DOCKET 950495-WS
EXHIBIT NO. 255
CASE NO. 96-04227

ORIGINAL
FILE COPY

1995 CONSOLIDATED RATE CASE
DOCKET NO. 950495-WS

RATE CASE EXPENSE

LATE FILED HEARING EXHIBIT NO. 255
RATE CASE EXPENSE CHARGES
AS OF JANUARY 31, 1996

VOLUME I
PAGES 1 THRU 1124

FLORIDA PUBLIC SERVICE COMMISSION
DOCKET NO. 950495-WS EXHIBIT NO 255
COMPANY/ WITNESS: SSU/Hearma
DATE: 4-29-96

DOCUMENT NUMBER-DATE
05396 MAY 13 96
FPSC-RECORDS/REPORTING

APPENDIX DR305-A (REVISED)

PAGE 1 OF 15

ANALYSIS OF RATE CASE EXPENSE
ACTUAL charges through January, 1996
DOCKET NO. 950495 - WS

Line No.	(1) Firm or Vendor Name	(2) Counsel, Consultant or Witness	(3) Hourly Rate Per Person	(4) Total Estimate of Charges by Firm	(5) Actual Charges to date by Firm	(6) Type of Service Rendered
1	1995 Consolidated Rate Case:					
2						
3	Hartman & Associates	Gerald Hartman	$99	$70,000	$60,848	Testimony - Used & Useful and Economies of Scale Study
4						
5	Watertech Consulting	John Whitcomb	$95	49,750	42,870	Testimony - Conservation Rates
6						
7	Guastella Assoc., Inc.	John Guastella	$190	30,000	9,698	Testimony - Marco Reuse and Raw Water Rates
8						
9	Minnesota Power	Bruce Gangnon	$100	30,000	0	Testimony & Discovery - Taxes
10						
11	Minnesota Power	Dave Gartzke	$125	30,000	1,111	Testimony & Discovery - MP/Cost of Capital
12	Dennis A. Peterson				3,919	
13	Mark A. Schober				1,238	
14	Douglas A. Weinetz				627	
15	James C. Erickson				250	
16	John A. Dick				113	
17	Robert D. Edwards				8	
18					7,265	
19						
20	Utility Research Intrnl.	Dr. Roger Morin	$250	21,500	11,542	Testimony - Cost of Capital
21						
22	Self employed	Hugh Gower	$300	20,000	17,755	Testimony - CIAC Imputation
23						
24	Jones, Edmunds and Associates, Inc.	Robert C. Edmunds	$110	12,000	1,457	Testimony - Hydraulic Methodology Theory & Application
25						
26	Source, Inc.	James P. Elliott	$125	10,000	2,337	Testimony - Used & Useful
27						
28	Rutledge, Ecenia, et al.	Kenneth Hoffman	$160	200,000	84,305	Legal Services
29						
30	Messer, Caparello, Masdsen			N/A	263	Legal Services
31						
32	Radley, Hinkle, Thomas & McArthur			N/A	23,006	Legal Services
33						
34	Goodwins, Brooke & Dickenson			N/A	1,265	Legal Services
35	Subtotal - Counsel & Witnesses			$473,250	$262,610	
36						
37	Southern States Utilities			171,600	216,002	Postage
38				100,000	127,993	Temporary Help
39				56,583	19,255	Travel
40				45,260	59,308	Office Supplies
41				41,500	241,778	Printing
42				28,631	13,695	Maps
43				26,000	15,260	Newspaper Notifications
44				13,000	106	Open Houses
45				10,000	88	Transcripts, Depositions, Court Reporter Fees
46				10,000	4,652	Miscellaneous
47				9,000	494	Advertising
48				4,500	9,000	Filing Fee - Rate Case
49				2,250	4,500	Filing Fee - Service Availability
50				2,078	293	Telephone
51				1,500	329	Dues & Subscriptions
52	Subtotal - Other Filing Costs			$521,902	$712,753	
53	TOTAL ESTIMATED & CURRENT RATE CASE EXPENSES			$995,152	$975,364	

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
HARTMAN & ASSOCIATES INC.	6	1995	USED & USEFUL	150	2,121.68	1,770
HARTMAN & ASSOCIATES INC.	6	1995	ECONOMY OF SCALE EVALUATION	150	3,443.50	1,772
HARTMAN & ASSOCIATES INC.	7	1995	USED & USEFUL	150	5,206.00	1,774
HARTMAN & ASSOCIATES INC.	7	1995	ECONOMY OF SCALE EVALUATION	150	9,668.50	1,779
HARTMAN & ASSOCIATES INC.	8	1995	USED & USEFUL	150	2,646.04	1,785
HARTMAN & ASSOCIATES INC.	9	1995	ECONOMY OF SCALE EVALUATION	150	6,563.52	1,791
HARTMAN & ASSOCIATES INC.	9	1995	ECONOMY OF SCALE EVALUATION	150	8,748.50	1,797
HARTMAN & ASSOCIATES INC.	9	1995	USED & USEFUL	150	116.50	1,801
HARTMAN & ASSOCIATES INC.	9	1995	USED & USEFUL	150	240.50	1,806
HARTMAN & ASSOCIATES INC.	9	1995	ECONOMY OF SCALE EVALUATION	150	4,885.50	1,811
HARTMAN & ASSOCIATES INC.	11	1995	ECONOMY OF SCALE EVALUATION	150	6,698.10	1,817
HARTMAN & ASSOCIATES INC.	11	1995	USED & USEFUL	150	1,893.50	1,823
HARTMAN & ASSOCIATES INC.	12	1995	ECONOMY OF SCALE EVALUATION	150	4,702.38	1,828
HARTMAN & ASSOCIATES INC.	12	1995	USED & USEFUL	150	2,144.88	1,834
HARTMAN & ASSOCIATES INC.	12	1995	USED & USEFU	150	1,768.50	1,840
			TOTAL - HARTMAN & ASSOC.		**60,847.60**	
JOHN WHITCOMB	3	1995	SOFTWARE CONSULTING	150	2,219.11	1,845
JOHN WHITCOMB	5	1995	CONSULTANT FOR '95 RATE ISSUES	150	22,140.42	1,853
JOHN WHITCOMB	6	1995	CONSULTANT	150	10,761.00	1,855
JOHN WHITCOMB	7	1995	CONSULTANT	150	7,600.00	1,857
JOHN WHITCOMB	8	1995	EXPERT WITNESS	150	2,470.00	1,863
JOHN WHITCOMB	12	1995	TESTING	150	5,279.63	1,866
JOHN WHITCOMB	1	1996	# B95357	150	(7,600.00)	1,869
			TOTAL - WHITCOMB		**42,870.16**	
GUASTELLA ASSOCIATES INC.	6	1995	RAW WATER RATE STUDY	150	5,524.00	1,870
GUASTELLA ASSOCIATES INC.	7	1995	RAW WTR RATE STUDY	150	190.00	1,872
GUASTELLA ASSOCIATES INC.	8	1995	RAW WTR RATE STUDY	150	570.00	1,874
GUASTELLA ASSOCIATES INC.	9	1995	WORK ON RATE FILING	150	1,483.30	1,877
GUASTELLA ASSOCIATES INC.	10	1995	EFFLUENT RATE STUDY	150	781.50	1,880
GUASTELLA ASSOCIATES INC.	11	1995	EFFLUENT RATE STUDY	150	1,149.50	1,883
			TOTAL - GUASTELLA		**9,698.30**	
MINNESOTA POWER	12	1994	RATE CASE SCHEDULES	150	626.54	1,886
MINNESOTA POWER	12	1994	RATE CASE SCHEDULES	150	112.69	1,889
MINNESOTA POWER	3	1995	RATE CASE ASSISTANCE	150	2,926.37	1,892
MINNESOTA POWER	4	1995	RATE CASE ASSISTANCE	150	893.12	1,897
MINNESOTA POWER	4	1995	RATE CASE ASSISTANCE	150	357.77	1,903
MINNESOTA POWER	6	1995	RATE CASE SUPPORT	150	2,348.41	1,906
			TOTAL - MP		**7,264.90**	
DR. ROGER A. MORIN	6	1995	PROFESSIONAL FEES & EXPENSES	150	11,542.00	1,913
			TOTAL - MORIN		**11,542.00**	
HUGH A. GOWER	7	1995	PROF SRVCS-FPSC	150	10,790.03	1,915
HUGH A. GOWER	12	1995	PROF SRVS 7/1-11/30/95	150	6,965.02	1,917
			TOTAL - GOWER		**17,755.05**	
JONES EDMUNDS & ASSOCIATES INC	9	1995	PSC PROFILE TESTIMONY	150	1,456.83	1,920
			TOTAL - EDMUNDS		**1,456.83**	
SOURCE, INC.	6	1995	DRAFT TESTIMONY REVIEW	150	250.00	1,925
SOURCE, INC.	12	1995	USED & USEFUL	150	1,634.09	1,927
SOURCE, INC.	12	1995	USED & USEFUL TESTIMONY	150	453.03	1,931
			TOTAL - ELLIOTT		**2,337.12**	
RUTLEDGE, ECENIA, UNDERW,	3	1995	95 RATE CASE	152	80.00	1,941
RUTLEDGE, ECENIA, UNDERW,	4	1995	95 RATE CASE	152	497.50	1,943
RUTLEDGE, ECENIA, UNDERW,	5	1995	95 RATE CASE	152	864.00	1,946
RUTLEDGE, ECENIA, UNDERW,	7	1995	96 RATE CASE	152	1,233.80	1,948
RUTLEDGE, ECENIA, UNDERW,	8	1995	97 RATE CASE	152	9,149.96	1,951
RUTLEDGE, ECENIA, UNDERW,	10	1995	95 RATE CASE	152	5,478.55	1,954
RUTLEDGE, ECENIA, UNDERW,	10	1995	95 RATE CASE	152	4,084.90	1,962
RUTLEDGE, ECENIA, UNDERW,	11	1995	95 RATE CASE	152	14,585.26	1,968
RUTLEDGE, ECENIA, UNDERW,	11	1995	95 RATE CASE	152	17,611.98	1,979
RUTLEDGE, ECENIA, UNDERW,	12	1995	95 RATE CASE	152	19,673.79	1,991
RUTLEDGE, ECENIA, UNDERW,	1	1996	95 RATE CASE	152	11,045.27	2,063
					84,305.01	

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
MESSER, CAPARELLO, MASDSEN,	9	1995	GENERAL	152	262.50	2,012
					262.50	
RADLEY,HINKLE,THOMAS&MCARTHUR	11	1995	SSU V FPSC	152	20,636.72	2,014
RADLEY,HINKLE,THOMAS&MCARTHUR	12	1995	SSU V FPSC	152	2,369.24	2,021
					23,005.96	
GODWINS BOOKE & DICKENSON	1	1996	GODWINS,BOOKE&DICKENSN 1/12/96	150	(2,518.00)	2,027
GODWINS BOOKE & DICKENSON	1	1996	OPEB CONSULTING SRV	150	3,783.00	2,028
					1,265.00	
			TOTAL - COUNSEL & WITNESSES		262,610.43	
FEDERAL EXPRESS CORPORATION	6	1995	PACKAGE DELIVERY	185	26.00	2,030
POSTMASTER OF APOPKA	6	1995	UNCLASSIFIED COST	185	10,000.00	2,032
FEDERAL EXPRESS CORPORATION	7	1995	PACKAGE DELIVERY	185	28.75	2,034
FEDERAL EXPRESS CORPORATION	7	1995	PACKAGE DELIVERY	185	10.40	2,044
FEDERAL EXPRESS CORPORATION	7	1995	PACKAGE DELIVERY	185	377.30	2,047
POSTMASTER OF APOPKA	7	1995	POSTAGE METER REFILLS	185	3,080.00	2,055
UNITED PARCEL SERVICE	7	1995	29 PKGS	185	139.62	2,057
UNITED PARCEL SERVICE	7	1995	7 PKGS	185	14.13	2,060
CENTRAL FLORIDA MAIL SERVICE	7	1995	MAILING SVCS	250	2,707.50	2,062
U.S.A.P. ACQUISTION CORP	8	1995	8/01-8/04/95	185	355.29	2,069
UNITED PARCEL SERVICE	8	1995	21 PKGS	185	72.37	2,072
	9	1995	Federal Express Inv. #5-542-63	185	44.10	516
	9	1995	Journal Entry from G/L 2000	185	22,000.00	2,089
POSTMASTER OF APOPKA	9	1995	POSTAGE METER REFILLS	185	3,860.00	2,097
POSTMASTER OF APOPKA	9	1995	SEABOARD CUST SERV HEARING LTR	185	684.00	2,098
POSTMASTER OF APOPKA	9	1995	ORANGE/OSCEOLA CUST SEV HR LTR	185	2,130.00	2,098
POSTMASTER OF APOPKA	9	1995	ZEPHYR SHORES CUST SER HR LTR	185	119.00	2,098
POSTMASTER OF APOPKA	9	1995	PSTGE MTR REFILL-1995 RATE CAS	185	9,990.00	2,099
POSTMASTER OF APOPKA	9	1995	POSTAGE METER REFILL	185	9,890.00	2,100
POSTMASTER OF APOPKA	9	1995	PSTGE MTR REFILL-1995 RATE CAS	185	5,000.00	2,104
U.S.A.P. ACQUISTION CORP	9	1995	8/21-8/25/95	185	201.43	2,105
U.S.A.P. ACQUISTION CORP	9	1995	9/11-9/15/95	185	256.54	2,107
U.S.A.P. ACQUISTION CORP	9	1995	9/18-09/22/95	185	2,661.07	2,109
UNITED PARCEL SERVICE	9	1995	123 PKGS	185	907.94	2,111
UNITED PARCEL SERVICE	9	1995	89 PKG	185	1,072.33	2,115
UNITED PARCEL SERVICE	9	1995	109 PKGS	185	1,027.27	2,119
UNITED PARCEL SERVICE	9	1995	110 PKGS	185	1,157.73	2,123
FEDERAL EXPRESS CORPORATION	10	1995	PACKAGE DELIVERY	185	30.30	2,127
POSTMASTER OF APOPKA	10	1995	POSTAGE MTR REFILL-95 RATE CAS	185	10,558.00	2,132
U.S.A.P. ACQUISTION CORP	10	1995	9/25-9/29/95	185	344.98	2,134
UNITED PARCEL SERVICE	10	1995	28 PKGS	185	103.50	2,136
UNITED PARCEL SERVICE	10	1995	15 PKGS	185	33.75	2,140
UNITED PARCEL SERVICE	10	1995	28 PKGS	185	385.94	2,136
UNITED PARCEL SERVICE	10	1995	15 PKGS	185	166.75	2,140
UNITED PARCEL SERVICE	10	1995	25 PKGS	185	405.75	2,145
	11	1995	U.S.A.P.Acquisitions Invoice #	185	119.45	2,150
	11	1995	Postmaster of Apopka	185	8,700.00	2,153
FEDERAL EXPRESS CORPORATION	11	1995	PACKAGE DELIVERY	185	10.10	2,155
PAK FORE/SHIP TOO	11	1995	SHPG	185	4.23	2,157
POSTMASTER OF APOPKA	11	1995	POSTAGE METER REFILLS-LEE	185	2,340.00	2,158
POSTMASTER OF APOPKA	11	1995	POSTAGE METER REFILLS-ORANGE	185	2,650.00	2,158
POSTMASTER OF APOPKA	11	1995	POSTAGE METER REFILLS-CHARLOTT	185	950.00	2,158
POSTMASTER OF APOPKA	11	1995	POSTAGE METER REFILLS-HIGHLAND	185	70.00	2,158
UNITED PARCEL SERVICE	11	1995	45 PKGS	185	18.00	2,159
UNITED PARCEL SERVICE	11	1995	45 PKGS	185	480.00	2,159
UNITED PARCEL SERVICE	11	1995	66 PKGS	185	213.65	2,167
UNITED PARCEL SERVICE	11	1995	66 PKGS	185	441.00	2,167
UNITED PARCEL SERVICE	11	1995	UNCLASSIFIED COST	185	158.36	2,163
UNITED PARCEL SERVICE	11	1995	19 PACKAGES	185	78.75	2,171
UNITED PARCEL SERVICE	11	1995	188 PKGS	185	945.36	2,175
UNITED PARCEL SERVICE	11	1995	14 PKGS	185	135.00	2,179
UNITED PARCEL SERVICE	11	1995	188 PKGS	185	328.50	2,175
FEDERAL EXPRESS CORPORATION	12	1995	PACKAGE DELIVERY	185	20.20	2,183

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
POSTMASTER OF APOPKA	12	1995	POSTAGE-MARTIN CO MEETG-HEAR	185	229.00	2,184
POSTMASTER OF APOPKA	12	1995	POSTAGE-ORANGE & OSCEOLA-HEAR	185	1,381.00	2,185
POSTMASTER OF APOPKA	12	1995	POSTAGE-BUENA VISTA-HEARING	185	2,115.00	2,184
POSTMASTER OF APOPKA	12	1995	POSTAGE-MARTIN CTY-CANCELL LTR	185	227.00	2,184
POSTMASTER OF APOPKA	12	1995	POSTAGE-ORANGE&OSCEOLA-CANC LT	185	1,386.00	2,184
POSTMASTER OF APOPKA	12	1995	POSTAGE-BUENA VENTURA-CANC LT	185	2,210.00	2,185
POSTMASTER OF APOPKA	12	1995	POSTAGE-1995 RATE CASE MAILOUT	185	27,000.00	2,185
POSTMASTER OF APOPKA	12	1995	PGE MTR REFIL-CUST HEARING LTR	185	9,079.00	2,186
POSTMASTER OF APOPKA	12	1995	PGE MTR REFIL-CUST HEARING LTR	185	11,641.00	2,186
U.S.A.P. ACQUISTION CORP	12	1995	12/11-12/15/95	185	446.87	2,187
UNITED PARCEL SERVICE	12	1995	22 PKGS	185	259.25	2,189
UNITED PARCEL SERVICE	12	1995	46 PKGS	185	377.59	2,193
UNITED PARCEL SERVICE	12	1995	22 PKGS	185	269.00	2,197
UNITED PARCEL SERVICE	12	1995	95 PKGS	185	1,005.75	2,201
POSTMASTER OF APOPKA	1	1996	SANFORD CUSTOMER HEARINGS LTR	185	9,990.00	2,206
POSTMASTER OF APOPKA	1	1996	SUNNY HILLS, SEBRING, FT MYERS	185	3,477.00	2,206
POSTMASTER OF APOPKA	1	1996	INTERIM RATE CUSTOMER LETTERS	185	24,000.00	2,206
POSTMASTER OF APOPKA	1	1996	FINAL RATE OPEN HOUSE INVITES	185	13,000.00	2,213
UNITED PARCEL SERVICE	1	1996	6 PKGS	185	4.00	2,214
UNITED PARCEL SERVICE	1	1996	31 PKGS	185	253.50	2,218
UNITED PARCEL SERVICE	1	1996	22 PKGS	185	146.25	2,223
			TOTAL - POSTAGE		**216,001.55**	
	3	1995	BOUVERIE,TERESA	100	608.00	322
	3	1995	BOUVERIE,TERESA	100	679.25	322
	4	1995	BOUVERIE,TERESA	100	745.75	323
	4	1995	BOUVERIE,TERESA	100	733.88	323
	5	1995	BOUVERIE,TERESA	100	570.00	324
	5	1995	BOUVERIE,TERESA	100	21.38	324
	5	1995	BOUVERIE,TERESA	100	681.63	324
	6	1995	BOUVERIE,TERESA	100	731.50	325
	6	1995	BOUVERIE,TERESA	100	555.75	325
	6	1995	BOUVERIE,TERESA	100	726.75	325
	7	1995	BOUVERIE,TERESA	100	14.25	329
	7	1995	BOUVERIE,TERESA	100	551.00	329
	7	1995	BOUVERIE,TERESA	100	130.63	330
	8	1995	BOUVERIE,TERESA	100	78.38	331
	8	1995	BOUVERIE,TERESA	100	598.50	331
	8	1995	BOUVERIE,TERESA	100	78.38	332
	8	1995	BOUVERIE,TERESA	100	745.75	332
	9	1995	BOUVERIE,TERESA	100	743.38	333
Journal Entry from G/L 2000	12	1995	Fringe Benefits - taxes for pt. time help	105	849.05	334
KELLY SERVICES INC.	1	1995	T. BOUVERIE	245	260.06	345
KELLY SERVICES INC.	1	1995	T BOUVERIE	245	347.66	348
OLSTEN OF ORLANDO	3	1995	S. BEASLEY W/E 3/5/95	245	80.52	351
OLSTEN OF ORLANDO	3	1995	A. CRAWFORD W/E 3/5/95	245	65.88	354
OLSTEN OF ORLANDO	3	1995	C. CHILDS W/E 3/5/95	245	148.84	357
OLSTEN OF ORLANDO	3	1995	C. CHILDS W/E 3/12/95	245	366.00	360
OLSTEN OF ORLANDO	3	1995	M. DIX W/E 3/19/95	245	481.29	363
OLSTEN OF ORLANDO	3	1995	S. BEASLEY	245	287.92	366
OLSTEN OF ORLANDO	3	1995	M. DIX	245	919.19	369
ROMAC INTERNATIONAL INC	3	1995	M GREEN W/E 2/19/95	245	179.20	372
ROMAC INTERNATIONAL INC	3	1995	C. LAMB W/E 2/19/95	245	179.20	375
ROMAC INTERNATIONAL INC	3	1995	C. SPECCE W/E 2/19/95	245	179.20	378
KELLY SERVICES INC.	4	1995	S. ACTON W/E 4/16/95	245	175.20	381
ROMAC INTERNATIONAL INC	4	1995	A. SHEETS 4/3 - 4/9/95	245	537.20	383
ROMAC INTERNATIONAL INC	4	1995	A. SHEETS 3/20 - 3/26/95	245	547.28	386
ROMAC INTERNATIONAL INC	4	1995	A. SHEETS W/E 4/16/95	245	577.50	389
E.D.D. INC.	5	1995	C. URBAN W/E 4/16/95	245	822.12	392
E.D.D. INC.	5	1995	C. URBAN - W/E 4-9-95	245	653.73	394
E.D.D. INC.	5	1995	T. CIANBRONE W/E 4/30/95	245	813.15	396
E.D.D. INC.	5	1995	C. URBAN W/E 4-23-95	245	836.98	398
E.D.D. INC.	5	1995	C. URBAN W/E 4-30-95	245	1,104.46	400
E.D.D. INC.	5	1995	T GIAMBRONE W/E 5/7/95	245	943.48	402
E.D.D. INC.	5	1995	C URBAN W/E 5/7/95	245	1,178.76	404
E.D.D. INC.	5	1995	T. CAIMBRONE W/E 5/14/95	245	1,209.36	406
E.D.D. INC.	5	1995	C URBAN W/E 5/21/95	245	1,267.92	408
E.D.D. INC.	5	1995	C URBAN W/E 5/14/95	245	1,208.48	410
KELLY SERVICES INC.	5	1995	S. ACTON	245	438.00	412

