

Employee: **Willing, Judy M. (9090)**  
Expense Report Number: **EMR0006491**

Expense Report Type: **East Region-FEDERAL**

Description: **9114-002 Work Order 3992**  
Expense Class: **Commercial OH East Region**

Purpose: **Purchased one each Pressure Pilot in support of Project 9114-002 Work Order 3992.**

**EMR, INC.**

Expense Report Receipt Traveler

Revision: **0**

Correction No: **0**

Expense Report Status: **Submitted**

Expense Report Date: **Feb 10, 2010**

From: **Feb 10, 2010**

To: **Feb 10, 2010**

Printed: **Feb 10, 2010 2:42 PM**

First Day of Trip: **N**  
Last Day of Trip: **N**

Expense ID	Expense Date	Category	Expense Type	Expense Description	Incurred Amount	Currency	Receipt Attached?	Reason for missing receipt:
1	Feb 10, 2010	ODC	Field Suppliers-Direct	9090 / EMR0006491 / FSUPP	574.49 USD		NA	





# Bibb Control Systems / Fleming Controls Systems

MACON, GEORGIA  
478-745-1645

AUGUSTA, GEORGIA  
706-796-7762

SAVANNAH, GEORGIA  
912-234-1361

REMIT TO:  
2909 LANIER HEIGHTS RD.  
MACON, GEORGIA 31217

BILL TO:

EMR SERVICES  
EMAIL COPY OF CC REC TO  
jwillig@emr-inc.com

SHIP TO:

EMR SERVICES  
ATT:KEVIN NESMITH  
450MLK BLVD BLDG 385-A  
STORE ROOM J

## INVOICE

INVOICE		ORDER		CUSTOMER	CUSTOMER P.O. #	TERMS	SALESMAN
NUMBER	DATE	NUMBER	DATE	NUMBER			
220208	02/09/10	189184	02/03/10	1000	CC	31098	1
PPD/ADD/PO#74767/ CREDIT CARD..RED						CREDIT CARD ONLY	
						UPS-NDA (RED)	

STOCK #	DESCRIPTION	U/M	QUANTITY	UNIT PRICE	AMOUNT
	***** DROP SHIPMENT *****				
	UPS Tracking# 1Z0600X70166606016				
*SPX	SPIRAX SARCO 59607 BLUE PRESSURE PILOT	EA	1	390.000	390.00
*SPX	EXPEDITE	EA	1	100.000	100.00
	Subtotal				490.00
	FRT & HDL				38.35
	CREDIT CARD PROCESSING FEE				16.74
	Sales Tax				29.40
	Total Due				574.49

EMR (RAFB)

189184

BIBB CONTROL SYSTEMS  
2909 LANIER HEIGHTS ROA  
MACON, GA 31217

9114-002

W/O 3992

TERMINAL I.D.: 63538811

MERCHANT #: 417000001323001

VISA \*  
3765  
SALE  
BATCH: 000738 EXP.: 01/11  
DATE: FEB 10, 10 INVOICE: 194667  
RRN: 00000000 TIME: 09:11  
AUTH NO: 030397

TOTAL \$574.49

X I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)