

PPSR llc, dba Labor SMART
 118 W Fifth St, FL 2
 COVINGTON, KY 41011
 Phone: (251) 450-8991
 Fax: (251) 450-8992



DATE	INVOICE #
05/19/2017	38-70666

Bill To
Youngblood-Barrett Construction 5482 Todd Acres Rd
5482 Todd Acres Dr MOBILE, AL 36619

Please Remit Payment To
Transfac Capital, Inc PO BOX 3238 SALT LAKE CITY, UT 84110 Phone: (251) 450-8991

Terms	Customer #	Amount	Balance Due
NET 7	37500	\$880.40	\$880.40

PERDIDO SCHOOL

Order #	Date	Name	Position	Item	Bill Rate	Bill Hours	Amount
248962	05/15/2017	LAMBERT, MONTE	LABOR	Regular Pay	\$14.29	8.00	\$114.32
248962	05/15/2017	SARGENT, JOCQUA	LABOR	Regular Pay	\$14.29	8.00	\$114.32
249014	05/16/2017	LAMBERT, MONTE	LABOR	Regular Pay	\$14.29	8.00	\$114.32
249014	05/16/2017	SARGENT, JOCQUA	LABOR	Regular Pay	\$14.29	8.00	\$114.32
249107	05/18/2017	LAMBERT, MONTE	LABOR	Regular Pay	\$14.29	8.00	\$114.32
249107	05/18/2017	SARGENT, JOCQUA	LABOR	Regular Pay	\$14.29	8.00	\$114.32
249255	05/19/2017	JONES, MARCUS	LABOR	Regular Pay	\$14.29	6.50	\$92.89
249255	05/19/2017	LAMBERT, MONTE	LABOR	Regular Pay	\$14.29	6.50	\$92.89
						61.00	\$871.70

Reg: 61.00 DT:

OT: Other:

Total Hours: 61.00

Invoice #: 38-70666

Office #: 38

Sub Total: \$871.70

ACA: \$8.70

Total This Invoice: \$880.40

Pay This Amount: \$880.40

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WORK ORDER

WWW.LABORSMART.COM

labor | SMART

ORDER #	CUSTOMER NAME	DATE	TIME	# OF WORKERS
	Youngblood-Barrett Construction	05/19/2017	07:00 AM	2
ASSIGNMENT TITLE	ASSIGNMENT ADDRESS			
Perdido School	3486 Road 2988 Dr MOBILE AL 36618			
REPORT TO:	COMMENTS			
Cell	5/19/2017 6:03:59 AM			
CONTACT PHONE #				
Do you need workers to return?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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				

NOTICE:
MINIMUM 4 HOURS
PER PERSON

PPSR LLC, dba Labor SM
Phone: (251) 450-8801
Fax: (251) 450-8802

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

THANK YOU FOR YOUR BUSINESS

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

EMPLOYEE NAME	PO #	HOURS (Must Mark one)																PARTIAL HOURS (Must Mark one)
Bus Labor		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	0 <input checked="" type="checkbox"/> 1/2 <input type="checkbox"/> 3/4
Ante Labor		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	0 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	0 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	0 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	0 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	0 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	0 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	0 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	0 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4