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
KELLY SERVICES INC.	5	1995	S. ACTON	245	470.86	415
KELLY SERVICES INC.	5	1995	S. ACTON	245	438.00	417
KELLY SERVICES INC.	5	1995	S ACTON	245	438.00	420
ROMAC INTERNATIONAL INC	5	1995	ASHLEY SHEETS 4/17/95-4/23/95	245	466.69	423
ROMAC INTERNATIONAL INC	5	1995	A. SHEETS W/E 4/30/95	245	693.36	425
ROMAC INTERNATIONAL INC	5	1995	A.SHEETS W/E 5/7/95	245	466.69	427
ROMAC INTERNATIONAL INC	5	1995	A SHEETS W/E 5/14/95	245	577.50	429
E.D.D. INC.	6	1995	T. CAIMBRONE-W/E 5-21-95	245	834.00	431
E.D.D. INC.	6	1995	T CAIMBRONE WE 6/10/95	245	865.28	433
E.D.D. INC.	6	1995	C URBAN WE 6/4/95	245	1,416.52	435
E.D.D. INC.	6	1995	A CLARK WE 6/4/95	245	612.99	437
E.D.D. INC.	6	1995	C URBAN WE 5/28/95	245	1,342.22	439
E.D.D. INC.	6	1995	A CLARK W/E 6-11-95	245	1,522.75	441
E.D.D. INC.	6	1995	C URBAN W/E 6-11-95	245	1,505.68	443
E.D.D. INC.	6	1995	T CAIMBRONE W/E 6-4-95	245	500.40	445
E.D.D. INC.	6	1995	A CLARK W/E 6-18-95	245	1,303.82	447
E.D.D. INC.	6	1995	C URBAN W/E 6-18-95	245	1,357.08	449
KELLY SERVICES INC.	6	1995	S. ACTON	245	602.30	451
KELLY SERVICES INC.	6	1995	S ACTON	245	495.51	453
KELLY SERVICES INC.	6	1995	S ACTON	245	442.11	455
KELLY SERVICES INC.	6	1995	S.ACTON W/E 6/11/95	245	540.69	457
KELLY SERVICES INC.	6	1995	S ACTON	245	483.18	459
ROMAC INTERNATIONAL INC	6	1995	A SHEETS W/E 5/21/95	245	577.50	461
ROMAC INTERNATIONAL INC	6	1995	A SHEETS W/E 5/28/95	245	627.88	463
ROMAC INTERNATIONAL INC	6	1995	A.SHEETS, W/E 6/4/95	245	463.34	465
ROMAC INTERNATIONAL INC	6	1995	A SHEETS W/E 6/11/95	245	572.46	467
ROMAC INTERNATIONAL INC	6	1995	A.SHEETS W/E 6/18/95	245	577.50	469
E.D.D. INC.	7	1995	C URBAN W/E 6-25-95	245	713.16	471
E.D.D. INC.	7	1995	C URBAN W/E 7/2 & 7/9	245	1,386.72	473
E.D.D. INC.	7	1995	C URBAN W/E 7-16-95	245	772.59	475
E.D.D. INC.	7	1995	C URBAN W/E 7-23-95	245	544.78	477
KELLY SERVICES INC.	7	1995	S. ACTON	245	774.82	479
KELLY SERVICES INC.	7	1995	S. ACTON	245	626.95	482
KELLY SERVICES INC.	7	1995	S ACTON	245	295.65	484
KELLY SERVICES INC.	7	1995	S. ACTON, D. BLAGA, D. FIFE	245	628.28	486
ROMAC INTERNATIONAL INC	7	1995	A. SHEETS W/E 6/25/95	245	496.91	488
	8	1995	SYS.1-INV#11428-RCLS FR/PROJ #	245	515.25	490
E.D.D. INC.	8	1995	C URBAN W/E 7/30/95	245	866.70	494
E.D.D. INC.	8	1995	C URBAN W/E 8-6-95	245	792.40	496
E.D.D. INC.	8	1995	C URBAN W/E 8-20-95	245	782.50	498
E.D.D. INC.	8	1995	C URBAN W/E 8-13-95	245	926.14	500
E.D.D. INC.	8	1995	C URBAN W/E 8/25/95	245	792.40	502
KELLY SERVICES INC.	8	1995	S ACTON,D BLAGA	245	736.40	504
KELLY SERVICES INC.	8	1995	S ACTON	245	807.68	506
KELLY SERVICES INC.	8	1995	S MCDONNELL	245	361.05	508
KELLY SERVICES INC.	8	1995	S ACTON	245	606.41	510
TOP TALENT	8	1995	K MARSHALL W/E 8/18/95	245	454.25	512
TOP TALENT	8	1995	R. HODGEMERE, K MARSHELL	245	218.50	514
	9	1995	E.D.D., Inc. Invoice #14231 &	245	844.43	516
	9	1995	Kelly Services, Inc. Invoices	245	510.04	516
E.D.D. INC.	9	1995	C URBAN W/E 9/3/95	245	792.40	527
E.D.D. INC.	9	1995	C URBAL WE 9/10/95	245	633.92	531
E.D.D. INC.	9	1995	C URBAN W/E 9/17/95	245	792.40	535
KELLY SERVICES INC.	9	1995	S ACTON	245	1,096.44	538
KELLY SERVICES INC.	9	1995	S ACTON, D CARTIER	245	664.27	541
KELLY SERVICES INC.	9	1995	S ACTON	245	380.51	543
KELLY SERVICES INC.	9	1995	S ACTON	245	405.15	546
KELLY SERVICES INC.	9	1995	S ACTON-9/17/95	245	503.72	549
OLSTEN OF ORLANDO	9	1995	N COOK W/E 8/20	245	528.00	552
OLSTEN OF ORLANDO	9	1995	N COOK W/E 8/27/95	245	528.00	555
OLSTEN OF ORLANDO	9	1995	N COOK W/E 9/3/95	245	528.00	559
OLSTEN OF ORLANDO	9	1995	N COOK W/E 9/10	245	422.40	562
TOP TALENT	9	1995	K MARSHALL- W/E 8/25/95	245	197.80	565
E.D.D. INC.	10	1995	C. URBAN W/E 9-24-95	245	792.40	568
E.D.D. INC.	10	1995	C. URBAN W/E 10-1-95	245	792.40	572
E.D.D. INC.	10	1995	C URBAN W/E 10/22/95	245	693.35	576
E.D.D. INC.	10	1995	C URBAN W/E 10/15/95	245	624.02	578
E.D.D. INC.	10	1995	C URBAN WE 10/8/95	245	435.82	580
KELLY SERVICES INC.	10	1995	S. ACTON	245	647.48	582
KELLY SERVICES INC.	10	1995	S ACTON	245	369.56	584

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
KELLY SERVICES INC.	10	1995	S ACTON	245	438.00	586
KELLY SERVICES INC.	10	1995	S.ACTON	245	438.00	588
OLSTEN OF ORLANDO	10	1995	J TUCKER W/E 9/24/95	245	323.80	590
OLSTEN OF ORLANDO	10	1995	D RIGGINS W/E 9/24/95	245	257.99	592
THE TEWS COMPANY	10	1995	J BROTSCH,S CHARLES,W/E 10/1/	245	71.40	594
	11	1995	Olsten Staffing Serv.Inv.#2368	245	1,507.91	598
E.D.D. INC.	11	1995	C URBAN W/E 10/29/95	245	792.40	603
E.D.D. INC.	11	1995	C URBAN WE 11/5/95	245	792.40	606
E.D.D. INC.	11	1995	C URBAN WE 11/12/95	245	762.69	607
KELLY SERVICES INC.	11	1995	S ACTON	245	438.00	611
KELLY SERVICES INC.	11	1995	S ACTON	245	631.05	613
KELLY SERVICES INC.	11	1995	S ACTON	245	614.62	615
KELLY SERVICES INC.	11	1995	S ACTON	245	569.44	617
OLSTEN OF ORLANDO	11	1995	S WILLIAMS	245	250.09	619
OLSTEN OF ORLANDO	11	1995	C ALLEN W/E 10/22/95	245	168.48	621
OLSTEN OF ORLANDO	11	1995	N COOK W/E 10/22/95	245	431.20	623
OLSTEN OF ORLANDO	11	1995	I BAILEY W/E 10/29/95	245	84.24	625
OLSTEN OF ORLANDO	11	1995	S CRAWFORD W/E 10/29/95	245	84.24	628
OLSTEN OF ORLANDO	11	1995	N COOK W/E 10/29/95	245	227.73	630
OLSTEN OF ORLANDO	11	1995	C ALLEN W/E 11/05/95	245	226.40	632
OLSTEN OF ORLANDO	11	1995	M BEASLEY W/E 11/05/95	245	313.27	634
OLSTEN OF ORLANDO	11	1995	S WILLIAMS W/E 10/29/95	245	84.24	636
OLSTEN OF ORLANDO	11	1995	C ALLEN W/E 10/29	245	252.72	638
OLSTEN OF ORLANDO	11	1995	C ALLEN W/E 11/12/95	245	376.45	641
OLSTEN OF ORLANDO	11	1995	M BEASLEY W/E 11/12	245	184.28	643
OLSTEN OF ORLANDO	11	1995	N COOK W/E 11/05	245	215.60	645
OLSTEN OF ORLANDO	11	1995	N COOK W/E 11/12	245	204.82	647
OLSTEN OF ORLANDO	11	1995	P FREIMANN W/E/10/29	245	168.48	649
OLSTEN OF ORLANDO	11	1995	L HICKS W/E 10/29	245	157.95	650
OLSTEN OF ORLANDO	11	1995	C MCNEIL W/E 11/12	245	236.93	652
THE TEWS COMPANY	11	1995	BRIAN E. ISAACS WE10/29/95	245	87.31	
THE TEWS COMPANY	11	1995	J BROTSCH WE 10/22/95	245	153.00	654
THE TEWS COMPANY	11	1995	B EDOUARD WE 11/5/95	245	318.75	656
	12	1995	Olsten Staff.,#24915,23882,247	245	1,683.52	658
	12	1995	E.D.D. #15-014,071,122,215,263	245	(8,850.15)	658
	12	1995	Journal Entry from G/L 2000	245	(3,684.67)	660
KELLY SERVICES INC.	12	1995	S ACTON	245	454.43	662
KELLY SERVICES INC.	12	1995	S ACTON	245	262.80	664
KELLY SERVICES INC.	12	1995	S ACTON W/E 12/3/95	245	438.00	666
KELLY SERVICES INC.	12	1995	S ACTON	245	438.00	668
OLSTEN OF ORLANDO	12	1995	N COOK W/E 11/19/95	245	210.21	670
OLSTEN OF ORLANDO	12	1995	N COOK W/E 11/26/95	245	129.36	671
OLSTEN STAFFING SERVICES INC	12	1995	N COOK W/E 12/03/95	245	215.60	672
OLSTEN STAFFING SERVICES INC	12	1995	N COOK W/E 12/10	245	207.51	674
THE TEWS COMPANY	12	1995	B ISAACS W/E 12/03/95	245	18.38	676
THE TEWS COMPANY	12	1995	B ISAACS W/E 12/10/95	245	13.79	679
THE TEWS COMPANY	12	1995	J BROTSCH W/E 10/29	245	81.60	680
TOP TALENT	12	1995	J MCDONALD & N PIOVESAN	245	485.20	684
ADELE SOLIS	8	1995	SAS PROGRAMMER SERVICE	150	192.50	687
SUPERIOR WATER LIGHT & POWER	12	1994	R EVERED SEPT & OCT	150	12,619.42	689
SUPERIOR WATER LIGHT & POWER	2	1995	NOV & DEC	150	11,285.85	692
BOB EVERED	3	1995	UNCLASSIFIED COST	150	1,500.00	694
SUPERIOR WATER LIGHT & POWER	9	1995	JAN-MAR	150	18,914.13	696
OLSTEN STAFFING SERVICES INC	1	1996	C ALLEN W/E 11/19/95	245	336.96	700
OLSTEN STAFFING SERVICES INC	1	1996	C MCNEIL W/E 11/19/95	245	373.82	701
OLSTEN STAFFING SERVICES INC	1	1996	N COOK W/E 12/17/95	245	200.78	702
OLSTEN STAFFING SERVICES INC	1	1996	N COOK-W/E 12/24/95	245	196.73	703
OLSTEN STAFFING SERVICES INC	1	1996	N COOK WE 12/31/95	245	172.49	704
OLSTEN STAFFING SERVICES INC	1	1996	N COOK WE 1/7/96	245	361.13	705
OLSTEN STAFFING SERVICES INC	1	1996	N COOK W/E 1/14/96	245	412.34	706
JADE TECH INC.	6	1995	PROGRAMMING SUPPORT-95RATE CAS	150	2,100.00	707
PRICE WATERHOUSE	11	1995	PROF SERVICES	150	2,241.00	709
			TOTAL - TEMPORARY HELP		127,992.76	
DONNA HENRY	4	1995	EXPENSE REPORT	160	4.26	1
TONY ISAACS	7	1995	EXPENSE REPORT 6/30/95	160	36.20	15
	7	1995	RECLASS ADVANCE-J HARRIS	160	17.95	7
BRIAN P. ARMSTRONG	8	1995	EXPENSE REPORT	160	66.25	21
J & J METRO MOVING	8	1995	MOVING EXPENSE-95 RATE FILING	160	916.90	23

APPENDIX DR 305-A (REVISED)

PAGE 7 OF 15

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
SHARON BALL	8	1995	EXPENSE REPORT	160	7.50	25
TONY ISAACS	8	1995	EXPENSE REPORT	160	94.49	29
BRIAN P. ARMSTRONG	9	1995	EXPENSE REPORT	160	37.60	30
BRIAN P. ARMSTRONG	9	1995	EXPENSE REPORT	160	34.10	31
DONNA HENRY	9	1995	EXPENSE REPORT	160	13.92	34
JUDY L. SWEAT	9	1995	EXPENSE REPORT	160	9.80	36
	9	1995	Karla Teasley	160	27.84	109
BRIAN P. ARMSTRONG	10	1995	EXPENSE REPORT	160	95.80	39
DONNA HENRY	10	1995	EXPENSE REPORT	160	8.46	43
FORREST L. LUDSEN	10	1995	EXPENSE REPORT	160	43.00	45
MATTHEW J. FEIL	10	1995	EXPENSE REPORT	160	82.50	49
BRIAN P. ARMSTRONG	11	1995	EXPENSE REPORT	160	26.10	51
DEIDRA RHOADS-PETTY CASH	11	1995	PETTY CASH	160	12.15	
DEIDRA RHOADS-PETTY CASH	11	1995	PETTY CASH	160	4.75	
DONNA HENRY	11	1995	EXPENSE REPORT	160	21.30	56
MASTERCARD/VISA	11	1995	C BLISS	160	87.81	139
	11	1995	K. Teasley-MC	160	22.19	
BRIAN P. ARMSTRONG	12	1995	EXPENSE REPORT	160	153.60	66
BRIAN P. ARMSTRONG	12	1995	EXPENSE REPORT	160	63.00	69
DONNA HENRY	12	1995	EXPENSE	160	4.26	157
	12	1995	B. ARMSTRONG	160	16.17	60
	12	1995	M. FEIL	160	25.34	60
	12	1995	B. Armstrong	160	37.90	148
BRIAN ARMSTRONG	1	1996	EXPENSE REPORT	160	26.10	93
CHARLES M. BLISS	1	1996	EXPENSE REPORT	160	9.10	74
JULIE MACLANE	1	1996	EXPENSE REPORT	160	111.10	86
MONICA SMITHERMAN	1	1996	EXPENSE REPORT	160	114.60	88
TRACY SMITH	1	1996	EXPENSE REPORT	160	92.10	90
					2,324.14	
	11	1994	Dale Lock	195	450.00	96
MASTERCARD	7	1995	T SMITH	195	47.52	98
TONY ISAACS	7	1995	EXPENSE REPORT 6/30/95	195	85.80	15
	7	1995	RECLASS ADVANCE-J HARRIS	195	62.64	7
RADISSON HOTEL TALLAHASSEE	8	1995	J CIRELLO	195	126.50	100
RADISSON HOTEL TALLAHASSEE	8	1995	B ARMSTRONG	195	126.50	106
RADISSON HOTEL TALLAHASSEE	9	1995	F LUDSEN	195	126.50	121
RADISSON HOTEL TALLAHASSEE	9	1995	T ISAACS	195	126.50	123
RADISSON HOTEL TALLAHASSEE	9	1995	J WILSON	195	126.50	
	9	1995	Brian Armstrong	195	227.46	108
	9	1995	Karla Teasley	195	606.67	109
	9	1995	Brian Armstrong	195	420.00	113
	9	1995	Brian Armstrong	195	988.48	113
	9	1995	Forrest Ludsen	195	420.00	115
	9	1995	Forrest Ludsen	195	297.00	117
MASTERCARD	10	1995	J SWEAT	195	97.90	127
TRACY SMITH	10	1995	EXPENSE REPORT	195	2.25	130
TRACY SMITH	10	1995	EXPENSE REPORT	195	554.10	133
	10	1995	Forrest Ludsen	195	849.35	136
J & J METRO MOVING	11	1995	TRANSPORT RATE FILING	195	1,118.30	152
MASTERCARD	11	1995	G MORSE	195	31.80	301
MASTERCARD/VISA	11	1995	F LUDSEN	195	589.06	293
MASTERCARD/VISA	11	1995	F LUDSEN	195	127.00	293
MASTERCARD/VISA	11	1995	M FEIL	195	33.55	307
MASTERCARD/VISA	11	1995	C BLISS	195	61.04	139
	11	1995	M. Feil-MC	195	79.92	
	11	1995	Carlos Camacho	195	108.11	
	11	1995	M. Feil	195	233.21	
	12	1995	B. ARMSTRONG	195	558.83	60
	12	1995	F. LUDSEN	195	494.14	150
	12	1995	T. SMITH	195	75.21	151
	12	1995	B. Armstrong	195	811.67	148
	12	1995	B. Armstrong	195	300.00	148
BRIAN ARMSTRONG	1	1996	EXPENSE REPORT	195	405.00	161
FORREST L. LUDSEN	1	1996	EXPENSE REPORT	195	26.00	158
FORREST L. LUDSEN	1	1996	EXPENSE REPORT	195	392.00	163
FORREST L. LUDSEN	1	1996	EXPENSE REPORT	195	405.00	163
IDA ROBERTS	1	1996	EXPENSE REPORT	195	797.00	164
					12,388.51	

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
MASTERCARD	3	1995	F. LUDSEN	200	113.92	171
MASTERCARD	4	1995	F. LUDSEN	200	17.91	180
MASTERCARD	4	1995	B. ARMSTRONG	200	32.33	183
	4	1995	Brian Armstrong	200	20.97	179
MASTERCARD	5	1995	M. BENCINI	200	126.90	188
MASTERCARD	5	1995	F. LUDSEN	200	31.16	190
BILL YOCUM/PETTY CASH CUSTODIA	6	1995	PETTY CASH	200	3.58	192
DEBRA BUCKEL/PETTY CASH CUST.	6	1995	PETTY CASH	200	9.31	195
DOUG LOVELL/PETTY CASH CUSTODI	6	1995	UNCLASSIFIED COST	200	19.53	198
GILBERT L. COMPTON	6	1995	PETTY CASH	200	12.04	200
JUDY KIMBALL	6	1995	EXPENSE REPORT	200	26.30	202
MASTERCARD	6	1995	J KIMBALL	200	53.20	204
MASTERCARD	6	1995	S.VIERIMA EXPENSE REPORT	250	54.45	312
TOM POUND/PETTY CASH CUSTODIAN	6	1995	PETTY CASH	200	24.93	206
BRIAN P. ARMSTRONG	7	1995	EXPENSE REPORT	200	13.85	213
FORREST L. LUDSEN	7	1995	EXPENSE REPORT	200	23.75	215
JANET LISBINSKI-PETTY CASH	7	1995	PETTY CASH	200	19.35	217
LORRAINE TESTA/PETTY CASH	7	1995	PETTY CASH	200	29.47	220
MASTERCARD	7	1995	M BENCINI	200	25.25	225
MASTERCARD	7	1995	K SHOFTER	200	198.99	227
MASTERCARD	7	1995	B. ARMSTRONG	200	148.04	
TONY ISAACS	7	1995	EXPENSE REPORT 6/30/95	200	84.83	15
VICKY STARZYK/PETTY CASH	7	1995	PETTY CASH FUND	200	40.80	229
	7	1995	Brian Armstrong	200	97.70	207
	7	1995	Forrest Ludsen	200	38.96	207
	7	1995	Forrest Ludsen	200	75.04	207
	7	1995	Mel Fisher	200	104.61	208
	7	1995	RECLASS ADVANCE-J HARRIS	200	115.17	7
BRIAN P. ARMSTRONG	8	1995	EXPENSE REPORT	200	4.76	21
DEIDRA RHOADS-PETTY CASH	8	1995	PETTY CASH FUND	200	4.47	263
DEIDRA RHOADS-PETTY CASH	8	1995	PETTY CASH FUND	200	27.47	263
JEFFREY WILSON	8	1995	EXPENSE REPORT	200	67.96	266
MASTERCARD	8	1995	T SMITH	200	14.35	269
MASTERCARD	8	1995	K SHOFTER	200	176.32	271
	8	1995	RECLASS FROM TGI	200	33.27	256
	8	1995	MC-F. LUDSEN	200	(37.11)	259
	8	1995	MC-B. ARMSTRONG	200	(59.47)	261
BRIAN P. ARMSTRONG	9	1995	EXPENSE REPORT	200	37.25	32
DONNA HENRY	9	1995	EXPENSE REPORT	200	6.69	34
JUDY L. SWEAT	9	1995	EXPENSE REPORT	200	14.88	36
MASTERCARD	9	1995	K SHOFTER	200	677.29	273
MATTHEW J. FEIL	9	1995	EXPENSE REPORT	200	9.43	275
	9	1995	Judy Sweat	200	38.11	108
	9	1995	Brian Armstrong	200	37.84	109
	9	1995	Karla Teasley	200	134.32	109
	9	1995	Brian Armstrong	200	51.52	113
	9	1995	Matthew Feil	200	35.08	113
BRIAN P. ARMSTRONG	10	1995	EXPENSE REPORT	200	6.00	39
DEIDRA RHOADS-PETTY CASH	10	1995	PETTY CASH	200	16.00	280
DEIDRA RHOADS-PETTY CASH	10	1995	PETTY CASH	200	85.59	283
DONNA HENRY	10	1995	EXPENSE REPORT	200	3.17	43
JAN SPRY/PETTY CASH	10	1995	PETTY CASH	200	30.00	286
MASTERCARD	10	1995	K SHOFTER	200	370.94	291
MATTHEW J. FEIL	10	1995	EXPENSE REPORT	200	15.68	49
TRACY SMITH	10	1995	EXPENSE REPORT	200	16.95	133
	10	1995	Forrest Ludsen	200	144.89	136
MASTERCARD	11	1995	JUDY SWEAT	200	25.76	
MASTERCARD	11	1995	G MORSE	200	122.31	301
MASTERCARD/VISA	11	1995	F LUDSEN	200	137.44	293
MASTERCARD/VISA	11	1995	M FEIL	200	26.16	307
	11	1995	C. Camacho-MC	200	16.05	
	11	1995	K. Teasley-MC	200	25.05	
	11	1995	M. Feil-MC	200	81.12	
	11	1995	Carlos Camacho	200	94.57	
	11	1995	B. Armstrong	200	38.81	
	11	1995	C. Camacho	200	22.19	
	11	1995	M. Feil	200	37.50	
	11	1995	F LUDSEN	200	64.11	

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
BRIAN P. ARMSTRONG	12	1995	EXPENSE REPORT	200	9.11	66
DONNA HENRY	12	1995	EXPENSE	200	7.33	71
	12	1995	B. ARMSTRONG	200	34.12	60
	12	1995	M. FEIL	200	36.90	60
	12	1995	T. SMITH	200	98.16	151
	12	1995	B. Armstrong	200	52.21	148
BRIAN ARMSTRONG	1	1996	EXPENSE REPORT	200	29.38	161
IDA ROBERTS	1	1996	EXPENSE REPORT	200	15.29	165
JUDY KIMBALL	1	1996	EXPENSE REPORT	200	37.67	163
MONICA SMITHERMAN	1	1996	EXPENSE REPORT	200	5.22	88
					4,542.45	
			TOTAL - TRAVEL		19,255.10	
MASTERCARD	11	1994	K. SHOFTER	145	15.00	
KENNETH GENE JARVIS	2	1995	EXPENSE REPORT	140	18.69	716
COLAMCO	4	1995	OVERCHARGE ON TAX	140	(209.52)	719
COLAMCO	4	1995	PAPER	140	22,418.64	720
OFFICE DEPOT INC.	4	1995	OFFICE SUPPLIES	140	218.40	724
OFFICE DEPOT INC.	4	1995	OFFICE SUPPLIES	140	303.24	727
OFFICE DEPOT INC.	4	1995	OFFICE SUPPLIES	140	300.70	731
EASTMAN KODAK CO.	5	1995	TONER FOR COPIER	140	383.97	734
OFFICE DEPOT INC.	5	1995	MISC OFFICE SUPPLIES	140	62.78	736
OFFICE DEPOT INC.	5	1995	INDEX - 5 TAB	140	236.33	740
OFFICE DEPOT INC.	5	1995	GENERAL OFFICE SUPPLIES	140	1,153.50	743
OFFICE DEPOT INC.	5	1995	GENERAL OFFICE SUPPLIES	140	133.86	745
THE SMITH WILSON COMPANY	5	1995	COPY PAPER	140	1,305.92	747
A.A. CASEY COMPANY	6	1995	SCREW POSTS	140	244.00	749
A.A. CASEY COMPANY	6	1995	SCREWPOSTS	140	824.15	751
COLAMCO	6	1995	FORMATTED DISC	140	39.75	753
DATA COMM WAREHOUSE	6	1995	SURGE SUPPRESSORS	140	56.95	756
EASTMAN KODAK CO.	6	1995	TONER	140	418.97	758
EASTMAN KODAK CO.	6	1995	DEVELOPER	140	219.34	760
EASTMAN KODAK CO.	6	1995	RONER	140	424.97	762
OFFICE DEPOT INC.	6	1995	MISC OFFICE SUPPLIES	140	293.90	764
OFFICE DEPOT INC.	6	1995	CREDIT TO INV #557995	140	(1,095.79)	767
WALLACE COMPUTER SERVICES INC.	6	1995	PRINTER RIBBONS	140	411.17	769
WALLACE COMPUTER SERVICES INC.	6	1995	FREIGHT	140	5.85	771
A.A. CASEY COMPANY	7	1995	SCREW POSTS	140	672.68	773
BAIE'S PRINTING INC.	7	1995	CERTIFICATE"STAMP"	140	15.90	775
BAIE'S PRINTING INC.	7	1995	CERTIFICATE"STAMP"	140	15.90	777
DEIDRA RHOADS	7	1995	PETTY CASH FUND	140	10.15	263
KINKO'S CUSTOMER ADMIN SRVCS	7	1995	COLLATED TABS	140	178.90	782
OFFICE DEPOT INC.	7	1995	COPIER LABEL SHEET	140	34.23	785
OFFICE DEPOT INC.	7	1995	COPIER LABEL SHEET	140	34.23	787
P.K.G.'S	7	1995	BOXES	140	42.80	789
VICKY STARZYK/PETTY CASH	7	1995	PETTY CASH FUND	140	52.97	229
DEIDRA RHOADS-PETTY CASH	8	1995	PETTY CASH FUND	140	10.15	
EASTMAN KODAK CO.	8	1995	TONER	140	212.48	820
EASTMAN KODAK CO.	8	1995	DEVELOPER	140	219.34	822
EASTMAN KODAK CO.	8	1995	DEVELOPER	140	245.34	824
EASTMAN KODAK CO.	8	1995	TONER	140	575.96	826
FORMS & SUPPLIES UNLIMITED,INC	8	1995	LABELS	140	441.04	828
TACO METALS INC	8	1995	CUTTING CHARGES	140	177.22	830
THE SMITH WILSON COMPANY	8	1995	PAPER	140	692.18	833
THE SMITH WILSON COMPANY	8	1995	PAPER	140	581.43	835
THE SMITH WILSON COMPANY	8	1995	PAPER	140	110.75	837
CHUCK WOOD/PETTY CASH	9	1995	PETTY CASH	140	56.52	839
EASTMAN KODAK CO.	9	1995	TONER	140	427.97	842
FORMS & SUPPLIES UNLIMITED,INC	9	1995	LABELS-RATE CASE	140	654.23	845
OFFICE DEPOT INC.	9	1995	TAPE, LABELS	140	47.04	852
EASTMAN KODAK CO.	10	1995	TONER	140	424.97	855
OFFICE DEPOT	10	1995	OFFICE SUPPLIES	140	171.33	857
OFFICE DEPOT	10	1995	OFFICE SUPPLIES	140	419.38	860
OFFICE DEPOT	10	1995	PROJECTION LAMP	140	80.52	862
OFFICE DEPOT INC.	10	1995	OFFICE SUPPLIES	140	15.84	864
THE SMITH WILSON COMPANY	10	1995	PAPER	140	276.87	866
THE SMITH WILSON COMPANY	10	1995	PAPER	140	110.75	869
THE SMITH WILSON COMPANY	10	1995	PAPER	140	304.56	871

