Calvin	Housekeepers	1 2 3 4 5 **6** 7 8 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

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WORK ORDE

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249280	Wilderness at the Smokies	05/19/2017	06:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37586 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37878

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/19/2017 7:16:02 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 689-6300
Fax: (865) 689-6329

Do you need workers to return?
☐ YES ☐ NO

Date:
Time: 4:30
# of Workers: 1

Jennie Ja
PRINT NAME AND TIT

AUTHORIZED SIGNA
by signing you agree to the terms
set forth on the back of this d

THANK YOU FOR YOUR BU

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Brooks, Kritsa	Housekeepers	1 2 3 4 5 **6** 7 8 9 10 11 12 13 14 15 16	0 ¼ **½** ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249291	Wilderness at the Smokies	05/19/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37588 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Amanda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/19/2017 8:07:46 AM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8320

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Lindsay, Marla	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

PRINT NAME AND TITLE

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WORK ORDER

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ORDER #	CUSTOMER NAME:	DATE:	TIME:	# OF WORKERS:
249275	Wilderness at the Smokies	05/18/2017	08:00 AM	

ASSIGNMENT TITLE:	ASSIGNMENT ADDRESS:
37588 Wilderness	1424 Old Knoxville Hwy PIGEON FORGE, TN 37876

REPORT TO:	COMMENTS
Wilenda	
CONTACT PHONE # Main (865) 617-0477 Cell	5/18/2017 6:43:32 PM

NOTICE:
MINIMUM 4 HOURS PER PERSON

PPSR llc, dba Labor SM
Phone: (865) 889-8300
Fax: (865) 889-8320

EMPLOYEE NAME	PO #	HOURS (Must Mark one)	PARTIAL HOURS (Must Mark one)
Jackson, Jacqueline	Housekeepers	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	0 ¼ ½ ¾

Do you need workers to return?
☐ YES ☐ NO

Date: _____

Time: _____

# of Workers: _____

Jennie Jackson

PRINT NAME AND TITLE

AUTHORIZED SIGNATURE
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