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
	11	1995	C. Camacho-MC	140	74.18	
	11	1995	C. Camacho	140	13.19	
	11	1995	K. Shofter	140	38.02	
A.A. CASEY COMPANY	11	1995	SCREWPOSTS	140	1,606.22	873
COLAMCO	11	1995	3 HOLE PAPER	140	1,693.88	878
EASTMAN KODAK CO.	11	1995	TONER	140	383.97	884
MASTERCARD	11	1995	G MORSE	140	58.75	301
OFFICE DEPOT	11	1995	MISC SUPPLIES	140	203.91	893
COLAMCO	12	1995	PAPER	140	2,210.10	896
COLAMCO	12	1995	COPY PAPER-GENERAL & RATE CASE	140	1,526.52	899
EASTMAN KODAK CO.	12	1995	TONER	140	418.97	906
EASTMAN KODAK CO.	12	1995	TONER	140	427.97	910
OFFICE DEPOT INC.	12	1995	APPT BOOKS,COPY PAPER	140	28.56	917
OFFICE DEPOT INC.	12	1995	MISC SUPPLIES	140	25.39	917
THE SMITH WILSON COMPANY	12	1995	PAPER	140	276.87	922
CHARLES M. BLISS	1	1996	EXPENSE REPORT	140	265.06	74
A.A. CASEY	1	1996	SCREWPOSTS, EXTENDERS	140	499.78	936
COLAMCO	1	1996	CUTSHEET	140	347.50	940
COLAMCO	1	1996	PAPER	140	928.82	942
COLAMCO	1	1996	COPY PAPER	140	368.35	948
EASTMAN KODAK CO.	1	1996	TONER CARTRIDGE	140	383.97	954
EASTMAN KODAK CO.	1	1996	TONER	140	194.30	955
EASTMAN KODAK CO.	1	1996	TONER	140	418.97	959
THE SMITH WILSON COMPANY	1	1996	PAPER	140	349.27	964
			OFFICE SUPPLIES		**48,242.92**	
Minnesota Power	4	1995	OFFICE SVCS/TABS FOR RATE CASE	150	188.86	966
Minnesota Power	6	1995	SSU RATE CASE-TABS & COPIES	150	2,683.40	970
Minnesota Power	7	1995	SSU RATE CASE-TABS & COPIES	150	2,712.89	983
Minnesota Power	7	1995	SSU RATE CASE-TABS & COPIES	150	539.48	984
Minnesota Power	8	1995	SSU RATE CASE-TABS & COPIES	150	251.00	955
Minnesota Power	9	1995	SSU RATE CASE-TABS & COPIES	150	1,282.14	987
Minnesota Power	9	1995	SSU RATE CASE-TABS & COPIES	150	361.30	989
Minnesota Power	11	1995	SSU RATE CASE-TABS & COPIES	150	2,034.89	991
Minnesota Power	12	1995	SSU RATE CASE-TABS & COPIES	150	388.90	994
Minnesota Power	1	1996	SSU RATE CASE-TABS & COPIES	150	622.15	996
			MP OFFICE SUPPLIES		**11,065.01**	
			TOTAL - ALL OFFICE SUPPLIES		**59,307.93**	
COPY SHOPPE/BABCOCK SYSTEMS	3	1995	RATE CS-MAT & SUPP-OFC PRINTNG	135	11.71	998
BAIE'S PRINTING INC.	5	1995	RATE CASE STATIONARY	135	2,067.00	1,001
KINKO'S CUSTOMER ADMIN SRVCS	5	1995	COPIES (BOOKS)	135	51.27	1,003
BAIE'S PRINTING INC.	6	1995	COVERS	135	29.68	1,005
BAIE'S PRINTING INC.	6	1995	COVERS	135	22.26	1,007
BAIE'S PRINTING INC.	6	1995	IMPRINT COVERS	135	51.94	1,009
BAIE'S PRINTING INC.	6	1995	COVER IMPRINTS	135	163.24	1,011
BAIE'S PRINTING INC.	6	1995	COVERS	135	14.84	1,013
	7	1995	Miracle Copy & Printing #32592	135	356.16	491
BAIE'S PRINTING INC.	7	1995	ENVELOPES, LETTER HEAD	135	5,181.81	1,020
BAIE'S PRINTING INC.	7	1995	COVERS	135	200.34	1,022
BAIE'S PRINTING INC.	7	1995	COVERS	135	76.32	1,024
KINKO'S CUSTOMER ADMIN SRVCS	7	1995	TABS-RATES FILING	135	4.82	1,026
SIR SPEEDY PRINTING	7	1995	COPYING	135	2,691.24	1,028
FIRST IMAGE MGMT.CO.	8	1995	FISCHE FRAMES	150	208.84	1,030
A.S.A.P. QUICK-PRINT OF APOPKA	8	1995	RATE COPIES	135	370.92	1,035
BAIE'S PRINTING INC.	8	1995	COVERS	135	127.20	1,037
BAIE'S PRINTING INC.	8	1995	COVERS	135	63.60	1,039
BAIE'S PRINTING INC.	8	1995	COVER IMPRINTS	135	410.22	1,041
BAIE'S PRINTING INC.	8	1995	COVERS	135	124.02	1,043
BAIE'S PRINTING INC.	8	1995	ENVELOPES	135	2,809.00	1,045
BAIE'S PRINTING INC.	8	1995	CUST HEARING NOTICE	135	781.75	1,047
KINKO'S CUSTOMER ADMIN SRVCS	8	1995	TABS/COVERS	135	435.06	1,049
KINKO'S CUSTOMER ADMIN SRVCS	8	1995	SETS,TABS	135	187.25	1,051
LABAR DATA, INC.	8	1995	COPIES	135	310.24	1,053
LABAR DATA, INC.	8	1995	COPIES	135	465.37	1,055
MERCURY PRINTERS	8	1995	BLANK LETTERHEAD-STOCK	135	114.48	1,057
MERCURY PRINTERS	8	1995	LETTERHEAD-RATE CASE	135	291.50	1,059

APPENDIX DR 305-A (REVISED)

PAGE 11 OF 15

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
MERCURY PRINTERS	8	1995	BLANK STOCK FOR LETTERHEAD	135	30.74	1,062
MIRACLE COPY & PRINTING CENTER	8	1995	COPIES	135	351.25	1,065
SIR SPEEDY PRINTING	8	1995	COPIES	135	2,270.52	1,068
SIR SPEEDY PRINTING	8	1995	COPIES	135	1,912.61	1,070
SIR SPEEDY PRINTING	8	1995	COPIES	135	2,033.61	1,072
SIR SPEEDY PRINTING	8	1995	COPIES	135	1,220.33	1,074
SIR SPEEDY PRINTING	8	1995	COPY	135	704.89	1,076
SIR SPEEDY PRINTING	8	1995	COPIES	135	1,072.59	1,078
SIR SPEEDY PRINTING	8	1995	COPIES	135	1,042.78	1,080
SIR SPEEDY PRINTING	8	1995	COPIES	135	221.94	1,082
SIR SPEEDY PRINTING	8	1995	COPIES	135	2,369.74	1,084
SIR SPEEDY PRINTING	8	1995	COPIES	135	2,710.63	1,086
SIR SPEEDY PRINTING	8	1995	COPIES	135	2,184.02	1,088
SIR SPEEDY PRINTING	8	1995	COPIES	135	2,561.81	1,090
SIR SPEEDY PRINTING	8	1995	COPIES	135	1,287.90	1,092
SIR SPEEDY PRINTING	8	1995	COPIES	135	1,582.37	1,094
SIR SPEEDY PRINTING	8	1995	COPIES	135	7,668.68	1,096
SIR SPEEDY PRINTING	8	1995	COPIES	135	6,237.36	1,099
SIR SPEEDY PRINTING	8	1995	COPIES	135	2,716.57	1,101
SIR SPEEDY PRINTING	8	1995	COPIES	135	2,571.35	1,103
A.S.A.P. QUICK-PRINT OF APOPKA	9	1995	COPIES	135	194.70	1,106
A.S.A.P. QUICK-PRINT OF APOPKA	9	1995	COPIES	135	547.00	1,109
A.S.A.P. QUICK-PRINT OF APOPKA	9	1995	COPIES	135	66.78	1,112
A.S.A.P. QUICK-PRINT OF APOPKA	9	1995	COPIES	135	388.88	1,115
A.S.A.P. QUICK-PRINT OF APOPKA	9	1995	COPIES	135	208.35	1,118
BAIE'S PRINTING INC.	9	1995	COVERS	135	362.52	1,121
BAIE'S PRINTING INC.	9	1995	RATE LETERS	135	1,344.61	1,123
BAIE'S PRINTING INC.	9	1995	RATE LETTERS	135	4,968.75	1,125
BRIAN P. ARMSTRONG	9	1995	EXPENSE REPORT	135	4.50	
KINKO'S CUSTOMER ADMIN SRVCS	9	1995	RATE CASE COPIES	135	706.31	1,130
KINKO'S CUSTOMER ADMIN SRVCS	9	1995	RATE CASE COPIES	135	1,699.91	1,132
KINKO'S CUSTOMER ADMIN SRVCS	9	1995	RATECASE PRINTING	135	307.48	1,135
KINKO'S CUSTOMER ADMIN SRVCS	9	1995	RATECASE PRINTING	135	511.46	1,139
KINKO'S CUSTOMER ADMIN SRVCS	9	1995	RATE CASE PRINTING	135	190.55	1,142
KINKO'S CUSTOMER ADMIN SRVCS	9	1995	COPIES-INTEROG/DOCUMENTS	135	581.57	1,144
KINKO'S CUSTOMER ADMIN SRVCS	9	1995	COPIES-RATE CASE DOCUMENTS	135	96.04	1,147
SIR SPEEDY PRINTING	9	1995	COPIES	135	1,853.73	1,149
SIR SPEEDY PRINTING	9	1995	COPIES	135	2,374.72	1,151
SIR SPEEDY PRINTING	9	1995	COPIES	135	372.06	1,153
SIR SPEEDY PRINTING	9	1995	NOTICE TO CUSTOMERS	135	20,391.75	1,155
EASTMAN KODAK CO.	9	1995	AUGUST USAGE	135	1,806.13	1,160
EASTMAN KODAK CO.	9	1995	MAY USAGE	135	1,392.69	1,164
EASTMAN KODAK CO.	9	1995	JULY USAGE	135	2,250.03	1,166
EASTMAN KODAK CO.	9	1995	JUNE USAGE	135	2,267.97	1,168
A.S.A.P. QUICK-PRINT OF APOPKA	10	1995	RATE COPIES	135	358.83	1,170
BAIE'S PRINTING INC.	10	1995	COVERS	135	257.58	1,172
BAIE'S PRINTING INC.	10	1995	COVERS	135	1,749.00	1,174
BAIE'S PRINTING INC.	10	1995	COVER IMPRINTS	135	343.44	1,176
CENTRAL FLORIDA MAIL SERVICE	10	1995	CUSTOMER NOTICES	135	1,348.60	1,179
JAN SPRY/PETTY CASH	10	1995	PETTY CASH	135	2.85	286
KINKO'S CUSTOMER ADMIN SRVCS	10	1995	COPIES-RATE CASE	135	1,183.82	1,186
KINKO'S CUSTOMER ADMIN SRVCS	10	1995	COPIES-RATE CASE	135	735.15	1,188
KINKO'S CUSTOMER ADMIN SRVCS	10	1995	COPIES-RATE CASE	135	355.66	1,190
KINKO'S CUSTOMER ADMIN SRVCS	10	1995	COPIES-RATE CASE	135	1,001.07	1,192
KINKO'S CUSTOMER ADMIN SRVCS	10	1995	COPIES-RATE CASE	135	480.49	1,194
KINKO'S CUSTOMER ADMIN SRVCS	10	1995	COPIES-RATE CASE(1/3ORDR COMP)	135	799.14	1,196
KINKO'S CUSTOMER ADMIN SRVCS	10	1995	CREDIT TO INV #64003307954	135	(564.35)	1,196
KINKO'S CUSTOMER ADMIN SRVCS	10	1995	COPIES-INTERIM RATES PROPOSAL	135	1,316.10	1,202
KINKO'S PRINTING	10	1995	OPC DISCOVERY COPIES	135	582.08	1,204
KINKO'S PRINTING	10	1995	COPY CHGS	135	575.40	1,206
MIKE QUIGLEY/PETTY CASH CUSTOD	10	1995	PETTY CASH	135	56.95	1,208
MIRACLE COPY & PRINTING CENTER	10	1995	COPY IMPRESSIONS-CUSTOMER NOTI	135	6,804.14	1,211
BAIE'S PRINTING INC.	11	1995	COVERS	135	139.92	1,213
BAIE'S PRINTING INC.	11	1995	COVERS	135	12.72	1,215
KINKO'S CUSTOMER ADMIN SRVCS	11	1995	1995 RATES PRINTING	135	318.60	1,218
KINKO'S CUSTOMER ADMIN SRVCS	11	1995	95 RATES-PRINTING	135	393.42	1,220
KINKO'S CUSTOMER ADMIN SRVCS	11	1995	TABS FOR RATE BOOKS	135	155.15	1,222
KINKO'S CUSTOMER ADMIN SRVCS	11	1995	PRINTING-DISCOVERY	135	216.91	1,226
KINKO'S CUSTOMER ADMIN SRVCS	11	1995	PRINTING-DISCOVERY	135	312.44	1,229
EASTMAN KODAK CO.	11	1995	SEPTEMBER USAGE	210	2,530.80	1,294

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
	12	1995	Journal Entry from G/L 2000	135	(15,655.55)	1,231
	12	1995	Journal Entry from G/L 2000	135	-0.10	1,235
ATLANTIC ENVELOPE CO.	12	1995	ENVELOPES	135	1,371.11	1,236
ATLANTIC ENVELOPE CO.	12	1995	ENVELOPES	135	738.29	1,238
ATLANTIC ENVELOPE CO.	12	1995	ENVELOPES	135	2,004.01	1,239
KINKO'S CUSTOMER ADMIN SRVCS	12	1995	SUPPLEMENT NOTICES	135	474.12	1,242
SIR SPEEDY PRINTING	12	1995	COPYING	135	8,805.42	1,244
SIR SPEEDY PRINTING	12	1995	COPYING	135	8,865.84	1,244
SIR SPEEDY PRINTING	12	1995	COPYING	135	7,492.08	1,244
SIR SPEEDY PRINTING	12	1995	COPYING	135	8,805.42	1,244
SIR SPEEDY PRINTING	12	1995	COPYING	135	4,464.72	1,245
SIR SPEEDY PRINTING	12	1995	COPYING	135	2,348.11	1,276
SIR SPEEDY PRINTING	12	1995	COPYING	135	2,136.96	1,276
SIR SPEEDY PRINTING	12	1995	COPYING	135	2,255.68	1,276
SIR SPEEDY PRINTING	12	1995	COPYING	135	2,152.22	1,276
SIR SPEEDY PRINTING	12	1995	COPYING	135	2,215.82	1,277
SIR SPEEDY PRINTING	12	1995	COPYING	135	6,925.62	1,277
SIR SPEEDY PRINTING	12	1995	COPYING	135	6,785.06	1,277
SIR SPEEDY PRINTING	12	1995	COPYING	135	7,049.00	1,277
SIR SPEEDY PRINTING	12	1995	COPYING	135	6,585.25	1,278
SIR SPEEDY PRINTING	12	1995	COPYING	135	7,234.50	1,278
SIR SPEEDY PRINTING	12	1995	COPYING	135	3,720.60	1,278
SIR SPEEDY PRINTING	12	1995	PRINTING	135	10,740.98	1,256
EASTMAN KODAK CO.	12	1995	IMAGE CHARGES-OCTOBER	210	3,437.14	1,260
ATLANTIC ENVELOPE CO.	1	1996	ENVELOPES	135	1,318.38	1,263
ATLANTIC ENVELOPE CO.	1	1996	ENVELOPES	135	1,054.70	1,273
			PRINTING		**220,053.55**	
EASTMAN KODAK CO.	6	1995	SERVICE CALL FOR COPIER	250	339.20	1,297
EASTMAN KODAK CO.	7	1995	SERVICE CALLS	210	339.20	1,300
EASTMAN KODAK CO.	7	1995	SERVICE CALL	210	121.90	1,302
EASTMAN KODAK CO.	7	1995	SERVICE CALL	210	593.60	1,303
EASTMAN KODAK CO.	7	1995	SERVICE CALL-COPIER	210	254.40	1,304
EASTMAN KODAK CO.	7	1995	SERVICE CALL-COPIER	210	1,017.60	1,306
EASTMAN KODAK CO.	7	1995	COPIER MAINT	210	339.20	1,308
EASTMAN KODAK CO.	9	1995	SERVICE CALL	210	373.12	1,310
EASTMAN KODAK CO.	9	1995	SERVICE CALL	210	243.80	1,312
EASTMAN KODAK CO.	9	1995	SERVICE CALL	210	339.20	1,314
EASTMAN KODAK CO.	9	1995	SERVICE CALL	210	339.20	1,316
AMERI TEK ORLANDO, INC.	11	1995	SRN A3365410050	210	2,326.17	1,318
AMERI TEK ORLANDO, INC.	11	1995	SR A3365410050	210	2,326.17	1,319
AMERI TEK ORLANDO, INC.	11	1995	SR A3365410049	210	2,326.17	1,320
EASTMAN KODAK CO.	11	1995	SERVICE CALL	210	243.80	1,328
	12	1995	Journal Entry from G/L 2000 - Svc Call	210	339.20	660
AMERITEK ORLANDO, INC.	12	1995	MAINT AGREEMENT	210	2,528.10	1,333
EASTMAN KODAK CO.	1	1996	NOVEMBER-USAGE CHARGES	210	2,854.26	
AMERITEK ORLANDO, INC.	1	1996	MAINT AGREEMENT	210	2,205.33	1,341
AMERITEK ORLANDO, INC.	1	1996	MAINT AGREEMENT	210	2,275.32	1,346
			ADDITIONAL PRINTING		**21,724.94**	
			TOTAL - ALL PRINTING		**241,778.49**	
CORNERSTONE BUSINESS SUPPLY IN	2	1995	RATE CASE DRAWINGS	135	35.31	1,687
CORNERSTONE BUSINESS SUPPLY IN	6	1995	BLUEPRINTS	135	10.33	1,692
DOUG LOVELL/PETTY CASH CUSTODI	5	1995	2 MAPS FOR RATE CASE-C.BLISS	135	5.00	1,697
CORNERSTONE BUSINESS SUPPLY IN	6	1995	BLUEPRINTS	135	44.94	1,699
TRIANGLE REPROGRAPHICS INC.	3	1995	PLOTTER BOND & INKJET COLOR BO	140	190.80	1,701
	4	1995	Triangle Repographics 063084	140	68.24	1,704
	4	1995	American Repographics 218574	140	50.28	1,704
TRIANGLE REPROGRAPHICS INC.	4	1995	INK CARTRIDGE	140	264.63	1,710
TRIANGLE REPROGRAPHICS INC.	4	1995	PLOTTER BOND	140	103.88	1,713
CENTRAL LAMINATING	6	1995	COVERS FOR RATE CASE MAPS	140	120.08	1,716
TRIANGLE REPROGRAPHICS INC.	6	1995	BLACK INK CARTRIDGE	140	190.48	1,718
WINTER PARK BLUEPRINT INC.	6	1995	PRESENTATION BOND, INK CART	140	3,138.66	1,720
WINTER PARK BLUEPRINT INC.	6	1995	SUPPLIES-PRINT CART	140	95.24	1,722
CADD DEVELOPMENT	6	1995	CONSULTING FOR AUTOCADD	150	190.00	1,724
CENTRAL LAMINATING	7	1995	COVERS	140	72.08	1,726
TRIANGLE REPROGRAPHICS INC.	7	1995	BLK INK CARTRIDGE	140	90.47	1,728

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
TRIANGLE REPROGRAPHICS INC.	7	1995	PLOTTER BOND	140	720.41	1,730
TRIANGLE REPROGRAPHICS INC.	7	1995	INK CARTRIDGE	140	542.88	1,732
TRIANGLE REPROGRAPHICS INC.	7	1995	CARTRIDGE PAPER	140	373.39	1,734
TRIANGLE REPROGRAPHICS INC.	7	1995	BOND PAPER RETURN CREDIT	140	(278.14)	1,736
TRIANGLE REPROGRAPHICS INC.	7	1995	INK CARTRIDGES	140	120.64	1,738
TECHNICAL & SCIENTIFIC APP.	7	1995	DESIGN JET PRINTER RENTAL	155	1,958.64	1,741
TECHNICAL & SCIENTIFIC APP.	7	1995	DESIGN JET PRINTER RENTAL	155	1,600.00	1,744
TECHNICAL & SCIENTIFIC APP.	7	1995	JET PRINTER RENTAL	155	1,600.00	1,747
TECHNICAL & SCIENTIFIC APP.	8	1995	SHIPPING CHARGES	155	279.40	1,760
TRIANGLE REPROGRAPHICS INC.	8	1995	BLK INK CARTRIDGE	140	120.64	1,750
TRIANGLE REPROGRAPHICS INC.	8	1995	INK CARTRIDGE	140	120.64	1,753
CENTRAL LAMINATING	8	1995	COVERS	140	43.25	1,756
CENTRAL LAMINATING	8	1995	COVERS	140	106.53	1,758
TECHNICAL & SCIENTIFIC APP.	9	1995	SHIPPING CHARGES	155	279.40	1,760
CORNERSTONE BUSINESS SUPPLY IN	11	1995	BLUEPRINTS,XEROX VELLIUM	140	14.26	1,764
TRIANGLE REPROGRAPHICS INC.	1	1996	MAT & SUPPS- OFFICE PRINTING	135	1,423.05	1,767
			TOTAL - MAPS		13,695.41	
ADD INC PUBLICATIONS	7	1995	SERVICE AVAILABILTY NOTICE	250	55.00	1,527
ADD INC PUBLICATIONS	7	1995	SERVICE AVAIL NOTICE	250	5.00	1,529
CAPE PUBLICATIONS INC.	7	1995	SERVICE AVAIL NOTICE	250	97.96	1,531
CITRUS COUNTY CHRONICLE	7	1995	SERVICE AVAIL NOTICE	250	39.90	1,533
DAILY NEWS	7	1995	LEGAL AD #26171	250	61.74	1,535
FORT MYERS NEWS-PRESS	7	1995	PUBLICATION-SERV AVAILABILITY	250	109.41	1,539
NAPLES DAILY NEWS	7	1995	NOTICE OF SVC AVAILABILITY	250	71.50	1,542
NEWS-JOURNAL CORPORATION	7	1995	NOTICE TO CUSTOMERS	250	55.00	1,544
OCALA STAR BANNER	7	1995	PUBLIC SERVICE NOTICE	250	72.32	1,547
SENTINEL COMMUNICATIONS	7	1995	SERV AVAILABILITY NOTICE	250	11.28	1,549
SENTINEL COMMUNICATIONS	7	1995	SERV AVAILABILITY NOTICE	250	102.80	1,552
SENTINEL COMMUNICATIONS	7	1995	SERV AVAILABILITY NOTICE	250	102.80	1,555
ST AUGUSTINE RECORD	7	1995	NOTICE OF APPLICATION	250	29.57	1,558
SUN HERALD	7	1995	NOTICE OF FILING	250	30.88	1,560
THE DAILY COMMERCIAL	7	1995	SERVICE AVAIL NOTICE	250	68.00	1,562
THE NEWS-SUN	7	1995	SERV AVAILABILITY NOTICE	250	30.88	1,564
THE STUART NEWS	7	1995	FILING NOTICE	250	60.90	1,567
THE TRIBUNE	7	1995	SERV AVAILABILITY NOTICE	250	81.48	1,569
THOMAS E. OAKES	7	1995	SHOOTING,EDITING,6 COPIES RATE	250	300.00	1,571
TIMES PUBLISHING COMPANY	7	1995	PUBLIC NOTICE	250	55.93	1,574
FLORIDA TIMES UNION	7	1995	MC - B. ARMSTRONG	250	931.26	1,576
CHIPLEY NEWSPAPERS INC.	8	1995	LEGAL ADV	250	28.00	1,579
ADD INC PUBLICATIONS	9	1995	DISPLAY AD	250	76.00	1,581
CHIPLEY NEWSPAPERS INC.	9	1995	LEGAL AD	250	64.00	1,584
DAILY NEWS	9	1995	LEGAL AD	250	181.34	1,587
SEBRING NEWS-SUN INC.	9	1995	CUST SERV HEARING PUBLICATION	250	462.00	1,591
THE ORLANDO SENTINEL	9	1995	LEGAL ADV-RATE CASE	250	1,232.00	1,595
MASTERCARD - B. Armstrong	9	1995	NOTICE OF SERVICE HEARING	250	253.00	109
CAPE PUBLICATIONS INC.	10	1995	NOTICE OF SERVICE HEARING	250	452.00	1,603
DAILY NEWS	10	1995	RETAIL DISPLAY	250	196.00	1,605
NEWS-JOURNAL CORPORATION	10	1995	NOTICE OF SERVICE HEARING	250	499.20	1,607
OCALA STAR BANNER	10	1995	NOTICE OF SERVICE HEARING	250	302.40	1,610
THE ORLANDO SENTINEL	10	1995	NOTICE OF SERVICE HEARING	250	1,386.00	1,612
THE TAMPA TRIBUNE	10	1995	NOTICE OF SERVICE HEARING	250	32.30	1,618
THE TAMPA TRIBUNE	10	1995	LEGAL AD	250	608.60	1,620
THE TAMPA TRIBUNE	10	1995	LEGAL AD	250	51.30	1,621
TIMES PUBLISHING COMPANY	10	1995	RATE CASE,SERVICE HEARINGS	250	650.20	1,622
DAILY COMMERCIAL	11	1995	NOT OF SERV HEARING-MT DORA	250	125.75	1,627
SUN HERALD	11	1995	NOTICE OF HEARING	250	61.75	1,631
ADD INC PUBLICATIONS	12	1995	HEARING DOCKET 950495W5	250	95.00	1,634
CITRUS COUNTY CHRONICLE	12	1995	PUBLIC HEARING RATE INCREASE	250	101.00	1,638
NAPLES DAILY NEWS	12	1995	NOTICE OF SERV HEARING	250	195.84	1,641
THE FLORIDA TIMES-UNION	12	1995	AD-FPSC	250	840.96	1,644
THE ORLANDO SENTINEL	12	1995	PUBLIC NOTICE	250	1,232.00	1,655
THE STUART NEWS	12	1995	PUB-CUST SERV HRNG NOTICES	250	328.76	1,663
NEWS-JOURNAL CORPORATION	1	1996	NOTICE CUST SERVICE HEARING	250	832.00	1,665
ST AUGUSTINE RECORD	1	1996	JACKSONVILLE SERVE HRINGS AD	250	147.60	1,668
FLORIDA TIMES UNION	1	1996	NOTICES TO CUSTOMERS-'95 RATE	250	1,223.32	161
THE ORLANDO SENTINEL	1	1996	NOTICES TO CUSTOMERS-'95 RATE	250	1,228.39	1,671
			TOTAL - NEWSPAPER NOTICES		15,260.32	

APPENDIX DR 305-A (REVISED)

PAGE 14 OF 15

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
PHOTOSOUND OF ORLANDO, INC.	8	1995	SOUND SYSTEM	250	53.00	1,677
PHOTOSOUND OF ORLANDO, INC.	8	1995	SOUND SYSTEM,SHURE UNIDIRECT	250	53.00	1,681
			TOTAL - OPEN HOUSES		106.00	
W. PAUL RAYBORN & ASSOC.	11	1995	DEPOSITION-R MORIN - Copy of Deposition	250	87.90	1,685
			TRANSCRIPTS, DEPOSITIONS, ETC.		87.90	
MASTERCARD	12	1994	K. SHOFTER	205	548.00	1,476
THOMAS E. OAKS	6	1995	VIDEO SERVICES-RATE CASE TRAIN	250	200.00	1,478
DEIDRA RHOADS-PETTY CASH	8	1995	EDITED TAPE FOR AUDITORS	250	50.00	1,480
BRIAN ARMSTRONG	7	1995	CONF ROOM, 95 Rate Case Test.	250	70.00	207
WEST PUBLISHING COMPANY	5	1995	WESTLAW USE & SUBSCRIPTION CHG	250	105.33	1,485
WEST PUBLISHING COMPANY	6	1995	Online database research-prepare testimony	250	182.25	1,491
WEST PUBLISHING COMPANY	9	1995	Online database research-prepare testimony	250	370.10	1,493
IMAGE MARKETING ASSOCIATES INC	9	1995	RR & Research Svc-answer interrogatories	150	505.75	1,502
WEST PUBLISHING COMPANY	10	1995	Online database research-prepare testimony	250	662.52	1,509
	11	1995	West Publishing Invoice #33467	250	682.23	1,511
WEST PUBLISHING COMPANY	11	1995	SUBSCRIPTION, RESEARCH	250	671.64	1,516
WEST PUBLISHING COMPANY	12	1995	SUBSCRIPTION,RESEARCH	250	466.66	1,522
CHUCK BLISS	1	1996	EXPENSE REPORT	250	6.31	162
WEST PUBLISHING COMPANY	1	1996	UNCLASSIFIED COST	250	131.26	1,526
			TOTAL - MISCELLANEOUS		4,652.05	
PR NEWSWIRE-RATE REQ FILED	8	1995	Advertising	166	493.50	1,450
			TOTAL - ADVERTISING EXPENSE		493.50	
FLORIDA PUBLIC SERVICE COMMISS	5	1995	W FILING FEE 95 RATE CASE	250	4,500.00	1,446
FLORIDA PUBLIC SERVICE COMMISS	6	1995	W/W FILING FEE 95 RATE CASE	250	4,500.00	1,448
			TOTAL - FILING. FEE, RATE CASE		9,000.00	
FLORIDA PUBLIC SERVICE COMMISS	5	1995	W SERV AVAILABILITY FEE	250	2,250.00	1,442
FLORIDA PUBLIC SERVICE COMMISS	6	1995	W/W SERV AVAILABILITY FEE	250	2,250.00	1,444
			TOTAL - FILING. FEE, SERV. AVAIL.		4,500.00	
AMERICAN PAGING INC. OF FLORID	3	1995	BEEPER SERVICE	175	15.50	1,351
AMERICAN PAGING INC. OF FLORID	4	1995	BEEPER SERVICE	175	15.50	1,356
AMERICAN PAGING INC. OF FLORID	5	1995	BEEPER SERVICE	175	13.22	1,360
AMERICAN PAGING INC. OF FLORID	7	1995	BEEPER SERVICE	175	13.27	1,371
AMERICAN PAGING INC. OF FLORID	7	1995	BEEPER SERVICE	175	13.47	1,388
MASTERCARD	7	1995	T SMITH	175	5.40	98
TONY ISAACS	7	1995	EXPENSE REPORT 6/30/95	175	0.50	15
AMERICAN PAGING INC. OF FLORID	8	1995	BEEPER SERVICE	175	13.47	1,388
RADISSON HOTEL TALLAHASSEE	8	1995	J CIRELLO	175	1.42	100
RADISSON HOTEL TALLAHASSEE	8	1995	B ARMSTRONG	175	0.50	106
	9	1995	Karla Teasley	175	3.02	109
AMERICAN PAGING INC. OF FLORID	9	1995	BEEPER SERVICE	175	13.20	1,416
RADISSON HOTEL TALLAHASSEE	9	1995	T ISAACS	175	1.00	123
RADISSON HOTEL TALLAHASSEE	9	1995	J WILSON	175	0.50	15
RADISSON HOTEL TALLAHASSEE	9	1995	F LUDSEN	175	3.99	121
AMERICAN PAGING INC. OF FLORID	10	1995	BEEPER SERVICE	175	13.27	1,406
AT&T WIRELESS	10	1995	CELLULAR PHONES	175	93.79	1,410
AT&T WIRELESS SERVICES	11	1995	CELLULAR PHONES	175	28.49	1,412
MASTERCARD/VISA	11	1995	F LUDSEN	175	2.82	293
	12	1995	T. SMITH	175	0.35	151
AT&T WIRELESS SERVICES	12	1995	CELLULAR PHONES	175	40.51	1,436
			TOTAL - TELEPHONE		293.19	
AMERICAN WATER WORKS ASSOCIATI	4	1995	BOOK, MODELING, ANALYSIS & DES	190	65.50	1,451
CRC PRESS INC.	6	1995	EFFECTIVE EXPERT WITNESSING	190	72.17	1,461
CWC ENGINEERING SOFTWARE	6	1995	DESIGN CRITERIA GUIDELINES	190	100.00	1,463
AWWA CUSTOMER SERVICES	9	1995	DOCUMENT DELIVERY	190	26.00	1,465

RATE CASE EXPENSE
PROJECT # 95RA100
As of January, 1996

VENDOR	MTH	YR	DESCRIPTION	CEC	AMOUNT	DR305-B PAGE #
AWWA CUSTOMER SERVICES	10	1995	HANDBOOKS	190	65.25	1,472
			TOTAL - DUES & SUBSC.		328.92	
			TOTAL - OTHER FILING COSTS - SSU		712,753.12	
			TOTAL - TOTAL RATE CASE EXPENSE		975,363.55	

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 8740 Vendor Name: Donna Hand

Inv Date: 5-1-95 Inv #: 301 Inv $: 15.24

Due Date: 5-3-95 Discount: _____ Terms: _____

Month/Yr: 495 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
10001.591.99.6508.0000.160		6.72
00001.591.99.1861.0000.1160	92RA069	4.26
↓	95RA100	✓4.26

Voucher Prepared by: _____

Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name: Donna Henry
Employee No.: 301
Date: 5-3-95
Plant/Location: Apopka
Mailing Address: 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
* 4/14	Fed Ex - Longwood	2	14.2	4.26					4.26	000001	5911	99	18161	00000	1160	9a2RAPCa69
* 4/22	Library - Orlando	2	11.2	3.36					3.36	900011	5911	99	6a5018	00000	1160	
* 4/26	Fed Ex - Longwood	2	14.2	4.26					4.26	000001	5911	99	18161	00000	1601	95RA1100
* 4/28	Library - Orlando	2	11.2	3.36					3.36	900001	5911	99	6a5018	00000	1160	
	Totals								15.24	Total Travel Expense A						

RECEIVED
MAY - 1 1995
Accounts Payable

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										
					Total Other Expenses B						

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

I certify that the expenses shown were incurred on company business or on behalf of the company.

Donna Henry 5/3/95
Employee Signature Date

B.F. Cox 5-3-95
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
900011	5911	99	6a5018	00000	1160		6.72
000001	5911	99	18161	00000	1601	92RAPC69	4.26
000001	5911	99	18161	00000	1601	95RA1100	4.26

15.24	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
	Owed Employee
15.24	Owed Company

TVL(7/92)

Original Accounting Office

PAGE 2 OF 2226

APPENDIX DR 305.B

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1995-7	Source Code	GJ	Journal #	19191
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	7993
Inter Co. Table	001	Reference Code	GJ 7/95 at	Auto Accrual?	N

DESCRIPTION: Reclass Advance Account

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.00001.000.99.1340.1000.000				Reclass Advance-D. Clausen	(132.55)
2	001.90001.600.99.6758.0000.200				Reclass Advance-D. Clausen	132.55
3	001.00001.000.99.1340.1000.000				Reclass Advance-J. Harris	(195.76)
4	001.00001.605.99.1861.0000.160	95RA100			Reclass Advance-J. Harris	17.95
5	001.00001.605.99.1861.0000.200	95RA100			Reclass Advance-J. Harris	115.17
6	001.00001.605.99.1861.0000.195	95RA100			Reclass Advance-J. Harris	62.64
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

Total Number of lines	6
Total Debits	328.31
Total Credits	(328.31)

APPENDIX DR 305-B
PAGE 3 OF 226

SSU
Travel Expense and
Employee Reimbursement Report

Page 1 of 1

Employee Name Donna Clauder
Employee No. 282
Date 6-16-95

Plant/Location Apopka
Mailing Address

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
6/13	NAVE Employee Orientation Food + Supplies						132.55		132.55	900001	0000	99	617518	000000	2222	
	Totals															Total Travel Expense A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies							656			
	Telephone							FLNTP			
	Postage										
	Other (Describe)										

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

RECEIVED
Accounts Payable

I certify that the expenses shown were incurred on company business or on behalf of the company.

Donna Clauder 6-16-95
Employee Signature Date

Bob Koch 6/16/95
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
900001	0000	99	617518	000000	2222		132.55

132.55	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
200.00	Less Advance CK151415
	Owed Employee
67.45	Owed Company

TVL(7/92)

Original Accounting Office

PAGE 4 OF 2226

APPENDIX DR305-B

Subway

6.13.95

5 x 9.00
Party Sub 45.00

1 x
Party Sub

Total
$ 47.70

DUNKIN
DONUTS

6 DONUTS# 2.89
6 DONUTS# 2.89
TOTAL 5.78
CASH 20.86
CHANGE 15.08

0042
06/13/95
00427MAC

.....
0• C

Subs 47•70 +
Donuts 5•78 +
Chips/Sopp 15•14 +
Fruit Tray 58•93 +
Coffee 5•00 +
132•55 *

Orig. Receipt in G/L (Accts Pay.)

GOODING'S SUPERMARKETS
2231 E. SEMORAN BLVD
6/13/95 11:42AM STORE 8019
CUST 32 REG 13 OPR 500

BAKERY 2.99*NX
BAKERY 2.99*NX
FRESH FRUIT TRAY 49.95*T
TOTAL $ 58.93
CASH TEND 60.00

SUBTOTAL 55.93
TAX PAID 3.00

1.07 CHANGE

ORDER SUMMARY
3 TOT ITEMS 55.93

* "DEPOSIT" INDICATES *
* FLORIDA,S "ADVANCE *
* DISPOSAL FEE" *
****
SAVE MORE WITH
DOUBLE COUPONS....
ONLY AT GOODING'S!

from Kitchen
$5.00 Coffee

GOODING'S SUPERMARKETS
2231 E. SEMORAN BLVD
6/10/95 10:47AM STORE 8019
CUST 37 REG 10 OPR 102

POTATO CHIPS 3.69*NX
V7 NAPKINS .59 T
IDEAL H/DUTY FRK .59 T
SPRWARE DINR PLT 1.49 T
SPRWARE DINR PLT 1.49 T
COKE CLASSIC 2LT 1.09*T
SPRITE 1.09*T
COKE CLASSIC 2LT 1.09*T
DIET COKE 1.09*T
COKE CLASSIC 2LT 1.09*T
SOLO RED PLASTIC 1.19 T
TOTAL $ 15.14
CASH TEND 20.00

SUBTOTAL 14.49
TAX PAID .65

4.86 CHANGE

ORDER SUMMARY
11 TOT ITEMS 14.49

* "DEPOSIT" INDICATES *
* FLORIDA,S "ADVANCE *
* DISPOSAL FEE" *
****
SAVE MORE WITH
DOUBLE COUPONS....
ONLY AT GOODING'S!

Cash Management

Code the attached document to :

Payee Name: Donna Clausen

Check or MO#: 4858

Check Date: 6-16-95

Dollar Amount: 67.45

G/L #: 0001.000.99.1340.1000.000

Requested By: [signature]

Date: 7-17-95

Document Attached:

DAVID A. OR DONNA M. CLAUSEN
2421 DRESDEN TRL. PH. 407-880-9412
APOPKA, FL 32712-4065

4858

6/16 19 95

63-6138/2631

Pay to the order of Southern States Utilities $ 67.45

Sixty-Seven + 45/100 Dollars

CENTRAL FLORIDA EDUCATORS' FEDERAL CREDIT UNION
P.O. BOX 2189, ORLANDO, FLORIDA 32802

For 200.00 Advance Donna Clausen

[redacted]

REDACTED

SSU

Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name Joanne Harris — Plant/Location Apopka / 96001

Employee No. — Mailing Address

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
6/18-6/27	Food for Cust Svc Rate Trainings						115.17		115.17	900001	605	99	675800	00000	200	
6/18-6/27	Taxi + Tolls for Cust Svc Rate Case Training							17.95	17.95	900001	605	99	675800	00000	160	
6/26	Weekly Hotel for Cust Svc Rate Case Training					62.64			62.64	900001	605	99	675800	00000	195	
	Totals								195.76							

Total Travel Expense A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

RECEIVED JUL 31 1995 Accounts Payable

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Joanne L. Harris 7/11/95
Employee Signature Date

Karla Sloan Teasley 7/28/95
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
900001	605	99	675800	00000	200	95RA100	115.17
900001	605	99	675800	00000	195	95RA100	62.64
900001	605	99	675800	00000	160	95RA100	17.95

195.76	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
200.00	Less Advance
	Owed Employee
4.24	Owed Company

TVL(7/92)

WHITE COPY - ACCOUNTS PAYABLE YELLOW COPY - EMPLOYEE

PAGE 7 OF 2226

APPENDIX DR305-B

HOLIDAY INN WEEKI WACHEE
U.S. 19@ S.R.50

16 SHARON

TBL 2/1 CHK 1087 GST 1
JUN26'95 10:04PM

1 GLASS BURGUNDY	2.00
1 PRIME LITE	8.95
VEGETABLE	
POTATO	
V V V V VOID	V V V V
1 PRIME FULL	10.95-V
V V V V VOID	V V V V
VEGETABLE	V
V V V V VOID	V V V V
POTATO	V
1 PRIME FULL	10.95
VEGETABLE	
POTATO	
V V V V VOID	V V V V
1 PRIME LITE	8.95-V
V V V V VOID	V V V V
VEGETABLE	V
V V V V VOID	V V V V
POTATO	V
	2.00
10:41 TOTAL DUE	2.00

THANK YOU FOR YOUR PATRONAGE
WE HOPE YOU ENJOYED YOUR VISIT

*** WENDY'S ***
LAKELAND, FLORIDA
WE'RE BEST IN THE BUSINESS!

BACON TOPPING	.49
CHICKEN CORDON BLEU	2.99
2 BROC/CHEESE POTATO	3.98
WATER	
3 MEDIUM FROSTY	1.93
TAX	$.57
CARRY-OUT TOTAL	$10.01
CASH TENDERED	$10.01
CHANGE	$.00

OPER.#16 REG.#7
06/22/95 19:02 535

SHELL 1023

TOLLGATE SHELL
3825 TOLLGATE BLVD
NAPLES, FL. 33942

06/22/95	16:13
CHEETOSCRU	$1.49
2 X	$0.890
20.OZ.COCA	$1.79T
DIET.COKE.	$0.89T
MALLO CUP	$0.59T
WRIG XTR S	$0.89T
TOTAL	$5.89
CASH	$20.00
TL/NOTAX	$5.64
TAX PD	$0.25
CHANGE	$14.11
RECEIPT NO.	1-3104

THANK YOU FOR
SHOPPING AT SHELL
PLEASE COME AGAIN

THANK YOU

**** MCDONALDS STORE NO.06682 ****
K/S NO.03 06/27/95 08:20

HK/SAA	1	1.99	LG OJ	1	.99

SUB TOTAL	2.98
EAT-IN TAX	.18
TOTAL	3.16

GUEST RECEIPT

DATE	SERVER	TABLE NO.	PERSONS	CHECK NO. 44813
				TOTAL AMOUNT OF CHECK 22.67

Check 947 REV.

Food 103.67 +

Tips 2.00 + / 3.50 + / 3.00 + / 3.00 +

0.00 *

115.17 *

19-95

*4.35 1
*4.35 1
*0.79 1
*0.59 1
10.08 ST
*0.65 TX 1

4 Q
10.73 CA

1-12
2-9756

GUEST RECEIPT

DATE	SERVER	TABLE NO.	PERSONS	CHECK NO. 18.71
				966286

N DIXIE
'S SUPERMARKET *****

YOUR CASHIER TODAY

NT	.59 F
L TEA	2.13 F
NGHRN	1.22 F
K VAN	.88 F
.00 TOT	4.82
	10.00
	5.18

ITEMS SOLD = 4
AM 2229 04 0007 208
OU FOR SHOPPING
N DIXIE
FL. 34473
E (904) 347-6990

* * * *
* * *
* McDONALDS *
* * *
THANKS YOU

REG 14 ORDER 79 STORE 7274
6/18/95 20:00

1	1/4 CB	1.99
1	CHEF	3.24
1	LG FRY	1.29
1	WATER	.00
1	RDFRCH	.00
	SUBTOTAL	6.52
	TAX TOTAL	.39
	DRIVE-THRU TOTAL	6.91
	CASH TEND	20.00
	CHANGE	13.09

SERVER	TABLE A2	GUESTS	CHECK NUMBER 129-27
1	#2		3 45
	LT.		25
			3 95
2	#11 DR		3 45
	LT WT		25
	#10		3 45
	H.S.S.		75
2	COKE		2 40
			17 95
	TAX		1 08
	TOTAL		19 03

ARC 362G

+$3 tip

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
TOLL RECEIPT

☐ PREPAID ☐ CASH INITIALS _____ KEY # _____

$ .25	☐	$ 1.25	☐
$ .50	☐	$ 1.50	☐
$ .75	☐	$ 1.75	☐
$ 1.00	☐	_____	☐

B 2-40

FACILITY _____ DATE 6-26-96

06/90 FORM 181-40A

0·00 *

13·65 +
1·90 +
2·40 +
17·95 *

SPEEDWAY
#8237

GAS 13.65
TOTAL 13.65
CASH 20.00
CHANGE 6.35

06/27/95 11
17:08 0001 0198

2 JUN27

TOLL

JOANNE HARRIS

5/25/11
05/25/95
06/27/95
26344
$ 58.00
0-00001
4-AAA
J46 Page

0626	114	JMJ	DISCOUNT		58.00	.00	58.00
0626	811	JMJ	ROOM TAX		4.64	.00	62.64
0627	911	PKK	CASH		.00	-62.64	.00

TOTAL $ .00

JUL 10 '95 16:13 FROM HOLIDAY-INN-WEEKI PAGE.001

Holiday Inn
WEEKI WACHEE
On Florida's Nature Coast

Weeki Wachee Spring

6172 Commercial Way U.S. 19 Weeki Wachee, Fla. 34606

FACSIMILE COVER SHEET

E: 7/10/95

Joan Harris FAX #: 407-880 1395

1: Holiday Inn Front Desk FAX #: (904) 596-0667

BER OF PAGES (Includes Cover Page): 2

Cash Management

Code the attached document to :

Payee Name: Joanne Harris

Check or MO#: Cash

Check Date: -

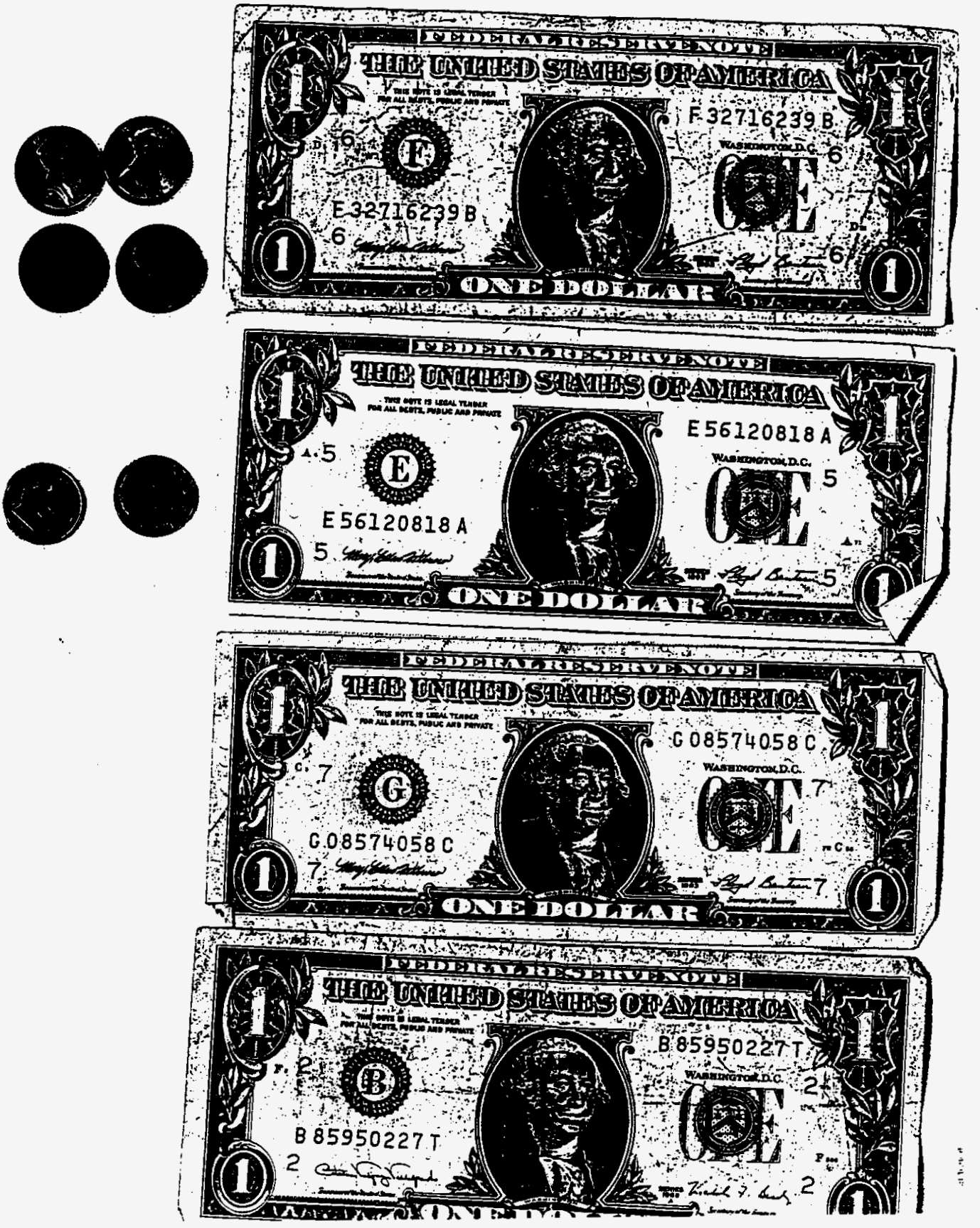
Dollar Amount: $4.24

G/L #: 0001.600.99.1340.1000.000

Requested By: [signature]

Date: 7-31-95

Document Attached:


FEDERAL RESERVE NOTE
THE UNITED STATES OF AMERICA
THIS NOTE IS LEGAL TENDER FOR ALL DEBTS, PUBLIC AND PRIVATE
F 32716239 B
WASHINGTON, D.C.
ONE
ONE DOLLAR
E 56120818 A
G 08574058 C
B 85950227 T

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2169 Vendor Name: Tom Isaacs

Inv Date: 6.30.95 Inv #: 10170 Inv $: 207.33

Due Date: 7.12.95 Discount: _____ Terms: _____

Month/Yr: 7.95 Purchase Order #: _____

Description: Expense Report 6/30/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1161.0000-200	95RA100	✓ 84.83 ✓
.160		✓ 36.20 ✓
.195		✓ 85.80 ✓
.175		.50 ✓

Voucher Prepared by: _____

SSU Travel Expense and Employee Reimbursement Report

Page ____ of ____

Employee Name: Tony Isaacs
Employee No.: 10170
Date: 6/30/95
Plant/Location: Apopka
Mailing Address: 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Fares & Rentals (RECEIPTS REQUIRED)	Lodging (RECEIPTS REQUIRED)	Meals (inc tips) (RECEIPTS REQUIRED)	Other (RECEIPTS REQUIRED)	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
6/29	Late Filing to Tally				1.90			32.40	34.30	910001	612099		67558	99000	1915	915RA1/1010
6/27	Late Filing to Tally						7.75		7.75	910001	612099		67558	99000	2099	915RA1/1010
6/23	Late Filing to Tally				1.90	86.30			88.20	910001	612099		67558	99000	1959	915RA1/1010
6/28	Late Filing to Tally						24.42		24.42	910001	612099		67558	99000	2099	915RA1/1010
6/10	Lunch-Saturday Late Check-out						10.03		10.03	910001	612099		67558	99000	2099	915RA1/1010
6/3	Lunch-Saturday Late Overtime						42.63		42.63	910001	612099		67558	00000	2099	915RA1/1010
	Totals				3.80	86.30	84.63	32.40		Total Travel Expense						A 207.33

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

RECEIVED
JUL 06 1995
Accounts Payable

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Tony Isaacs 6/30/95
Employee Signature Date

T. L. Lee 7/5/95
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

267.33	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
207.33	Owed Employee
	Owed Company

TVL(7/92) Original Accounting Office

APPENDIX DR305-B
PAGE 16 OF 2226

163165530995

DONATO'S ITALIAN RSTR
159 S R 434
ALTAMONTE SPRINGS FL 32714

REDACTED

TIME 11:45 AM DATE 06/03/95
ACCT# [redacted]
EXP DATE 0497
CARD TYPE VI
SERVER ID 001
TICKET #
TERMINAL # 240492
TRAN TYPE SALE
AUTH CODE 015402
RECORD # 003

AMOUNT $35.63

TIP AMOUNT 7.00

TOTAL AMOUNT 42.63

SIGN: Tom Sears
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
THANK YOU
PLEASE COME AGAIN!

CHECK NO.	DATE	NO. PERSONS	AMOUNT OF CHECK
442852	6/10	2	8.03

Munchkin's

2.00 tip
10.03

EXXON EXPRESS PAY

WELCOME TO
SPRINT TWO

RTL# 759-483434-5

VISA C2 [redacted]
Credit Sale
CREDIT #69B686
06/29/95 14:15:55
PUMP 9 PLUS
GALLONS 22.833
PRICE/GAL: $1.419
TOTAL FUEL $32.40

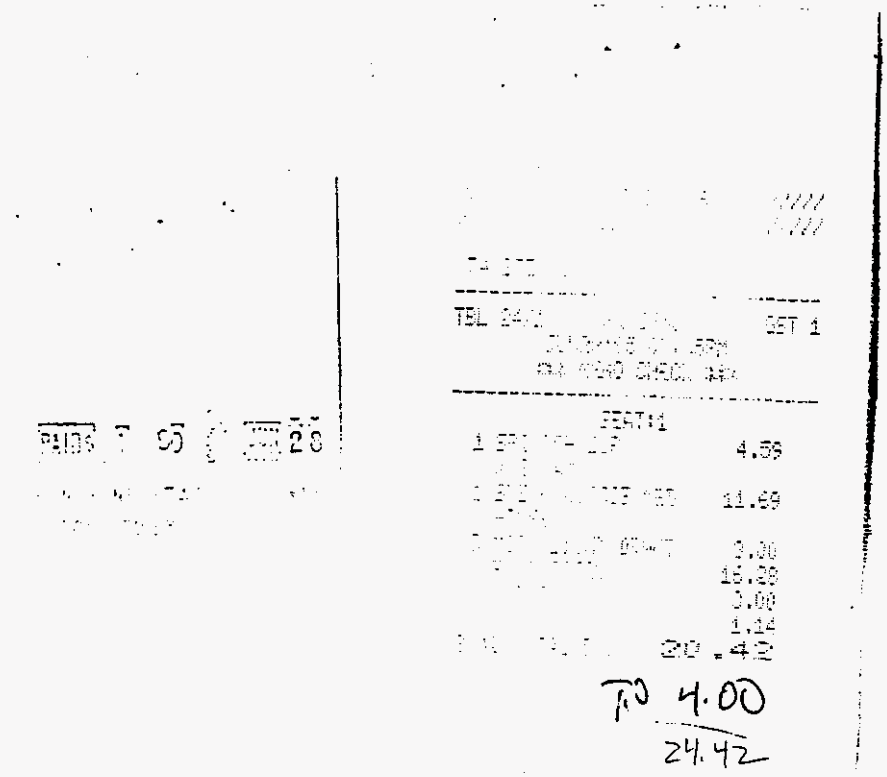
THANK YOU AND
PLEASE COME
AGAIN

REDACTED

1 90 93 JUN29

GUEST RECEIPT Copper Monkey 250556

Date 6/29 Amount 6.25 + 1.50 TIP


TEL
SET 1
TEST1
4.56
11.69
0.00
15.29
0.00
1.14
20.43
TO 4.00
24.42

COURTYARD by Marriott

TALLAHASSEE (TLHCH)
1018 APALACHEE PKWY.
TALLAHASSEE, FL 32301
(904)222-8822

Toll Free Reservations (800) 321- 2211

THANK YOU FOR SELECTING COURTYARD BY MARRIOTT FOR YOUR TRIP. WE TRUST THAT YOUR EXPERIENCE WITH US HAS INCLUDED WARM AND GRACIOUS SERVICE, AND THE TYPE OF ACCOMMODATIONS EXPECTED.

WE LOOK FORWARD TO SERVING YOU AGAIN ON FUTURE TRIPS. FOR ADDITIONAL RESERVATIONS, CALL OUR TOLL FREE RESERVATION NUMBER, (800) 321-2211.

WE LOOK FORWARD TO YOUR NEXT VISIT.

TONY ISSAACS
XXX
XXX XX 00000

143 REGA
GENR
ROOM 1
ROOM TYPE 78.00
NO. OF GUESTS 78.00
RATE
CLERK

06/28/95	02:59PM	06-29-95	11:08P	C3-55520
ARRIVE	TIME	DEPART	TIME	FOLIO #

DATE	REFERENCE NUMBER	DESCRIPTION	CHARGES	CREDITS
28/95	TE1348	LOCAL 904-[illegible]	.50	
28/95	RB143	ROOM CHARGE	78.00	
28/95	RT143	ROOM TAX	7.80	
28/95	MC143	MASTER CARD		86.30-

****

• CARD #: [redacted] •

* Amount: 86.30 Auth: 020200 •

• ** Signature on File ** *

****

REDACTED

** BALANCE ** .00

The undersigned agrees to make immediate payment upon receipt of statement. In the event such payment is not made within 30 days after receipt of the original statement, it is agreed that the hotel may impose a late payment charge at a rate of 1 1/2% per month (annual rate of 18%), or the maximum allowed by law, on the unpaid balance, and the reasonable cost of collection, including attorney's fees.

SIGNATURE _____

FORM # 6-887

Approved by: Recovery review approved for El. Trans 9/14/95. Manual Check #: _____ Date: _____

vendor #: 1835 Vendor Name: Brian Armstrong

Inv Date: 8.10.95 Inv #: 247 Inv $: 82.01

Due Date: 8.16.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
1806.591.02.1050.0000.160	4YCM341	11.00
0000.591.99.1861.0000.160	45RA100	66.25
↓ .200		4.76

Voucher Prepared by: [signature]

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name: Brian Armstrong
Employee No.: 297
Date: 8-10-95
Plant/Location: Apopka
Mailing Address: 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
7/27	RT to Orlando re: VLX	2	316	11.00					11.00	118016	5911	OR	101510	0000	1601	9HC1N3H1
7/31-8/1	RT to Airport - Rate case	2	60	18.00					18.00	000011	5911	98	11816a1	0000	1600	95RRA100
"	tolls	2						1.25	1.25			↓				
8/3	RT to Deep Creek	2	393	47.00					47.00			↓				
"	Lunch w/: "	2					4.76		4.76	000011	5911	98	11816a1	0000	3000	95RRA100
	Totals								82.01	Total Travel Expense						A

RECEIVED
AUG 14 1995
Accounts Payable

Other Employee Expenses

Date	Type	*	Location, Explanation or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

*- 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature [signature] Date 8/8/95

Supervisor Signature [signature] Date 8/10/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

82.01	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
82.01	Owed Employee
	Owed Company

(7/92) Original ... mting Office

APPENDIX DR305-B
PAGE 22 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 4264 Vendor Name: J & J METRO MOVING

Inv Date: 6-28-95 Inv #: 25486 Inv $: 916.90

Due Date: 8-16-95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 39740

Description: MOVING EXPENSE - 95 RATE FILING

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.186.0000.160	95RA100	916.90

Voucher Prepared by: _____

J&J METRO MOVING ORL.FL. 407 875 0480 P.02

We like our reputation... so will you!!!

Serving Florida since 1968

Nº 25486

J&J METRO MOVING AND STORAGE CO., INC.

1101 WEST KENNEDY BLVD.
ORLANDO, FLORIDA 32810
407-875-0000 / 407-875-0099

P.S.C

CUSTOMER'S NAME Southern States Utilites DATE 6-28 19 95

MOVE FROM 1000 Color Place Apopka PHONE # 800-0058 x232

MOVE TO Tallahassee PHONE # 904-681-6788

ATT: Ken Hoffman

Important Notice

IMPORTANT NOTICE: Unless otherwise specified, customer expressly releases the shipment to a declared value of .30 per pound per article, and shall continue during any and all services rendered. Carrier's maximum liability for loss and damage shall be either the lump sum value declared by the customer below, or .30 per pound per article. The company is not liable for damage to items packed by others or for items which require packing for safe handling but are not packed. There is a $100.00 deductible to the customer under the terms of this valuation. Rates for increase valuation are available upon request. In the event of any litigation, customer agrees that venue lies in Orange County.

The customer hereby releases the entire shipment to a value not exceeding

$ Full
.30 per pound per article
(Unless otherwise specified.)

NOTICE: The customer signing this contract must insert in the space above in his own handwriting, his declaration of the actual value of the shipment, otherwise the shipment will be deemed released to a maximum value equal to .30 per pound per article.

CUSTOMER MUST SIGN BEFORE LOADING → CUSTOMER OR HIS AGENT [signature]

TERMS: A CASHIER'S CHECK IS REQUIRED PRIOR TO UNLOADING OF THE MERCHANDISE outside of the Orlando area. **PAYMENT FOR ORLANDO SHIPMENTS DUE UPON COMPLETION OF SERVICES.** *If not paid a service charge of 1½% per month (18% per year) will be added to unpaid balance.* Should collection procedures be necessary to collect this bill, the customer agrees to pay all costs of collection including reasonable attorneys fees. **SERVICE CHARGES:** A $15.00 service charge will be assessed on any check returned by the bank.

Local Moving Charges

ADD MINUTES TRAVEL TIME	TIME ARRIVED JOB	TIME FINISHED JOB	MEAL TIME ALLOWANCE OR TIME LOST DUE TO WEATHER CONDITIONS	HOURS	TOTAL TIME CHARGED	HOURS
	8 15 AM PM	3 00 AM PM				

MOVING VAN AND 2 MEN @ $ 60.00 PER HOUR, FOR 6 3/4 HOURS — 405 00

X ☐ CONFIRMED FOR 8 00 AM PM — 6 HOUR TRAVEL TIME — 360 00

FUEL SURCHARGE — 100 00

OTHER SERVICES: — 865 00

+ 690 — 51 90

P.O. # 39740

DRIVER SIGN HERE ON RECEIPT OF CHARGES — TOTAL $ 916 90

Delivery Acknowledgement

Acknowledgement is made of performance of services outlined above in a satisfactory manner, and all goods received satisfactorily except as noted below.

DRIVER'S SIGNATURE R Callahan + R. TAYLOR CUSTOMER OR HIS AGENT'S SIGNATURE [signature]

CUSTOMER OR AGENT DATE AUTH. AGENT OR REP. DATE

Accounts Payable Voucher

pr:.ved by: _____ Manual Check #: _____ Date: _____

Vendor #: 44446 Vendor Name: Sharon Ball

Inv Date: 8.15.95 Inv #: 10077 Inv $: 7.50

Due Date: 8.16.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: _____

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.635.4A186L.0000.1100	95RA100	7.50

Voucher Prepared by: _____

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name SHARON Ball
Employee No. 10077
Date 8-15-95

Plant/Location 90001 / Apopka
Mailing Address

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
8/12/95	Boise Printing Apopka		5													
	Pick up Rate Case Covers															
8/13/95	Sir Speedy Printing Orlando		20													
	Pick-up Rate Case Books															
	25 x .30 = 7.50		Weekend- Keys Not Available													
	Totals		25	7.50												

Total Travel Expense A 7 50

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Sharon L Ball 8/15/95
Employee Signature Date

[signature] 8/15/95
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

Total A + B	7 50
Less Direct Bill (Ttl 1's)	
Less Co. Credit Cards (Ttl 3's)	
Less Advance	
Owed Employee	7 50
Owed Company	

(7/92)

APPENDIX DR365-B
PAGE 26 OF 2226

:3/95 11:05:29 SYSTEM AUDIT TRAIL APGANI APDANI

VOUCHER DISBURSEMENT HISTORY

Voucher #: 001 1995 08 02049 Inv Date 8151995 SOUTHERN STATES UTILITIES, INC
Vendor : 2169 Inv# 10170 TONY ISAACS
Expensed : 94.49 Relieved: 94.49 Hld 0 Net: .00
Freight : .00 Discount: .00 Crt 0 Factor:

Sel	Co#	Acct	Check No	Paid Amount	Discount Taken	Chk Date	Typ	Sts
	001	SUNOP	155625	94.49	.00	8171995	REG	
				94.49	.00			

Tony Isaacs

1 \Reconstruct a Check 2 \Display Check Detail
F3= Exit F12= Bypass F15= 1st Page

10/03/95 11:05:42 SYSTEM AUDIT TRAIL APGANI APDANI

VOUCHER EXPENSE DISTRIBUTIONS

Company : 001 SOUTHERN STATES UTILITIES, INC Total 94.49
Vendor : 2169 TONY ISAACS Voucher 1995 - 08 - 02049

Expense Account	Expensed Amount	ActGp	Purchase Order #
001.00001.620.99.1861.0000.160	94.49	APSUM	

Desc: EXPENSE REPORT Use Tax Auth: VAT Auth:
Job : Item Code: Item Qty:
Project# Sub-Task Units
95RA100 .00

F3= Exit F12= Bypass F15= 1st Page F5= Full Text

Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name Tony Isaacs
Employee No. 10170
Date 8/15/95

Plant/Location Alaska
Mailing Address 1000 Cedar Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED over $25													
7/31/95	Supp. Lake Filing to Telly							33.00	33.00	00991	62120	99	18861	00000	1915	95SRA1000
7/31/95	Supp. Lake Filing to Telly							31.49	31.49	00991	62120	99	18861	00000	1915	95SRA1000
8/1/95	Supp. Lake Filing to Telly							30.00	30.00	00991	62120	99	18861	00000	1915	95SRA1000
												99				
	Totals					CEC-160		94.49								Total Travel Expense A 94.49

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Tony Isaacs 8/15/95
Employee Signature Date

R. J. Brown 8/15/95
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
00991	62120	99	18861	00000	1915	95SRA1000	94.49

94.49	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
94.49	Owed Employee
	Owed Company

TVL(7/92) Employee Copy

APPENDIX DR305-B
PAGE 29 OF 2226

Accounts Payable Voucher

Approved by: awaiting verbal approval from E. Hain 9/12/95 JS

Manual Check #: _____ Date: _____

Vendor #: 1835 Vendor Name: Brian Armstrong

Inv Date: 8.28.95 Inv #: 279 Inv $: 47.32

Due Date: 9.13.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number (Plt.ResCtr.UC.Acct.SubAcct.CEC)	Project Number	Dollar Amount
1806.591.02.1050.0000.160	94CA341	9.72
00001.591.99.1861.0000.160	95RA100	37.60

Voucher Prepared by: [signature]

SSU
Travel Expense and
Employee Reimbursement Report

Page 1 of 1

Employee Name Brian Armstrong
Employee No. 297
Date 8-28-95

Plant/Location Apopka
Mailing Address 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
7/18	R-Trip to Volusia Cty - VLX	2	81	9.72					9.72	11180	5A11	02	11850	00000	1600	9HCM3411
7/24	Airport Parking/Tolls re 1995 Rate Case - DEP Mtg.	2						9.25	9.25	00001	5911	99	11861	00000	1600	95RPA1010
* 8/15	R-Trip to Airport	2	52	15.60					15.60	00001	5A11	AA	11861	00000	1600	95RPA1010
"	Airport parking	2						8.00	8.00	00001	5A11	99	11861	00000	1600	95RPA1010
"	tolls	2						4.75	4.75	00001	5A11	99	11861	00000	1600	95RPA1010
	Totals								47.32	Total Travel Expense A						

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										
	* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card				Total Other Expenses B						

RECEIVED
SEP 12 1995
Accounts Payable

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature Date 8/28/95

Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

47.32	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
47.32	Owed Employee
	Owed Company

TVI (7/92) Original Accounting Office

APPENDIX DR303-B
PAGE 31 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1835 Vendor Name: Brian Armstrong

Inv Date: 9.25.95 Inv #: 297 Inv $: 71.35

Due Date: 10.4.95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.591.99.1861.0000.160	95RA100	34.10 ✓
↓ .208	95RA100	37.25 ✓

Voucher Prepared by: [signature]

APPENDIX DR305-B

PAGE 37 OF 2226

Travel Expense and Employee Reimbursement Report

1835

Page ____ of ____

Employee Name Brian Armstrong
Employee No. 297
Date 9-25-95

Plant/Location Apopka
Mailing Address 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
9/12	RT to Airport	2	52	15.60					15.60	00001	591	99	18601	0000	1600	95SRA100
9/11	Dinner - BPA	2					15.25		15.25	00001	591	99	18601	0000	1600	95SRA100
9/12	Lunch - FLL/BPA	2					22.00		22.00				"			
9/12	Tolls	2						2.50	2.50	00001	591	99	18601	0000	1600	
9/12	Parking	2						16.00	16.00				"			
	Totals								71.35	Total Travel Expense						A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										
			* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card		Total Other Expenses						B

RECEIVED
SEP 28 1995
Accounts Payable

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature _____ Date 9/24/95

Supervisor Signature _____ Date 9/24/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
00001	591	99	18601	0000	1600	95SRA100	34.10
00001	591	99	18601	0000	2001	95SRA100	37.25

71.35	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
71.35	Owed Employee
	Owed Company

TVL(7/92)

Original Accounting Office

APPENDIX DR30-B
PAGE 33 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 8740 Vendor Name: Donna Henry

Inv Date: 9.12.95 Inv #: 301 Inv $: 20.61

Due Date: 9.20.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.591.99.1861.0000.160	95RA100	13.92
↓ .200	95RA100	6.69

Voucher Prepared by: _____

SSU
Travel Expense and Employee Reimbursement Report

Employee Name: Donna Henry
Employee No.: 301
Date: 9-12-95
Plant/Location: Apopka
Mailing Address: 1000 Color Place

	Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
				RECEIPTS REQUIRED													
*	8/24	Milege to Fed Ex-Longwood	2	14.2	4.26					4.26	000001	5911	99	18101	000000	1100	95SRA100
*	8/28	Kinko's - Alt. Spgs.	2	9	2.70					2.70							
*	8/30	Kinko's - Alt. Spgs.	2	9	2.70					2.70							
*	9/5	FedEx - Longwood		14.2	4.26					4.26			✓				✓
	8/28	Dinner while working for Rate Case	2					6.69		6.69	000001	5911	99	18101	000000	1100	95SRA100
		Totals								20.61							

Total Travel Expense: A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

RECEIVED
SEP 18 1995
Accounts Payable

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses: B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Donna Henry 9/12/95
Employee Signature Date

Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

20.61	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
20.61	Owed Employee
	Owed Company

TVL (7/92) Original - Accounting Office

APPENDIX DR 3053
PAGE 35 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 19304 Vendor Name: Judy Sweat

Inv Date: 9.13.95 Inv #: 1030 Inv $: 31.85

Due Date: 9.27.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Pfl.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.610.99.1861.0000.160	95RA100	9.80 ✓
↓ .200	95RA100	14.88
90001.610.99.6757.0000.175	—	7.17

Voucher Prepared by: _____

APPENDIX DR 305-B

PAGE 36 OF 2226

Travel Expense and Employee Reimbursement Report

Page 1 of _

Employee Name JUDY L. SWEAT
Employee No. 1030
Date 9-13-95
Plant/Location FOCCI - APOPKA
Mailing Address

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance, Miles	Transportation: Personal Auto Allowance, Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
9-13	Fllo/Customer Meeting								9.80	9000	6720	99	1861	0000	160	
8-28	Dinner/Customer Meeting with Carrie (Lakeside)	2					14.88		14.88	9000	6720	99	1861	0000	160	
	Totals								24.68							

RECEIVED
SEP 26 1995
Accounts Payable

Total Travel Expense A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
9-4	Telephone	2	Business calls made To Rome telephone #	7.17	9000	6720	99	6751	0000	185	
	Postage										
	Other (Describe)										
			* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card	7.17							

Total Other Expenses B ~~3.85~~

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature Judy L. Sweat Date 9-13-95

Supervisor Signature Linda Allen-Teasley Date 9/22/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
9000	6720	99	1861	0000	160		9.80
9000	6720	99	1861	0000	300		14.88
9000	6720	99	6751	0000	185		2.17

31.85	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
31.85	Owed Employee
	Owed Company

TVL(7/92) Original - Accounting Office

APPENDIX DR305-B
PAGE 31 OF 2226

AT&T

AT&T

CALL 1-800-222-0300 FOR AT&T BILLING INQUIRIES AND TO ORDER OTHER SERVICES SUCH AS CARDS, LONG DISTANCE SERVICES, ETC.

SUMMARY OF CURRENT CHARGES

LONG DISTANCE CHARGES	SEE DETAIL	7.17
TAXES	SEE DETAIL	.90
TOTAL CURRENT CHARGES		8.07

LONG DISTANCE CHARGES

REF	DATE	TIME	PLACE CALLED		NUMBER CALLED	FROM PLACE	FROM NUMBER	CODE	MIN	AMOUNT
6	AUG 17	09:25:27pm	ARCADIA	FL	941-494-4884			AE	37	6.14
7	AUG 17	10:59:04pm	ARCADIA	FL	941-494-4884			AN M	8	1.03

TOTAL LONG DISTANCE CHARGES 7.17

***Rate Codes for Interstate and Intrastate Long Distance Calls

	Customer Dial Rate	Overseas Rate	Service Charge/Custom Feature	
A = Automatic Number Identification (ANI)	D = Day	R = Standard	C = Calling Card	F = Call Forward
	E = Evening	T = Discount	P = Person	X = Conference
M = Multiple Rate Period	N = Night/Weekend	Y = Economy	S = Station	

C = When this symbol appears in the left margin, it indicates credit has been applied and the toll call is being billed at the reduced rate.

R = When this symbol appears in the left margin, it indicates a toll call has been billed to your account after being investigated by a toll investigation group.

DETAIL OF TAXES

FEDERAL TAX	.22
GROSS RECEIPTS TAX-AT&T	.18
COUNTY TAX	.50
TOTAL TAX	.90

CONTINUED ON BACK OF THIS PAGE

Accounts Payable Voucher

A ed by: _____ Manual Check #: _____ Date: _____

Vendor #: 1835 Vendor Name: Brian Armstrong

Inv Date: 10.15.95 Inv #: 97 Inv $: 101.80

Due Date: 10.25.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.591.99.1161.0000.160	95RA100	95.80
↓ .200	↓	6.00

Voucher Prepared by: [signature]

SSU
Travel Expense and Employee Reimbursement Report

Employee Name: Brian Armstrong
Employee No.: 297
Date: 10-15-95
Plant/Location:
Mailing Address:

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
9/25-26	RT to Orl. Airport	2	52	15.60					15.60	000011	5911	99	18161	0000	1160	95RA1100
"	Tolls to Orl. Airport	2						2.50	2.50			↓				↓
"	Airport Parking	2						8.00	8.00			↓				↓
9/26	Lunch re: 95 Rate case	2					6.00		6.00	000011	5911	99	18161	0000	2009	95RA1100
9/29	RT to Orl. Airport	2	52	15.60					15.60	000011	5911	99	18161	0000	1160	95RA1100
"	Tolls to Airport	2						2.50	2.50			↓				↓
"	Airport Parking	2						8.00	8.00			↓				↓
"	Parking in Tallahassee	2						7.25	7.25			↓				↓
10/5-9/6	RT to Orlando Airport	2	52	15.60					15.60			↓				↓
	Totals								Cont							Total Travel Expense A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										
			* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card								Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature Date

Supervisor Signature Date 10/20/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
Cont	Owed Employee
	Owed Company

TVL(7/92)

WHITE COPY - ACCOUNTS PAYABLE YELLOW COPY - EMPLOYEE

APPENDIX DR305B
PAGE 40 OF 2226

Travel Expense and Employee Reimbursement Report

Employee Name: Brian Armstrong
Employee No.: 297
Date: 10-15-95
Plant/Location:
Mailing Address:

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals (RECEIPTS REQUIRED)	Lodging (RECEIPTS REQUIRED)	Meals (inc tips) (RECEIPTS REQUIRED)	Other (RECEIPTS REQUIRED)	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
10-5-96	Tolls to Airport	2						2.50	2.50	0000011	591	99	1&61	0000	1600	95PA100
"	Airport Parking	2						8.00	8.00	"	"	"	"	"	"	"
"	Toll. parking	2						10.25	10.25	"	"	"	"	"	"	"
	Totals								101.80	Total Travel Expense						A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										
					Total Other Expenses						B

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature: [signature] Date: 10/16/95

Supervisor Signature: [signature] Date: 10/20/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

101.80	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
101.80	Owed Employee
	Owed Company

TVL(7/92)

WHITE COPY - ACCOUNTS PAYABLE

YELLOW COPY - EMPLOYEE

APPENDIX DR305-R
PAGE 41 OF 2226

Mileage

miles x ¢ =

✓ Round trip Orl Airport 10/5-6

✓ Round trip Orl Airport 9/25-26

✓ Round trip Orl Airport 9/24

✓ Tolls 10/5-6

.75	
.50	
.75	
.50	
2.50	

✓ Toll 9/24

.75	
.50	
.75	
.50	
$2.50	

✓ Tolls 9/25-26

.75	
.50	
.75	
.50	
$2.50	

✓ Lunch 9/26 $6.00

✓ Parking 10/6 $10.25 (Tallahassee)

✓ Parking 9/29 $7.25 (Tallahassee)

✓ Airport Pking ~~9/25-26~~ 9/25 $8.00

✓ Airport Pking 10/5-6 $8.00

Accounts Payable Voucher

proved by: _____ Manual Check #: _____ Date: _____

Vendor #: 8740 Vendor Name: Donna Henry

Inv Date: 10.9.95 Inv #: 301 Inv $: 21.76

Due Date: 10.11.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.591.99.1861.0000.160	95RA100	8.46 ✓
↓ 200	95RA100	✓3.17 ~~13.30~~
90001.591.99.4758.0000.235	—	~~10.13 ✓~~

Voucher Prepared by: _____

SSU
Travel Expense and
Employee Reimbursement Report

8740

Page 1 of 1

Employee Name Donna Henry
Employee No. 301
Plant/Location Apopka
Mailing Address 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
9/14	Food - MIF B-Day	2					10.13		10.13	90001	59	99	67580	0000	2315	
	Employee Recog															
9/28	Kinko's - Discovery	2	7	2.10					2.10	00001	59	99	18161	0000	1600	95RA100
10/5	Kinko's - Discovery	2	7	2.10					2.10	00001	59	99	18161	0000	1600	95RA100
10/5	Food - re: Discovery	2					3.17		3.17	00001	59	99	18161	0000	2009	5RA100
10/6	UPS - Longwood	2	14.2	4.26					4.26	00001	59	99	18161	0000	1600	95RA100
	Totals								21.76							

Total Travel Expense A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

* - 1- Direct Bill, 2- Reimbursable, 3- Company Credit Card

Total Other Expenses B

RECEIVED
OCT 09 1995
Accounts Payable

I certify that the expenses shown were incurred on company business or on behalf of the company.

Donna Henry 10/9/95
Employee Signature Date

B. P. [illegible] 10/9/95
or Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

21.76	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
21.76	Owed Employee
	Owed Company

(92)

Original Accounting Office

APPENDIX DR305-B
PAGE 44 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 12635 Vendor Name: Forrest Ludsen

Inv Date: 10.11.95 Inv #: 55 Inv $: 43.00

Due Date: 10.25.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: _____

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.1615.99.1841.0000.160	95RA100	43.00

Voucher Prepared by: _____

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name Forrest Knudsen — Plant/Location 90001/Admin

Employee No. 66 — Mailing Address

Date 10/1/95

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
8/1/95	HWY TOLLS TO TALLAHASSEE/FILING AGENDA				5.00				5.00	9010101V	6115	99	18161	00100	1610	915TRIA1/1010
8/1/95	AIRPORT PARK RECEIPT/AGENDA CONF				14.00				14.00	9010101V	6115	99	18161	00000	1610	915TRIA1/1010
9/26/95	HWY TOLLS TO TALLAHASSEE/INTERIM RATE REFUND				5.00				5.00	9010101V	6115	99	18161	00000	1610	915TRIA1/1010
9/26/95	AIRPORT PARK FEE/AGENDA CONF. REFUND ISSUE				8.00				8.00	9010101V	6115	99	18161	00000	1610	915TRIA1/1010
10/6/95	AIRPORT PARK FEE/INTERIM RATE AGENDA CONF				11.00				11.00	9010101V	6115	99	18161	00000	1610	915TRIA1/1010
	Totals				$43.00				$43.00	Total Travel Expense						A 43.00

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										
			* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card		Total Other Expenses						B

RECEIVED OCT 2 1995 Accounting

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature — Date 10/1/95

Supervisor Signature — Date 10/20/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
9010101V	6115	99	18161	00100	1610	915TRIA1/1010	$43.00

$43.00	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
$43.00	Owed Employee
	Owed Company

TVI (7/92)

APPENDIX DR305-B
PAGE 46 OF 2226

RECEIPT

It has been a pleasure to serve you!

ORLANDO INTERNATIONAL AIRPORT

Questions and comments regarding your parking should be forwarded with a copy of this receipt to:

Airport Parking Administrator
Greater Orlando Aviation Authority
Orlando International Airport
One Airport Boulevard
Orlando, Florida 32827-4399
(407) 825-3562

DKT 950495. Accepts Filing Agencies Confirmation of FPOC

EXIT:SEQUENCE/LANE/ CASHIER/	DATE	TIME	FEE	CUST. I.D.	ENTRY: LANE/	SER #	RATE/	DATE	TIME
8391 36 282	01AU	1944	014.00	FLTMJ63M	R11	92543	4	31JL	1709

84513 SOUTHLAND PRINTING - SHREVEPORT, LA.

RECEIPT

It has been a pleasure to serve you!

ORLANDO INTERNATIONAL AIRPORT

Questions and comments regarding your parking should be forwarded with a copy of this receipt to:

Airport Parking Administrator
Greater Orlando Aviation Authority
Orlando International Airport
One Airport Boulevard
Orlando, Florida 32827-4399
(407) 825-3562

DKT 920199 — FPOC Agencies Confirmation Refund Issued (Confirm Rate)

EXIT:SEQUENCE/LANE/ CASHIER/	DATE	TIME	FEE	CUST. I.D.	ENTRY: LANE/	SER #	RATE/	DATE	TIME
23-4 35 52	26SE	1741	0.8.0	FLTMJ63M	R1.	20210	4	20SE	0628

84513 SOUTHLAND PRINTING - SHREVEPORT, LA.

RECEIPT

It has been a pleasure to serve you!

ORLANDO INTERNATIONAL AIRPORT

Questions and comments regarding your parking should be forwarded with a copy of this receipt to:

Airport Parking Administrator
Greater Orlando Aviation Authority
Orlando International Airport
One Airport Boulevard
Orlando, Florida 32827-4399
(407) 825-3562

DKT 950495 Invoice Late Agencies Confirmation - FPOC

EXIT:SEQUENCE/LANE/ CASHIER/	DATE	TIME	FEE	CUST. I.D.	ENTRY: LANE/	SER #	RATE/	DATE	TIME
6741 3A 677	050C	1959	011.00	FLBYX17P	R11	24602	4	050C	1845

84513 SOUTHLAND PRINTING - SHREVEPORT, LA.

Highway tolls for trip to Tallahassee @ $5.00 per trip

8/1/95 DKT 950495-WS
- Filing Agenda - FPUC 5.00

9/26/95 - DKT 920174-WS
- Uniform Rate Refund
Agenda @ FPUC 5.00

Total $10.00

Accounts Payable Voucher

wed by: _____ Manual Check #: _____ Date: _____

Vendor #: 1081 Vendor Name: Matt Feil

Inv Date: 10.15.95 Inv #: 10126 Inv $: 200.36

Due Date: 10.18.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: _____

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.591.99.1861.0000.200	95RA100	✓ 15.68
↓ .160	95RA100	✓ 82.50
0000.591.99.1740.0000.160		82.50
↓ .200		4.68
9000.591.99.6208.0000.135		10.00

Voucher Prepared by: _____

SSU
Travel Expense and
Employee Reimbursement Report

Page 1 of 1

Employee Name: Matt Fell
Employee No.: 10126
Date: 10-15-95
Plant/Location: Apopka
Mailing Address:

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals (RECEIPTS REQUIRED)	Lodging (RECEIPTS REQUIRED)	Meals (inc tips) (RECEIPTS REQUIRED)	Other (RECEIPTS REQUIRED)	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
9/18	Food (MJ Fldh) re: 1995 Rate Case	2					10.68		10.68	00001	591	99	18161	00000	200	95RA100
9/26	Parking - Tall re: OOU (no receipt)	2						5.00	5.00	00001	591	99	17402	00000	160	
10/8	Copy Cards - Library	2						10.00	10.00	90001	591	99	62081	00000	135	
10/9	Food re: OOU	2					4.68		4.68	00001	591	99	17402	00000	200	
10/10	Food re: 95 Rate Case	2					5.00		5.00	00001	591	99	18161	00000	200	95RA100
* 10/9	Orlando to Tall Mileage	2	275	82.50					82.50	00001	591	99	17402	00000	160	
* 10/10	Tall to Orl. Mileage	2	275	82.50					82.50	00001	591	99	18161	00000	160	95RA100
	Totals								200.36							

Total Travel Expense A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

RECEIVED
OCT 17 1995
Accounts Payable

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature: Matthew Fell Date: 10-16-95

Supervisor Signature: R. P. Cary Date: 10/16/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

200.36	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
200.36	Owed Employee
	Owed Company

(7/92)

*(confirmed w/Barb Varble)

WHITE COPY - ACCOUNTS PAYABLE YELLOW COPY - EMPLOYEE

APPENDIX DR305-B
PAGE 50 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1835 Vendor Name: Brian Armstrong

Inv Date: 11.27.95 Inv #: 27 Inv $: 80.20

Due Date: 11.29.95 Discount: _____ Terms: _____

Month/Yr: 11.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
9001.591.99.6508.0000.160		47.35
9001.591.99.6758.0000.200		6.75
0005.591.99.1161.0000.160	95RA100	26.10

Voucher Prepared by: _____

APPENDIX _____ PAGE _____ OF _____

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of ____

Employee Name: Brian Armstrong
Employee No.: 297
Date: 11-27-95
Plant/Location: Apopka
Mailing Address: 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
11/23 11/25	RT to Orlando Airport	2	52	15.60					15.60	90001	591	99	16508	00000	1160	
"	" Tolls	2						2.50	2.50							
"	" Parking	2						24.00	24.00							
"	" Baggage	2						3.00	3.00							
11/24	Lunch - Duluth, MN	2					6.75		6.75	90001	591	99	16758	00000	2200	
11/25	Parking	2						2.25	2.25	90001	591	99	16508	00000	1160	
11/21	RT to Orlando Airport	2	52	15.60					15.60	00001	591	99	11816	00000	1160	95BA100
"	" Tolls	2						2.50	2.50							
"	" Parking	2						8.00	8.00							
	Totals								80.20							

Total Travel Expense A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature _____ Date 11/27/95

Supervisor Signature _____ Date 11/29/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
90001	591	99	16508	00000	1160		47.35
90001	591	99	16758	00000	2200		6.75
00001	591	99	11816	00000	1160	95BA100	26.10

80.20	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's
	Less Advance
80.20	Owed Employee
	Owed Company

TVL(7/92)

WHITE COPY - ACCOUNTS PAYABLE

YELLOW COPY - EMPLOYEE

APPENDIX DR 305-B PAGE 52 OF 2226

✓ Dulles taxi

.75
.50
.75
.50
) tolls

✓ baggage $3.00

✓ 10/24 89 6.75 lunch

Rental Airport — miles x ——→

pkg airport $24.00

[illegible]
[illegible] BLOSSOM I
Lane: 1 Collector: 2211
[illegible] Oct 25 13:01:34 1995
[illegible] Paid: $ 0.50

THANK YOU

ORLANDO-ORANGE COUNTY
EXPRESSWAY AUTHORITY

HOLLAND EAST

Lane: 7 Collector: 2253

Wed Oct 25 23:41:08 1995

Toll paid: $ 0.75

RECEIPT

It has been a pleasure to serve you!

ORLANDO INTERNATIONAL AIRPORT

Questions and comments regarding your parking should be forwarded with a copy of this receipt to:

Airport Parking Administrator
Greater Orlando Aviation Authority
Orlando International Airport
One Airport Boulevard
Orlando, Florida 32827-4399
(407) 825-3562

EXIT:SEQUENCE/LANE/ CASHIER/	DATE /	TIME /	FEE	/ CUST. I.D.	ENTRY/ LANE /	SER #	/ RATE/	DATE /	TIME
9 6 35 67 2	IND	1649	0	8.0	FLQYX17P	R1	49120	4 21	WD 0716

RECEIPT

It has been a pleasure to serve you!

ORLANDO INTERNATIONAL AIRPORT

Questions and comments regarding your parking should be forwarded with a copy of this receipt to:

Airport Parking Administrator
Greater Orlando Aviation Authority
Orlando International Airport
One Airport Boulevard
Orlando, Florida 32827-4399
(407) 825-3562

EXIT:SEQUENCE/LANE/ CASHIER/	DATE /	TIME /	FEE	/ CUST. I.D.	ENTRY: LANE /	SER #	/ RATE/	DATE /	TIME
59 6 3	481	2500	2327	020.0	FLQYX17P	R11	35017	4 240	12

APPENDIX DR305-B

PAGE 54 OF 2226

11/21/95

Airport Pkg

Round trip Apt

✓ Tolls .25
.50
.75
.50

THANK YOU

ORLANDO-ORANGE COUNTY
EXPRESSWAY AUTHORITY

ORANGE BLOSSOM OFF

Lane: 1 Collector: 2389

Tue Nov 21 17:08:55 1995

Toll paid: $ 0.50

14:13

03 .225
.225 ST
.000 MI
.000 MI
.225 W

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 8740 Vendor Name: Donna Hunt

Inv Date: 11.16.95 Inv #: 301 Inv $: 21.30

Due Date: 11.22.95 Discount: _____ Terms: _____

Month/Yr: 11.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Pit.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0004.591.99.186.0000100	95RA100	21.30

Voucher Prepared by: _____

APPENDIX DR305-B

PAGE 57 OF 226

Dinner Bell
Restaurant and Motel
12084 S. Williams Street Dunnellon, FL 34432
Phone (904) 489-2550

NAME Gary Morse
STREET 1000 Color Place
CITY/STATE Apopka Fl ZIP CODE 32703
CAR LICENSE 275 DR. LIC. NO. STATE FL MAKE Ford YEAR 92
SIGNATURE Gary Morse PHONE 407 8803537
REPRESENTING Southern States

ROOM 114
NO. PERSONS 1
RATE 30-

We reserve the right to refuse service to anyone and will not be responsible for accident or injury to our guests or for loss of money, jewelry or valuables of any kind.

☐ CASH ☐ CHECK ☐ CR. CARD CO.
CARD NO.

								TOTAL
DATE	10/15							
ROOM	30-							
PHONE								
OTHER CHARGES								
TAX	1.50							
TOTAL CHARGES	31.80							

NAME
ROOM

7412 01 10/16/95 RM #114 **30.00

PAYMENT RECEIVED

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name Judy L. Sweat Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
90001.	670.99.1861.	0000.200	$ 25.76	Rate Case Hearing/Dinner/Breakfast
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
TOTAL			$ 25.76	

RECEIVED
NOV 08 1995
Accounts Payable

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Judy L. Sweat Date: 11-7-95

(Approval of next level of supervision required)

Approval: Karla Olson Teasley Date: 11/7/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

VISA MasterCard

STATEMENT

THIS ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE REMITTANCE ENVELOPE.

ISSUED BY: SUNTRUST BANK, [illegible], N.A.
CUSTOMER OF: SUNTRUST BANK

PAGE ____ OF ____

SUNTRUST BANKCARD, N.A.
PO BOX 3513
ORLANDO FL 32802

ACCOUNT NUMBER [redacted]

PAYMENT DUE DATE
NOV 27,1995

AMOUNT DUE
NEW BALANCE $ 25.76
OR
MINIMUM PAYMENT $ .00

AMOUNT ENCLOSED
$

PLEASE MAKE CHECK PAYABLE TO MAST[illegible]

P067527

SSU SERVICES
JUDY L SWEAT
1000 COLOR PLACE
ATTN GINGER CLARK
APOPKA FL 32703-7797

REDACTED

1797 5410573301150891

DETACH HERE

POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER	AMOUNT CR - CREDIT PY - PAYMENT
				25.76
10-16	ALTMTE RIO BRV00303123 ALTAMONTE SPR FL	10-12	70410195288877009381400 5812	97.90PY
10-25	PAYMENT RECEIVED - THANK YOU	10-25	75349585296088009085946	
	SAVE 10%-50% INSTANTLY ON SELECT MERCHANDISE AT STORES NATIONWIDE. PLEASE SEE		WITH MASTERVALUES COUPONS FROM POPULAR RETAIL THE ENCLOSED INSERT FOR DETAILS.	

RECEIVED
NOV 06 1995
Accounts Payable

BALANCE USED FOR COMPUTING FINANCE CHARGE — AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	FINANCE CHARGE
PURCHASES $ .00	DAILY	MAY	
CASH ADVANCES $ .00	RATE	VARY	
TOTAL $ .00	.04287%	15.65%	$ .00

NEW CASH ADVANCES	EACH ADVANCE	MINIMUM	MAXIMUM	
$ .00	RATE 2.0%	$ 2.	$ 15.	$ .00

ACCOUNT NUMBER [redacted]

CREDIT LINE	NUMBER OF DAYS IN BILLING CYCLE
$ 00	31
AVAILABLE CREDIT	CLOSING DATE
$ 00	NOV 02,1995
ANNUAL PERCENTAGE RATE	MINIMUM PAYMENT DUE $ .00
%	PAYMENT DUE DATE NOV 27,1995

ACCOUNT SUMMARY

PREVIOUS BALANCE	$ 97.90
PURCHASES AND OTHER CHARGES	+ 25.76
CASH ADVANCES	+ .00
CREDITS	- .00
PAYMENTS	- 97.90
LATE CHARGE	+ .00
FINANCE CHARGE	+ .00
NEW BALANCE	= $ 25.76

SEND INQUIRIES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

CUSTOMER SERVICE TELEPHONE NUMBER: ORLANDO, FLORIDA (407) 888-8850 | TDD 1-800-535-7217 | TOLL FREE 1-800-433-4892

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

APPENDIX _____ PAGE ____ OF ____

Journal Entry Transaction Form

Prepared By:AT Approved By:S. Entered By:AT

YEAR/PERIOD:	1995-12	Source Code	GJ	Journal #	20972
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	8753
Inter Co. Table	001	Reference Code	SJ521	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-VISA (December 1995 Statement)

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.00001.591.99.1861.0000.195	95RA100			B. ARMSTRONG	558.83
2	001.00001.591.99.1861.0000.200	95RA100			B. ARMSTRONG	~~34.12~~
3	001.00001.000.99.1810.0000.000				B. ARMSTRONG	41.08
4	001.90001.591.99.6758.0000.200				B. ARMSTRONG	47.68
5	001.00001.591.99.1861.0000.160	95RA100			B. ARMSTRONG	16.17
6	001.00001.000.99.1840.0000.000				B. ARMSTRONG	(697.88)
7	001.00001.665.99.1840.3000.190				C. ANDERSON	205.00
8	001.00001.665.99.1840.3000.140				C. ANDERSON	30.92
9	001.00001.665.99.1840.3000.185				C. ANDERSON	39.00
10	001.00001.000.99.1840.0000.000				C. ANDERSON	(274.92)
11	001.90001.570.99.1059.2000.200				S. BAILEY	18.00
12	001.00001.000.99.1840.0000.000				S. BAILEY	(18.00)
13	001.90001.592.99.6208.0000.140				J. BARRETT	76.17
14	001.90001.592.99.6758.0000.200				J. BARRETT	21.32
15	001.90001.592.99.6758.0000.195				J. BARRETT	43.34
16	001.00001.000.99.1840.0000.000				J. BARRETT	(140.83)
17	001.90001.515.99.6758.0000.200				M. BENCINI	59.10

Total Number of lines	190
Total Debits	23,840.08
Total Credits	(23,840.08)

APPENDIX DR305-B PAGE 66 OF 2226

APPENDIX _____ PAGE _____ OF _____

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1995-12	Source Code	GJ	Journal #	20972
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	8753
Inter Co. Table	001	Reference Code	SJ521	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-VISA (December 1995 Statement)

Line	Account Number	Project	CPR	SUBT	Description	Amount
52	001.00001.000.99.1840.0000.000				C. COPELAND	(106.09)
53	001.00001.665.99.1840.3000.160				J. DePEDRO	34.92
54	001.00001.665.99.1840.3000.140				J. DePEDRO	9.04
55	001.00001.665.99.1840.3000.205				J. DePEDRO	144.08
56	001.01106.230.99.1050.3445.285	95CO206			J. DePEDRO	25.00
57	001.00001.000.99.1840.0000.000				J. DePEDRO	(213.04)
58	001.90001.660.99.6758.0000.195				C. DOZIER	61.04
59	001.90001.660.99.6758.0000.205				C. DOZIER	32.09
60	001.00001.000.99.1840.0000.000				C. DOZIER	(93.13)
61	001.00001.591.99.1861.0000.160	95RA100			M. FEIL	25.34
62	001.00001.591.99.1861.0000.200	95RA100			M. FEIL	36.90
63	001.00001.000.99.1840.0000.000				M. FEIL	(62.24)
64	001.90001.300.99.6758.0000.200				M. FISHER	181.65
65	001.90001.300.99.6758.0000.195				M. FISHER	61.04
66	001.90001.300.99.6508.0000.160				M. FISHER	11.50
67	001.00001.000.99.1840.0000.000				M. FISHER	(254.19)
68	001.90001.570.99.1059.2000.195				R. FOSTER	35.64

Total Number of lines _____

Total Debits _____

Total Credits _____

APPENDIX DR 305-B PAGE 61 OF 2226

VISA Corporate Card

STATEMENT

CUSTOMER OF [redacted]NTRUST BANK, CENTRAL
ISSUED THROUGH SUNTRUST BANKCARD, N.A.

SUNTRUST
P.O. BOX 628220
ORLANDO FL 32862-8220

ACCOUNT NUMBER [redacted]

1 of 1

PAYMENT DUE DATE
N / A
AMOUNT DUE
NEW BALANCE $ .00

OUNTS PAYABLE

FORREST LUDSEN
SOUTHERN STATES UTIL
1000 COLOR PLACE
ATTN GINGER CLARK
APOPKA FL 32703

AMOUNT ENCLOSED
$
MAKE CHECK PAYABLE TO VISA

ding.

car rental expense)

1790 4266273000078539

DETACH HERE AND RETURN WITH REMITTANCE

********** NOTICE MEMO ITEMS LISTED-BELOW **********

12-08	DELTA AIR	0061092705134 ORLANDO FL	11-15	24399005341127934354181 3058	430.00
12-06	DELTA AIR	0061092705134 ORLANDO FL		24399005321360574775449 3058	-430.00CR
11-24	AVIS RENT-A-CAR 1 TALLAHASFL FL		11-21	24266575326735205852484 3389	64.14
11-17	DELTA AIR	0061092705134 ORLANDO FL	11-15	24399005321360574775449 3058	430.00

********** TOTAL AMOUNT OF MEMO ITEM(S): 494.14

REDACTED

Corporate Card

ACCOUNT NUMBER [redacted]

CREDIT LINE $ 5,000
NUMBER OF DAYS IN BILLING CYCLE 31
CLOSING DATE DEC 11,1995
PAYMENT DUE DATE N / A

PREVIOUS BALANCE	$ .00
PURCHASES & OTHER CHARGES	+ .00
CASH ADVANCES	+ .00
CREDITS	- .00
PAYMENTS	- .00
LATE PAYMENT CHARGE	+ .00
NEW BALANCE	= $ .00

ment. My personal

CUSTOMER SERVICE TELEPHONE NUMBER ORLANDO, FLORIDA (407) 858-8850 TOLL FREE 1-800-836-8562

TERMS: Payable in full upon receipt of statement.

SEE BILLING RIGHTS SUMMARY ON REVERSE SIDE

VISA

(Approval of next level of supervision required)

Approval: _____ Date: 1/3/96

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

VISA Corporate Card

STATEMENT

CUSTOMER OF SUNTRUST BANK, CENTRAL
ISSUED THROUGH SUNTRUST BANKCARD, N.A.

SUNTRUST
P.O. BOX 628228
ORLANDO FL 32862-8228

☐ PLEASE INDICATE ADDRESS CHANGE BELOW

New Street

New City New State Zip

New Home Telephone New Business Telephone

[redacted]

PAYMENT DUE DATE
N / A

NEW BALANCE
.00

1 of 1

OUNTS PAYABLE

MATT FEIL
SOUTHERN STATES UTIL
1000 COLOR PLACE
ATTN GINGER CLARK
APOPKA FL 32703

AMOUNT ENCLOSED

MAKE CHECK PAYABLE TO VISA

nding.

l car rental expense)

1790 4266273000078356

1st Hearing

1st Hearing

DETACH HERE AND RETURN WITH REMITTANCE

********** NOTICE MEMO ITEMS LISTED-BELOW **********

11-29 SHELL NO.50984900022 SEBRING FL	11-27 24299105332041678275017 5541	25.34
11-29 CHILIS SEBRING 0003007 SEBRING FL	11-27 24399005332680540942220 5812	36.90

********** TOTAL AMOUNT OF MEMO ITEM(S): 62.24

1995

ts Payable

REDACTED

Corporate Card

[redacted]

PREVIOUS BALANCE $	.00
PURCHASES & OTHER CHARGES	.00
CASH ADVANCES	.00
CREDITS	.00
PAYMENTS	.00
LATE PAYMENT CHARGE	.00
NEW BALANCE $	.00

CREDIT LINE $ 2,500
NUMBER OF DAYS IN BILLING CYCLE 31
CLOSING DATE DEC 11,1995
PAYMENT DUE DATE N / A

CUSTOMER SERVICE TELEPHONE NUMBER ORLANDO, FLORIDA (407) 539-6000 TOLL FREE 1-800-836-6562

TERMS: Payable in full upon receipt of statement.

BILLING RIGHTS SUMMARY ON REVERSE SIDE

VISA

ement. My personal

95

(Approval of next level of supervision required)

Approval: _____ Date: 12-20-95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

VISA Corporate Card

STATEMENT

CUSTOMER OF SUNTRUST BANK, CENTRAL
ISSUED THROUGH SUNTRUST BANKCARD, N.A.

SUNTRUST
P.O. BOX 626220
ORLANDO FL 32862-8220

☐ PLEASE INDICATE ADDRESS CHANGE BELOW

New Street
New City New State Zip
New Home Telephone New Business Telephone

[redacted] 1 of 1

PAYMENT DUE DATE
N / A
AMOUNT DUE
NEW BALANCE .00

OUNTS PAYABLE

JOSE DEPEDRO
SOUTHERN STATES UTIL
1000 COLOR PLACE
ATTN GINGER CLARK
APOPKA FL 32703

AMOUNT ENCLOSED

MAKE CHECK PAYABLE TO VISA

1790 4266273000078372

TEAR HERE AND RETURN WITH REMITTANCE

iding.

car rental expense)

- 11/22/95

Pd Lab - planned

-mark training

********** NOTICE MEMO ITEMS LISTED-BELOW **********

-27	DISC AUTO PARTS #135 ORANGE CITY FL	11-22	24654015328145058552972 5533	34.92
-20	THE HOME DEPOT #253 OCALA FL	11-17	24401405323838347489289 5200	25.00
-20	BEST WESTERN HOTELS DELTONA FL	11-16	24401405323197666000419 3502	144.08
-13	WAL-MART 056300000563 ORANGE CITY FL	11-10	24168675316323607990761 5310	9.04

********** TOTAL AMOUNT OF MEMO ITEM(S): 213.04

REDACTED

Corporate Card

CUSTOMER SERVICE TELEPHONE NUMBER ORLANDO, FLORIDA (407) 888-8888 TOLL FREE 1-800-836-8862

BILLING RIGHTS SUMMARY ON REVERSE SIDE

[redacted]

CREDIT LINE	$ 2,500
NUMBER OF DAYS IN BILLING CYCLE	31
CLOSING DATE	DEC 11,1995
PAYMENT DUE DATE	N / A

PREVIOUS BALANCE	$ .00
PURCHASES & OTHER CHARGES	+ .00
CASH ADVANCES	+ .00
CREDITS	- .00
PAYMENTS	- .00
LATE PAYMENT CHARGE	+ .00
NEW BALANCE	= $ .00

TERMS: Payable in full upon receipt of statement.

VISA

ement. My personal

(Approval of next level of supervision required)

Approval: _____ Date: _____

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

VISA Corporate Card

STATEMENT

CUSTOMER OF SUNTRUST BANK, CENTRAL
ISSUED THROUGH SUNTRUST BANKCARD, N.A.

SUNTRUST
P.O. BOX 628220
ORLANDO FL 32862-8220

☐ PLEASE INDICATE ADDRESS CHANGE BELOW

New Street
New City New State Zip
New Home Telephone New Business Telephone

ACCOUNT NUMBER [redacted]

PAYMENT DUE DATE
N / A
AMOUNT DUE
NEW BALANCE .00

BRIAN ARMSTRONG
SOUTHERN STATES UTIL
1000 COLOR PLACE
ATTN GINGER CLARK
APOPKA FL 32703

AMOUNT ENCLOSED $

MAKE CHECK PAYABLE TO VISA

1790 4266273000078554

DETACH HERE AND RETURN WITH REMITTANCE

########## NOTICE MEMO ITEMS LISTED-BELOW ##########

12-08	DELTA AIR 0061092705133 ORLANDO FL	11-15	24399005341127934354173	3058	430.00
12-08	BUZ-MOZ APOPKA FL	12-06	24654015341145058376581	5812	47.66
12-06	DELTA AIR 0061092705133 ORLANDO FL		24399005321360574775431	3058	430.00CR
12-04	ROMA RISTORANTE ITALALAIA APOPKA FL	11-30	24638285335508568109842	5812	41.08
12-04	SHERATON HARBOR PLACE FT.MYERS FL	11-29	24654015335145148461201	3503	104.18
11-30	CHEVRON #00053521 SARASOTA FL	11-28	24625125333450393210401	5541	16.17
11-24	TEXAS STEAKHOUSE TALLAHASSEE FL	11-21	24610095326527782202684	5812	17.12
11-24	JERRY'S CATERERS INC TALLAHASSEE FL	11-21	24610095326547390327293	5811	17.00
11-17	DELTA AIR 0061092705133 ORLANDO FL	11-15	24399005321360574775431	3058	430.00
11-13	DENNY'S #6191 APOPKA FL	11-08	24492155314313751138228	5812	24.65

########## TOTAL AMOUNT OF MEMO ITEM(S): 697.88

REDACTED

Corporate Card

ACCOUNT NUMBER [redacted]

CREDIT LINE $ 5,000
NUMBER OF DAYS IN BILLING CYCLE 31
CLOSING DATE DEC 11,1995
PAYMENT DUE DATE N / A

ACCOUNT SUMMARY

PREVIOUS BALANCE	$	.00
PURCHASES & OTHER CHARGES	+	.00
NEW CASH ADVANCES	+	.00
CREDITS	-	.00
PAYMENTS	-	.00
LATE PAYMENT CHARGE	+	.00
NEW BALANCE	= $	.00*

CUSTOMER SERVICE TELEPHONE NUMBER ORLANDO, FLORIDA (407) 539-6660 TOLL FREE 1-800-336-8472

TERMS: Payable in full upon receipt of statement.

SEE BILLING RIGHTS SUMMARY ON REVERSE SIDE

VISA

(Approval of next level of supervision required)

Approval: J. A. Thomas Date: 12/28/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1835 Vendor Name: Brian Armstrong

Inv Date: 12.12.95 Inv #: 297 Inv $: 162.71

Due Date: 12.20.95 Discount: _____ Terms: _____

Month/Yr: 12.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.59199.1861.00000.160	95RA100	153.60
↓ .200	95RA100	9.11

Voucher Prepared by: _____

APPENDIX _____ PAGE _____ OF _____

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name: Brian Armstrong
Plant/Location: Apopka
Employee No.: 297
Mailing Address:
Date: 12-12-95

Date	Location and Explanation Nature of Duty, Business Reason	•	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	RECEIPTS REQUIRED															
11/29	RT to Lee Cty Cust Hrg	2	512	153.60			9.11		153.60	0000	591	99	1864	0000	600	95BA1CC
11/29	Lunch (BRA/TS)	2							9.11	0000	591	15	1864	0000	300	95BA1CC
	Totals								162.71							

RECEIVED
DEC 15 1995
Accounts Payable

Total Travel Expense A

Other Employee Expenses: Date	Type	•	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

Total Other Expenses B

• - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature: B. Armstrong Date: 12/12/95

Supervisor Signature: [signature] Date: 12/15/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

162.71	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl
	Less Advance
162.71	Owed Employee
	Owed Company

TVL(7/92)

WHITE COPY - ACCOUNTS PAYABLE

YELLOW COPY - EMPLOYEE

* Verified w/ B. Valdez

APPENDIX DR305-B PAGE 61 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1135 Vendor Name: Brian Armstrong

Inv Date: 12.20.95 Inv #: 297 Inv $: 63.00

Due Date: 1.3.96 Discount: _____ Terms: _____

Month/Yr: 12.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.591.99.1861.0000.160	95RA100	63.00

Voucher Prepared by: _____

APPENDIX ____ PAGE ____ OF ____

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name: Brian Armstrong
Employee No.: 297
Date: 12-20-95

Plant/Location: Apopka
Mailing Address:

Date	Location and Explanation Nature of Duty, Business Reason	•	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
X- 12/12	Mileage RT to Bartow re SCRFUMD Mtg re: Rate Case testimony	2	210	63.00					63.00	00001	5311	99	186401	00000	100	9SUBA100
	Totals								63.00					Total Travel Expense		A

Other Employee Expenses: Date	Type	•	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage		Accounts Payable								
	Other (Describe)										
										Total Other Expenses	B

• - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature: [signature] Date: 12/20/95

Supervisor Signature: [signature] Date: 12/28/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

63.00	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
63.00	Owed Employee
	Owed Company

TVL(7/92)

* Verified w/B. Valdez

WHITE COPY - ACCOUNTS PAYABLE

YELLOW COPY - EMPLOYEE

APPENDIX DR305-B PAGE 70 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 8740 Vendor Name: Donna Hunt

Inv Date: 12.12.95 Inv #: 301 Inv $: 11.59

Due Date: 12.13.95 Discount: _____ Terms: _____

Month/Yr: 12.95 Purchase Order #: _____

Description: Expense

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.591.99.1861.0000.200	95RA100	7.33
↓ .160	95RA100	4.26

Voucher Prepared by: _____

APPENDIX _____ PAGE _____ OF _____

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name: Donna Heacy
Employee No.: 301
Date: 12-12-95
Plant/Location: Apopka
Mailing Address:

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
11/16	Dinner - Working on discrepancy	2					7.33		7.33	0000	5911	99	1826	0000	5000	95RA10C
* 11/27	UPS - Longwood	2	14.2	4.26					4.26	0000	5911	99	1826	0000	5000	95RA10C
	Totals								11.59	Total Travel Expense A						

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature: Donna Heacy Date: 12/12/95

Supervisor Signature: B.P.A. Date: 12/12/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

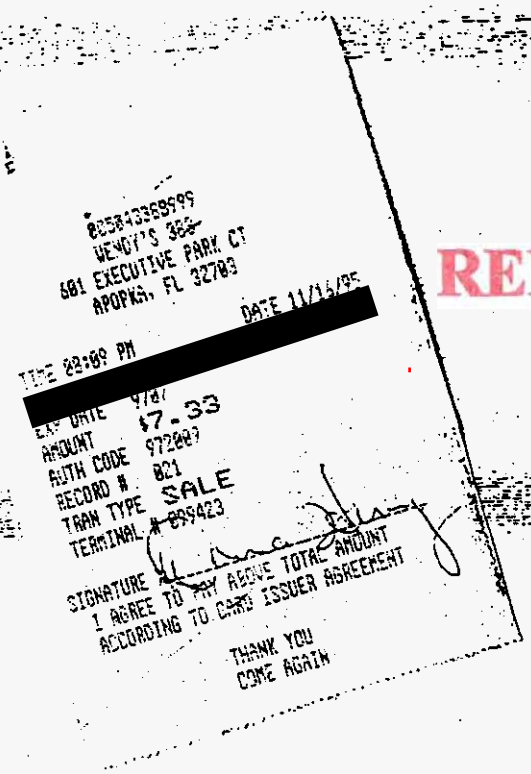
11.59	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's
	Less Advance
11.59	Owed Employee
	Owed Company

TVL(7/92)

WHITE COPY - ACCOUNTS PAYABLE YELLOW COPY - EMPLOYEE

* After Hours.

APPENDIX DR305-B PAGE 72 OF 2226



8058403888599
WENDY'S 388
681 EXECUTIVE PARK CT
APOPKA, FL 32703

DATE 11/14/95

TIME 08:09 PM

[redacted]

EXP DATE 9/97
AMOUNT $7.33
AUTH CODE 972887
RECORD # 821
TRAN TYPE SALE
TERMINAL # 009423

SIGNATURE
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

THANK YOU
COME AGAIN

REDACTED

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2185 Vendor Name: Chuck Bliss

Inv Date: 1.2.96 Inv #: 10162 Inv $: 274.16

Due Date: 1.10.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000 1.625.99.1861.0000.140	95RA100	265.06
↓ 1160	95RA100	9.10

Voucher Prepared by: [signature]

[redacted] SSU

Tra[redacted]xpense and

Employee Reimbursement Report

Page 1 o.

Employee Name Charles M. Bliss
Employee No. 10162
Date Thru 02 Jan 1996

Plant/Location Apopka (9000)
Mailing Address 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals (RECEIPTS REQUIRED)	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
10/24/95	FBC Inspec - Toll Road	2			7.10				7.10	9100101	625999		18611	0000	160	BA1000
11/21/95	FBC Inspec - Toll Road	2			2.00				2.00	9100101	625999		18611	0000	160	BA1000
	Totals				9.10				9.10	Total Travel Expense A						

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
6/28/95	Office Supplies										
	Telephone	2	Kinkos - Tabs for MFR books	82.93	9100101	625999		18611	0000	H10	95RA1010
	Postage										
Various	Other (Describe) Map Book Materials	2	See attached	182.13	9100101	625999		18611	0000	160	95RA1010
			* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card	265.06	Total Other Expenses B						

I certify that the expenses shown were incurred on company business or on behalf of the company.

Charles M. Bliss 01/02/96
Employee Signature Date

[redacted] 1/4/96
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
9100101	625999		18611	0000	140	95RA1010	265.06
9100101	625999		18611	0000	160	95RA1010	9.10

274.16	Total A + B
0.00	Less Direct Bill (Ttl 1's)
0.00	Less Co. Credit Cards (Ttl 3's)
0.00	Less Advance
274.16	Owed Employee
0.00	Owed Company

TVL(7/92) Original Accounting Office

APPENDIX DR 305-B
PAGE 15 OF 2226

MAP BOOK MATERIALS FOR THE RATE CASE FILING 95RA100

Line No.	Invoice Date	Vendor	Items Purchased	Amount
1.	01/19/95	Builders Square	metal strips and screws	$ 2.97
2.	02/08/95	Builders Square	wood strips and screws	$ 7.12
3.	06/21/95	Taco Metals	aluminum channel - 3 pieces	$ 9.00 (1)
4.	06/21/95	Builders Square	screws for aluminum channel	$ 1.78
5.	06/26/95	Home Depot	handles and screws	$ 2.38
6.	06/26/95	Builders Square	plastic caps	$ 1.28
7.	06/27/95	Taco Metals	18 pieces of aluminum channel	$ 49.59
8.	06/27/95	Home Depot	9 handles	$ 14.84
9.	06/27/95	Builders Square	plastic caps and super glue	$ 7.46
10.	06/27/95	Tropic Fasteners	100 screws	$ 3.00
11.	06/27/95	Builders Square	sanding belt	$ 3.48
12.	06/27/95	Builders Square	super glue	$ 2.08
13.	07/05/95	Home Depot	2 handles	$ 2.66
14.	07/06/95	Builders Square	rubberized paint	$ 6.35
15.	07/10/95	Home Depot	handle	$ 1.65
16.	07/30/95	Home Depot	drills, 3 handles, plywood, paint items	$ 24.69
17.	08/11/95	Home Depot	toluene, 20 handles	$ 40.00
18.	08/30/95	Tropic Fasteners	100 screws	$ 1.80
19.			**Total**	**$182.13**

Note: (1) Vendor would not provide receipt since materials purchased came from scrap materials.

TACO METALS, INC
50 N.E. 179th STREET
MIAMI, FL 33162
(305) 652 8566

Regional Inquiries:
ORLANDO, FL. (407) 339-1130
NEW BEDFORD, MA (508) 999-7030
ST. PETERSBURG, FL. (813) 577-3377
WHEELING, IL (708) 537-2707

Please Remit To:
TACO METALS, INC.
ACCOUNTS RECEIVABLE
P.O. Box 693840
Miami, FL 33269

UMENT.

CUST. #: PHONE #:

PROMISED SHIP	INVOICE DATE	INVOICE NO.
ORDER DATE	P.O. NO.	PAGE NO.

BILL TO:

SHIP TO

INSTRUCTIONS: CASH

SHIP POINT	FREIGHT CARRIER AND TERMS	TERMS
	OPC	

PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	EXTENSION	UNIT PRICE	PRICE U/M	AMOUNT (NET)
3A3-1206AE/GB 1" X 1 1/2" CHANNEL AE 3 0'	1	0	1	PC	30.00	1.85	FT	37.00

Lines Total

Total	37.00
Cutting Chg	10.00
Taxes	2.59
Invoice Total	49.59

Charles M. Bliss
6/22/95

3 @ $3.00 = 9.00 without receipt for materials out of scrap bin.

erchandise may be returned without our written authorization. A SERVICE GE will be made on all returned merchandise. All accounts 30 days past st to a finance charge of 1½% PER MONTH, 18% PER ANNUM n amount permitted under state and federal law.

RECEIVER'S SIGNATURE

DATE

(PLEASE PAY FROM THIS INVOICE) COPY 2

TACO METALS, INC.
50 N.E. 179th STREET
MIAMI, FL 33162
(305) 652-8566

ORLANDO, FL (407) 339-1190
NEW BEDFORD, MA (508) 999-0030
ST. PETERSBURG, FL (813) 577-3377
WHEELING, IL (708) 537-2707

REMIT TO:
TACO METALS, INC.
ACCOUNTS RECEIVABLE
P.O. Box 693840
Miami, FL 33269

DUMENT:

CUST. #: PHONE #:

PROMISED SHIP	INVOICE DATE	INVOICE NO.
ORDER DATE	P.O. NO.	PAGE NO.

BILL TO:

SHIP TO

INSTRUCTIONS:

SHIP POINT	FREIGHT CARRIER AND TERMS	TERMS

CUSTOMER SERVICE REPRESENTATIVE:
Route - Longhaul

PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	EXTENSION	UNIT PRICE	PRICE U/M	AMOUNT (NET)
[illegible] 1 3 1 EA 30.30								
3" X 1 1/2" CHANNEL PE 2 0"								
Lines Total								

Charles M. Bliss
6/27/95

erchandise may be returned without our written authorization. A SERVICE RGE will be made on all returned merchandise. All accounts 30 days past re subject to a finance charge of 1½% PER MONTH, 18% PER ANNUM maximum amount permitted under state and federal law.

RECEIVER'S SIGNATURE

DATE

(PLEASE PAY FROM THIS INVOICE) PACKING LIST 1

TROPIC FASTENERS

PACKING LIST

55 SEMORAN COMMERCE PLACE, SUITE 101
POPKA, FLORIDA 32703
:07) 880-4777 · FAX (407) 880-2122

BRANCH
100 - B CENTREWEST CT.
CARY, N.C. 27513
(919) 677-0111 · FAX (919) 677-0444

ORDER NUMBER	SHIP NO	PAGE
00056010	239556	1

06/27/95 3:15PM
RELEASE 001

SOLD TO
SOUTHERN STATE UTILITIES
175 SEMORAN COMMER. PLACE
APOPKA FL 32703

SHIP TO
SOUTHERN STATE UTILITIES
175 SEMORAN COMMER. PLACE
APOPKA FL 32703

CUSTOMER ID	ORDERED BY	SALESPERSON	ENTERED BY	TERMS	ORDER DATE
SSU	LINDA	JLP/MMC	melissa	NET 0	06/27/95

PURCHASE ORDER NUMBER	REFERENCE	P.O DATE	REQ. SHIP DATE	SHIP DATE	SHIP VIA	FOB	FILLED BY
SAL		06/27/95	06/27/95	06/27/95	PICK-UP COD	SP	

ITEM NUMBER / DESCRIPTION	UNIT WEIGHT		BIN	U/M	QUANTITIES ORDERED	SHIPPED	BACKORDERED
38C050SBMSSTZ	ST	06/27/95		EA	100.	100.	
32X1/2 SLOT BINDER M/S STEEL ZINC							
TOCK							
LOT#:000002700		100.					

$3.00 Cash
Paid in Full 6/27/95
Melissa McLeo

CERTIFICATE OF CONFORMANCE

terials and/or parts furnished on this order have been manufactured in cordance with applicable drawings and specifications. Certificate of nformance and/or Test Reports are on file at our facility or at source of rchase and available upon request.

By _____
Quality Assurance Manager

Any claim for shortages or damage must be made within 7 days after receipt of goods.

Material may not be returned without a "Return Material Authorization" number.

Tropic Fasteners, Inc. disclaims any responsibility for manufacturing or functional defects and hereby limits express or implied warranties to liability for the cost of replacement of said goods.

_____ Total Weight _____ Received By _____

TROPIC FASTENERS

PACKING LIST

55 SEMORAN COMMERCE PLACE, SUITE 101
APOPKA, FLORIDA 32703
(407) 880-4777 • FAX (407) 880-2122

BRANCH
100 - B CENTREWEST CT
CARY, N.C. 27513
(919) 677-0111 • FAX (919) 677-0444

ORDER NUMBER	SHIP NO	PAGE
00062631	054358	1

08/30/95 2:23PM
RELEASE 001

D D C O . C H K

SOLD TO
SOUTHERN STATE UTILITIES
175 SEMORAN COMMER. PLACE
APOPKA FL 32703

SHIP TO
SOUTHERN STATE UTILITIES
175 SEMORAN COMMER. PLACE
APOPKA FL 32703

CUSTOMER ID	ORDERED BY	SALESPERSON	ENTERED BY	TERMS	ORDER DATE
SSU		JLP/KRS	ken	COD CO. CHK	08/30/95

PURCHASE ORDER NUMBER	REFERENCE	P.O. DATE	REQ. SHIP DATE	SHIP DATE	SHIP VIA	FOB	FILLED BY
AL SUGU		08/30/95	08/30/95	08/30/95	PICK-UP COD	SP	

ITEM NUMBER / DESCRIPTION	UNIT WEIGHT		BIN	U/M	QUANTITIES ORDERED	SHIPPED	BACKORDERED
06C037SPMSSTZ	ST	08/30/95		EA	100	100	
32X3/8 SLOT PAN M/S STEEL ZINC							
LOT#:000063161		100					

PC

Total $1.80

CERTIFICATE OF CONFORMANCE

terials and/or parts furnished on this order have been manufactured in cordance with applicable drawings and specifications. Certificate of nformance and/or Test Reports are on file at our facility or at source of rchase and available upon request.

By _____
Quality Assurance Manager

Any claim for shortages or damage must be made within 7 days after receipt of goods.

Material may not be returned without a "Return Material Authorization" number.

Tropic Fasteners, Inc. disclaims any responsibility for manufacturing or functional defects and hereby limits express or implied warranties to liability for the cost of replacement of said goods.

Boxes _____ Total Weight _____ Received By _____

FLORIDA DEPARTMENT OF TRANSPORTATION
TOLL RECEIPT
☐ Prepaid charge ☒ Cash
EXIT 236
CLASS 2
DATE 10.24.95
AMOUNT 7.00
REVISED 8/93
FORM 181-40a

FLORIDA'S TURNPIKE
TOLL RECEIPT

DATE:11/21/95 TIME:1755 TRANSP:7551
PLAZA:JEBMG LANE:06 COLL I#:2612
CLASS:02 TOLL:$ 2.00 PAID-CASH

THANK YOU AND REMEMBER TO RECYCLE OR!

BUILDERS SQUARE STORE #1321
2302 E. SEMORAN BLVD.
APOPKA, FL 32703
(407)880-8424
STORE MANAGER: DAVID REED

415 SALE 1869 1321 018
CASHIER DEBRA

9913740160
2293876 J-BEAD 1 1.30
3069928011
6897166 M/S R/H 1 .69
3069919011
6892159 WING NUT 1 .69
3069908046
4 @ 0.03
6103667 CUT WASHER .12
SUBTOTAL 2.80
6% SALES TAX .17
TOTAL 2.97

CASH TENDER 3.00
CHANGE .03
RETAIN THIS RECEIPT FOR RETURNED ITEMS

1/19/95 12:46

BUILDERS SQUARE STORE #1321
2302 E. SEMORAN BLVD.
APOPKA, FL 32703
(407)880-8424
STORE MANAGER: DAVID REED

415 SALE 5910 1321 014
CASHIER MICHAEL

3069920091
6092441 FENDR WSHR 1 .69
2936J00300
5100306 FASTENER B 1 .49
2936J00300
5100306 FASTENER B 1 .49
SUBTOTAL 1.67
6% SALES TAX .11
TOTAL 1.78

CASH TENDER 10.00
CHANGE 8.22
RETAIN THIS RECEIPT FOR RETURNED ITEMS

6/21/95 9:18

THE HOME DEPOT 02[illegible]
882 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714 [illegible]

0267 00012 09990 06/[illegible]
606 03[illegible]
SALE

[illegible] HANDLE
[illegible]0027999031 BOLTS
[illegible]0027999031 BOLTS
[illegible]0027999031 BOLTS
[illegible]0027999031 BOLTS
[illegible]0027[illegible]1893 BOLTS
[illegible]0027[illegible]1893 BOLTS
[illegible]0027[illegible]1893 BOLTS
[illegible]0027[illegible]1893 BOLTS
SUBTOTAL
2.22 TAX FL 7.000
TOTAL
CASH

[illegible]INAL RECEIPT REQUIRED FOR A [illegible]
[illegible] YOU FOR SHOP[illegible] [illegible] THE HOME
[illegible]EPOT [illegible] - [illegible]

MAPBOOK?

BUILDERS SQUARE STORE #1321
2302 E. SEMORAN BLVD.
APOPKA, FL 32703
(407)880-8424
STORE MANAGER: DAVID REED

415 SALE 5910 1321 014
CASHIER MICHAEL

3069920091
6092441 FENDR WSHR 1 .69
2936J00300
5100306 FASTENER B 1 .49
2936J00300
5100306 FASTENER B 1 .49
SUBTOTAL 1.67
6% SALES TAX .11
TOTAL 1.78

CASH TENDER 10.00
CHANGE 8.22
RETAIN THIS RECEIPT FOR RETURNED ITEMS

6/21/95 9:18

THE HOME DEPOT 0263
882 W. STATE ROAD 436

...HANDLE

...
...
...EHOUSE PRICES - DAY IN, DAY O...

BUILDERS SQUARE STORE #1321
2302 E. SEMORAN BLVD.
APOPKA, FL 32703
(407)880-8424
STORE MANAGER: DAVID REED

422 SALE 3927 1321 013
CASHIER KELLY

3069942886
6105324 PLSTC CAPS 1 1.20
SUBTOTAL 1.20
6% SALES TAX .08
TOTAL 1.28

CASH TENDER 10.35
CHANGE 9.07
RETAIN THIS RECEIPT FOR RETURNED ITEMS

6/26/95 18:35

Map Books

...
...
...

Supplies for map Books

BUILDERS SQUARE STORE #1321
2302 E. SEMORAN BLVD.
APOPKA, FL 32703
(407)886-8424
STORE MANAGER: DAVID REED

263 SALE 6891 1321 020
CASHIER TONIA

7375415186
3540168 SUPR GLU 4 1 1.96
SUBTOTAL 1.96
6% SALES TAX .12
TOTAL 2.08

CASH TENDER 2.08
RETAIN THIS RECEIPT FOR RETURNED ITEMS

6/27/95 18:21

BUILDERS SQUARE STORE #1321
2302 E. SEMORAN BLVD.
APOPKA, FL 32703
(407)886-8424
STORE MANAGER: DAVID REED

263 SALE 6826 1321 020
CASHIER TONIA

5114409285
3681475 PRO BELT 1 3.28
SUBTOTAL 3.28
6% SALES TAX .20
TOTAL 3.48

CASH TENDER 4.00
CHANGE .52
RETAIN THIS RECEIPT FOR RETURNED ITEMS

6/27/95 15:00

[illegible]

THE HOME DEPOT 0263
882 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714 407-865-5410

0263 00018 27799 07/05/95
SALE 537 07:47 PM

078555604523 WIRE PULL 1.49
078555584542 WHITE PULL 0.99
SUBTOTAL 2.48
2.48 TAX FL 7.000 0.18
TOTAL $2.66
CASH 20.00
CHANGE DUE 17.34

ORIGINAL RECEIPT REQUIRED FOR A REFUND
THANK YOU FOR SHOPPING AT THE HOME DEPOT
WAREHOUSE PRICES - DAY IN, DAY OUT

THE HOME DEPOT 0263
882 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714 407-865-5410

0263 00014 714e5 07/10/95
SALE 850 02:57 PM

07855560[illegible]497 HANDLE 1.54
1.54 TAX FL 7.000 [illegible]
TOTAL [illegible]
CASH [illegible]

ORIGINAL RECEIPT REQUIRED FOR A REFUND
THANK YOU FOR SHOPPING AT THE HOME DEPOT
WAREHOUSE PRICES - DAY IN, DAY OUT

THE HOME DEPOT 0263
882 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 407-865-5410

0263 00014 40841 08/11/95
SALE 546 01:28 PM

030192353158 TOLUENE,XL		4.40
Q78555604493 HANDLE		
20.000 @ $1.54		30.80
084305350022 METAL PAIL		2.18
	SUBTOTAL	37.38
37.38	TAX FL 7.000	2.62
	TOTAL	$40.00
[redacted]	VISA/MC	40.00
AUTH CODE [redacted]		TA

ORIGINAL RECEIPT REQUIRED FOR A REFUND
THANK YOU FOR SHOPPING AT THE HOME DEPOT
WAREHOUSE PRICES - DAY IN, DAY OUT.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 13420 Vendor Name: Julie MacLane

Inv Date: 1.25.96 Inv #: 57 Inv $: 111.10

Due Date: 1.31.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.420.99.1861.0000160	95RA100	111.10

Voucher Prepared by: [signature]

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name: Julie MacLane
Plant/Location: Apopka
Employee No.: 57
Mailing Address:
Date: 1-25-96

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
1/23-1/24	Stuart, FL — Customer Open House		345	103.50	7.60					00001	62099		18611	0000	60	95RA100
					→	one way turnpike toll — forgot to get receipt.										
	(rd w/Barb — no company car available)															
	Totals								111.10	Total Travel Expense A						

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Julie MacLane 1-29-96
Employee Signature Date

Judy Kimbell 1/29/96
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

Total A + B	
Less Direct Bill (Ttl 1's)	
Less Co. Credit Cards (Ttl 3's)	
Less Advance	
Owed Employee	
Owed Company	

TVL(7/92)

Original - Accounting Office

APPENDIX DR305-B
PAGE 87 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 545 Vendor Name: Monica Smitherman

Inv Date: 1.23.96 Inv #: 10010 Inv $: 119.82

Due Date: 1.24.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000[illegible]20.99.1161.0000.160	95RA100	114.60
.200	95RA100	5.22

Voucher Prepared by: _____

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name MONICA SMITHERMAN
Employee No. 10010
Date 1/23/96

Plant/Location APOPKA
Mailing Address 1000 Cocoa Pl

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals (RECEIPTS REQUIRED)	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
1/22/96	ATTEND CUST. OPEN HSE									9101010011						
	MILEAGE ORL TO FT MYERS	2	191	57.30					57.30	9101010011	612101	919	615108	010100	116101	15RA11010
	LUNCH	2					5.22		5.22	9101010011	61210	919	617158	010100	210101	15RA11010
	MILEAGE FT MYERS TO ORL	2	191	57.30					57.30	9101010011	61210	919	615108	010100	116101	15RA11010
	Totals								119.82	Total Travel Expense A						

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature Date 1/23/96

Supervisor Signature Date 1/23/96

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
9101010011	61210	919	615108	010100	116101		114.60
9101010011	61210	919	617158	010100	210101		5.22

119.82	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
119.82	Owed Employee
	Owed Company

APPENDIX DR3058
PAGE 89 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3659 Vendor Name: Tracy Smith

Inv Date: 1.5.96 Inv #: 10246 Inv $: 785.60

Due Date: 1.10.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.605.99.1861.0000.160	95RA100	92.10
00001.605.99.6508.0000.160		643.50
00001.605.99.6758.0000.195		35.00
00001.605.99.6758.0000.205		15.00

Voucher Prepared by: _____

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name: Tracy L. Smith
Employee No.: 10246
Date: January 5, 1996

Plant/Location: Apopka-Government Relations
Mailing Address: 1000 Color Place, Apopka, Fl. 32703

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
10/3 - 11/6	Personal Vehicle (see log) x.30	2	307	92.10					92.10	0100101	6105	99	18161	00000	1915	9151RA11010
10/10 - 12/14	Personal Vehicle - (see log) x.3	2	2145	643.50					643.50	0100101	6105	99	617518	00000	1915	(see log)
10/11	Orlando, Gov. Relations, Airport	2						16.00	16.00	0100011	6105	99	617518	00000	1915	
10/12	Orlando/Brooksville; Gov. Relations															
	Tolls	2						3.00	3.00	0100011	6105	99	617518	00000	1915	
11/16	Casselberry, Gov. Relations,															
	Chamber Function	2						15.00	15.00	0100011	6105	99	617518	00000	2015	
11/14	Orlando/Gov. Relations, Airport	2						16.00	16.00	0100011	6105	99	617518	00000	1915	
	Totals		2,452	735.60				50.00	785.60							Total Travel Expense A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Tracy L. Smith 1/5/96
Employee Signature Date

1/5/96
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
0100101	6105	99	18161	01010	1915	9151RA11010	92.10
0100101	6105	99	617518	01010	1915		678.50
0100011	6105	99	617518	00000	2015		15.00

785.60	Total A + B
-0-	Less Direct Bill (Ttl 1's)
0	Less Co. Credit Cards (Ttl 3's)
0	Less Advance
785.60	Owed Employee
0	Owed Company

TVL(7/92) Original Accounting Office

APPENDIX D8305-B
PAGE 91 OF 2226

Tracy L. Smith
VEHICLE MILEAGE

DATE	VEHICLE	ODOMETER READING LEAVE	RETURN	TOTAL MILES	DESTINATION AND PURPOSE
10/3/95	Oldsmobile	15157	15391	234	Temple Terrace Customer Service Hearing - Rates
10/10/95	Oldsmobile	15593	15610	17	Orlando Airport - Tallahassee
10/11/95	Oldsmobile	15610	15628	18	Orlando Airport - return from Tallahassee
10/12/95	Oldsmobile	15628	15780	152	Brooksville - Hernando Co. Commission workshop
10/12/95	Oldsmobile	15780	15834	54	Seminole Customer Service Hearing - Rates
10/23/95	Oldsmobile	16022	16390	368	Naples-Collier Co. Comm. Meeting 10/24
10/24/95	Oldsmobile	16390	16755	365	Naples - Apopka
10/25/95	Oldsmobile	16766	16801	35	Orlando-Chamber function
10/27/95	Oldsmobile	16834	17054	220	Apopka-Tampa-Apopka Legislative function
11/1-95	Oldsmobile	17129	17147	18	Orlando Airport - Tallahassee Gov. Relations
11/2/95	Oldsmobile	17147	17165	18	Airport - Return to Apopka
11/6/95	Oldsmobile	17190	17253	63	Kissimmee - Co. Commissioner meeting
11/8/95	Oldsmobile	17280	17344	64	Kissimmee - Co. Commissioner meeting
11/8/95	Oldsmobile	17344	17353	19	Lake Co. Customer Srv. Hearing - Mt. Dora
11/9/95	Oldsmobile	17364	17400	36	AWWA conference function - Ocoee
11/10/95	Oldsmobile	17400	17410	10	AWWA conference - Maitland
11/12/95	Oldsmobile	17791	17799	8	Winter Park - Gov. Relations-FWWA
11/13/95	Oldsmobile	17799	17818	19	Apopka-Orlando Airport-Tallahassee Gov. Relations
11/14/95	Oldsmobile	17818	17836	18	Airport - Return from Tallahassee Gov. Relations
11/16/95	Oldsmobile	17883	18043	160	Apopka-Ocala-Apopka; Commissioner meeting
12/6/95	Oldsmobile	18316	18368	52	Apopka-Sanford; Seminole Co. Comm. Meeting
12/6/95	Oldsmobile	18379	18430	51	Apopka-Sanford; Seminole Co. Comm. Meeting
12/13/95	Oldsmobile	19469	19642	173	Apopka-Titusville-Melbourne; Brevard Co. Commissioner meeting/Senate Select Comm. on Water Policy
12/14/95	Olsmobile	19642	19922	280	Apopka-Jacksonville; Com. Advisory Committee
		TOTAL MILES		2452	

* Shaded areas represent rate case related travel

Accounts Payable Voucher

Approved by: [signature] Manual Check #: _____ Date: _____

Vendor #: 1835 Vendor Name: Brian Armstrong

Inv Date: 1.21.96 Inv #: 97 Inv $: 77.11

Due Date: 1.31.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: _____

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.591.99.1861.0000.160	95RA100	26.10
90001.591.99.6508.0000.160		33.35
90001.591.99.6758.0000.200		17.66

Voucher Prepared by: [signature]

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name: Brian Armstrong
Employee No.: 297
Plant/Location: Apopka
Mailing Address: 1060 Color Place

Date	Location and Explanation, Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
1/4	Trans. to Airport		52	15.60					15.60	000001	511	99	118101	0000	1060	95IRAUCC
"	Airport Parking							8.00	8.00			1				
"	Tolls							2.50	2.50			1				
1/9	Trans. to Airport		52	15.60					15.60	900001	511	99	167580	0000	1060	
"	Airport Parking							8.00	8.00			1				
"	Tolls							2.50	2.50			1				
"	Tallahassee Parking							7.25	7.25			1				
"	Breakfast (BPA/FLL/JR)						17.66		17.66	900001	511	99	167580	0000	3020	
	Totals								77.11	Total Travel Expense A						

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

RECEIVED
JAN 25 1996
Accounts Payable

* - 1- Direct Bill, 2- Reimbursable, 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature: B. C. Armstrong Date: 1/21/96

Supervisor Signature: [signature] Date: 1/23/96

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

77.11	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
77.11	Owed Employee
	Owed Company

VL(7/92)

WHITE COPY - ACCOUNTS PAYABLE YELLOW COPY - EMPLOYEE

APPENDIX DR305-B
PAGE 44 OF 2226

8/18/1995 12:04:55 Interactive trial balance GLGTXI GLDTXI
JOURNAL DETAILS

Journal number : 15801 CLEAR AP SUSPENCE-MASTERCARD Monetary
Reference : SJ521 Source : GJ Year/period : 1994 11
ntercompany table :
edit total : 7,049.77 units Total :
Debit total : 7,049.77 Total :
Locate account . 001.00001.600.99.1861.0000.195 +

Co#.Plant.Rsp.UC.Acct.Sbac.CEC Account Description	Job code Transaction Description	Amount units
project# task/sub-t		
001.00001.591.99.1740.0000.195 Possible Acquisition Costs	Matthew Feil	575.42
001.00001.591.99.1740.0000.200 Possible Acquisition Costs	Matthew Feil	16.38
001.00001.600.99.1861.0000.195 TRAVEL COST 95RA100	Dale Lock	450.00

F3=Exit F4=Prompt F6=Journal Header F8=Function keys F24=More keys

0. +
450. +
54.45 +
003
504.45 *

P.01

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name Dale Lock Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
90001.	600.99.6758.	0000.	$ 369.00	For Scott Swansons family
90001.	600.99.6758.	0000. 255	$ 369.00	to come to Orlando Harbor Heights
		255	$ [illegible]	Part of relocation
			$	Expenses.
90001.	600.99.6758.	0000-195	$ 450.00 ✓	For Bob Evard to
		95RA100	$	fly back to Sperior
			$	Wisconsin - Part of
			$	Temporary employment
			$	agreement - Receiving expense
90001.	600.99.6508.	000. 160	$ 128.93	Rent-A-Car for Mike
			$	+ Dale in Duluth
			$	for HR Conference
TOTAL			$ 1,316.93	Date should be 14th, 15th of September.

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Dale Lock Date: 11/22/94

(Approval of next level of supervision required)

Approval: Karla Oberkamp Date: 11/18/94

RECEIVED
NOV 23 1994
SSU UTILITIES
ACCOUNTS PAYABLE

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

STATEMENT

THE ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE REMITTANCE ENVELOPE.

ISSUED BY
SUNBANK N.A.

CARD CENTER
P O BOX 2613
ORLANDO, FL 32802

PLEASE INDICATE ADDRESS CHANGE BELOW:

New Street
New City New State Zip
New Home Telephone New Business Telephone

ACCOUNT NUMBER [redacted]

PAYMENT DUE DATE
NOV 13,1994

NEW BALANCE $ AMOUNT DUE 1,316.93
OR
MINIMUM PAYMENT $ .00

AMOUNT ENCLOSED
$

P067700
SSU SERVICES
DALE G LOCK
1000 COLOR PL
APOPKA FL 32703-7797

REDACTED

0042 5349504650207202

DETACH HERE

POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER		AMOUNT OR - CREDIT PY - PAYMENT
10-03	BUDGET RENT A CAR DULUTH MN	09-30	8842099427521013479729	3366	128.93
10-11	PAYMENT RECEIVED - THANK YOU	10-11	7534958428488888888829		1,306.20PY
10-13	TWA 01514836894660 WINTER PARK FL	10-07	7831388428599829209479	3804	369.80
10-13	TWA 01514836894671 WINTER PARK FL	10-07	7831388428599829209480	3804	369.80
10-19	NWA AIR 01214836894920 WINTER PARK FL	10-18	7831388429199879396790	3860	450.80

CALL CREDIT CARD INFOLINE WITH YOUR TOUCH TONE PHONE AT 1-800-432-4932
FOR ACCOUNT INFORMATION 24 HOURS A DAY, SEVEN DAYS A WEEK.

Scott Swanson - 2
Bob Evered Plant Jones
Dale Lock - Mike Schweiger

RECEIVED
OCT 24 1994
SSU SERVICES
ACCOUNTS PAYABLE

BALANCE USED FOR COMPUTING FINANCE CHARGE — AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	FINANCE CHARGE
PURCHASES .00			
ADVANCES .00			
TOTAL .00			
FIRST $2,000	1.5000%	18.00%	.00
OVER $2,000	1.3750%	16.50%	.00

SEND INQUIRIES TO:
CARD CENTER
P.O. BOX 2321
ORLANDO, FL 32802-2321

CUSTOMER SERVICE TELEPHONE NUMBER* ORLANDO, FLORIDA (407) 888-8888 TOLL FREE 1-800-432-4932

ACCOUNT NUMBER [redacted]

CREDIT LINE $ 2,500
NUMBER OF DAYS IN BILLING CYCLE 30
AVAILABLE CREDIT $ 1,183
CLOSING DATE OCT 19,1994
ANNUAL PERCENTAGE RATE
MINIMUM PAYMENT DUE $ .00
PAYMENT DUE DATE NOV 13,1994

Grace period for repayment of balances for purchases: You have 25 days after the closing date of the billing cycle to repay your balance before a finance charge on purchases will be imposed.

ACCOUNT SUMMARY		
PREVIOUS BALANCE	$	1,306.20
PURCHASES AND OTHER CHARGES	+	1,316.93
CASH ADVANCES	+	.00
CREDITS	-	.00
PAYMENTS	-	1,306.20
LATE CHARGE	+	.00
FINANCE CHARGE	+	.00
NEW BALANCE	= $	1,316.93

* SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD



Accounts Payable Voucher

Manual Check #: _____ Date: _____

Vendor #: 3561 Vendor Name: MIC

Inv Date: 6.26.95 Inv #: 534950465071338I Inv $: 4168.94

Due Date: 7.12.95 Discount: _____ Terms: _____

Month/Yr: 7.95 Purchase Order #: —

Description: T. Smith

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.000.99.1840.0000.000		37.00
00001.000.99.4260.4000.000		37.02
00001.605.99.1861.0000.175	95RA100	✓ 5.40
↓ .195	95RA100	✓ 47.52

Voucher Prepared by: _____

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYAI WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expens
			$ 379.00	Returned airline tickets; amount credi
			$	to account on 6/12/95-according to Ca
			$	Travel Network
00001	000.99.4260.4000	200	$ 22.35	legislative lunch, W. Palm Beach
00001	000.99.4260.4000	200	$ 14.67	legislative lunch, Cape Coral
00001	605.99.1861.0000	95RA100 175	$ 5.40	legislative meeting regarding rate filing
			$	telephone charges
00001	605.99.1861.0000	95RA100 195	$ 47.52	Gov. Relations, rate filing meetings wi
			$	legislators, Naples, motel room
			$	
			$	RECEIVED
			$	JUL 10 1995
TOTAL			$ 468.94	Accounts Payable

Inadvertent personal charges in the amount of $ 0 are included on this statement. My perso check # N/A payable to Southern States Utilities for that amount is attached.

Employee Signature: Tracy L. Smith Date: July 10, 1995

(Approval of next level of supervision required)

Approval: B. P. [illegible] Date: 7/10/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY:

SIGNATURE

SIGNATURE

Accounts Payable Voucher

Manual Check #: _____ Date: _____

749 Vendor Name: Radisson Hotel Tallahassee

8/1/95 Inv #: 58466 Inv $: 127.92

ate: 8/23/95 Discount: _____ Terms: _____

onth/Yr: 8/95 Purchase Order #: L133980

scription: J. Cirello

its: _____ Job Code: _____

count Number ResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
001.500.99.1861.0000.195	95RA100	126.50
001.500.99.1861.0000.175	95RA100	1.42 ✓
		127.92

Voucher Prepared by: JH

Radisson Hotel
Tallahassee
415 North Monroe
Tallahassee, Florida 32301
(904) 224-6000 • (800) 333-3333

Statement Date
08-01-95
Folio Number
58466 (702)
CO-GCH

MR JOHN CIRELLO
1000 COLOR PLACE
APOPKA FL

Date	Reference	Description	Charges	Credits
-31-95	LD0467	LONG DISTANCE 908-356-2696	1.42	
-31-95	R#702	ROOM CHARGE	115.00	
-31-95	RT702	ROOM TAX	11.50	

Pes 500

RECEIVED
AUG 14 1995
Accounts Payable

"A WELCOME CHANGE" THE RADISSON HOTEL TALLAHASSEE
DIRECT BILL ACCOUNT - CODE (SSU)

BALANCE DUE 127.92

agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.

URE _____

LOCAL PURCHASE ORDER SOUTHERN STATES UTILITIES

1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 133980

DATE: 7-10-95 VENDOR: Madison Hotel VENDOR INVOICE #

PLANT #: 90001 ADDRESS: 415 N. Monroe

DEPT.: Legal CITY: Tallahassee

STATE: FL ZIP: 32301

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT
		Hotel Room - John Cirello		126 50
		00001.500.99.1861.0000.175		
		Telephone		1 42
		00001.500.99.1861.0000.175		
		95RAICO		

RECEIVED
AUG 04 1995
Accounts Payable

G.L. # ALL PURCHASES OVER $500.00 TAX TOTAL 127 92

ISSUED BY EMPLOYEE SIGNATURE Norma Hunt

AUTHORIZED BY SUPERVISOR SIGNATURE

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

Accounts Payable Voucher

Manual Check #: _____ Date: _____

749 Vendor Name: Radisson Hotel Tallahassee

8/1/95 Inv #: 58466 Inv $: 127 92

ate: 8/23/95 Discount: _____ Terms: _____

onth/Yr: 8/95 Purchase Order #: L133980

Description: J. Cirello

Units: _____ Job Code: _____

Account Number Fd.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.500.99.1861.0000.195	95RA100	126.50
0001.500.99.1861.0000.175	95RA100	1.42
		127.92

Voucher Prepared by: JH

Radisson Hotel
Tallahassee
415 North Monroe
Tallahassee, Florida 32301
(904) 224-6000 • (800) 333-3333

Statement Date
08-01-95

MR JOHN CIRELLO
1000 COLOR PLACE
APOPKA FL

Folio Number
58466 (702)
CO-GCH

Date	Reference	Description	Charges	Credits
-31-95	LD0467	LONG DISTANCE 908-356-2696	1.42	
-31-95	R#702	ROOM CHARGE	115.00	
-31-95	RT702	ROOM TAX	11.50	

Pd 500

RECEIVED
AUG 14 1995
Accounts Payable

"A WELCOME CHANGE" THE RADISSON HOTEL TALLAHASSEE

DIRECT BILL ACCOUNT - CODE (SSU)

BALANCE DUE 127.92

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.

SIGNATURE _____

LOCAL PURCHASE ORDER

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 133980

DATE: 9-10-95
PLANT #: 90001
DEPT.: Legal

VENDOR: Madison Hotel
ADDRESS: 415 N. Monroe
CITY: Tallahassee
STATE: FL ZIP: 32301

VENDOR INVOICE #

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT
		Hotel Room - John Cirello		126 50
		00001.500.99.1861.0000.175		
		Telephone		1 42
		00001.500.99.1861.0000.175		
		95RAICO		
			TAX	
			TOTAL	127 92

RECEIVED
AUG 04 1995
Accounts Payable

G.L. #

NOT VALID FOR PURCHASES OVER $500.00

ISSUED BY EMPLOYEE SIGNATURE: Nona Hunt

AUTHORIZED BY SUPERVISOR SIGNATURE:

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 749 Vendor Name: _____

Inv Date: 8/1/95 Inv #: 58463 Inv $: 127 00

Due Date: 8/23/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: _____

Description: B. Armstrong

Units: _____ Job Code: _____

Account Number FI.ResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0001.591.99.1861.0000.195	95RA100	126.50 ✓
0001.591.99.1861.0000.175	95RA100	.50 ✓
		127.00

Voucher Prepared by: JH

Radisson Hotel
Tallahassee
415 North Monroe
Tallahassee, Florida 32301
(904) 224-6000 • (800) 333-3333

MR BRIAN ARMSTRONG
2620 VOYAW RD
APOPKA FL 32703

Statement Date
08-01-95
Folio Number
58463 (705)
CO-GCH

Date	Reference	Description	Charges	Credits
-31-95	LD0420	LONG DISTANCE 02880407888941	.50	
-31-95	R#705	ROOM CHARGE	115.00	
-31-95	RT705	ROOM TAX	11.50	

GS Rate Case
Cynthia Lacy
8/11/95

RECEIVED
AUG 14 1995
Accounts Payable

"A WELCOME CHANGE" THE RADISSON HOTEL TALLAHASSEE

DIRECT BILL ACCOUNT - CODE (SSU) BALANCE DUE 127.00

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.

SIGNATURE _____

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1995-09	Source Code	GJ	Journal #	19691
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	8203
Inter Co. Table	001	Reference Code	SJ521	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-Mastercard

Line	Account Number	Project	CPR	SUBT	Description	Amount
18	001.90001.540.99.6758.0000.190				Jack Bush	70.00
19	001.90001.540.99.6758.0000.195				Jack Bush	206.00
20	001.90001.570.99.1059.2000.200				Rick Foster	49.63
21	001.90001.570.99.1059.2000.195				Rick Foster	89.64
22	001.90001.500.99.6508.0000.160				Rick Foster	44.23
23	001.02401.315.01.6505.0000.160				Wayne Vowell	12.37
24	001.02401.315.02.7505.0000.160				Wayne Vowell	11.88
25	001.90001.315.99.6208.0000.140				Wayne Vowell	269.71
26	001.90001.315.99.6758.0000.200				Wayne Vowell	11.11
27	001.90001.315.99.6758.0000.250				Wayne Vowell	32.09
28	001.90001.315.99.6758.0000.215				Wayne Vowell	121.13
29	001.90001.670.99.1861.0000.200	95RA100			Judy Sweat ✓	✓ 38.11
30	001.90001.590.99.6508.0000.160				Darin Levi	57.95
31	001.90001.590.99.6508.0000.160				Karla Teasley	41.96
32	001.90001.590.99.6758.0000.190				Karla Teasley	21.00
33	001.00001.591.99.1861.0000.195	92RA069			Brian Armstrong ✓	227.47
34	001.00001.591.99.1861.0000.195	95RA100			Brian Armstrong	227.46

Total Number of lines _____

Total Debits _____

Total Credits _____

APPENDIX DR 305-B

PAGE 108 OF 2226

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1995-09	Source Code	GJ	Journal #	19691
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	8203
Inter Co. Table	001	Reference Code	SJ521	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-Mastercard

Line	Account Number	Project	CPR	SUBT	Description	Amount
35	001.00001.591.99.1861.0000.200	95RA100			Brian Armstrong	37.84
36	001.00001.591.99.1861.0000.250	95RA100			Brian Armstrong	253.00
37	001.90001.591.99.6758.0000.195				Brian Armstrong	654.54
38	001.90001.591.99.6758.0000.200				Brian Armstrong	42.57
39	001.90001.591.99.6508.0000.160				Brian Armstrong	19.25
40	001.90001.591.99.6758.0000.235				Brian Armstrong	36.13
41	001.90001.590.99.6508.0000.160				Karla Teasley	33.83
42	001.90001.590.99.6758.0000.200				Karla Teasley	12.60
43	001.00001.590.99.1861.0000.200	95RA100			Karla Teasley	134.32
44	001.00001.590.99.1861.0000.160	95RA100			Karla Teasley	27.84
45	001.00001.590.99.1861.0000.175	95RA100			Karla Teasley	3.02
46	001.00001.590.99.1861.0000.195	95RA100			Karla Teasley	606.67
47	001.00001.000.99.2330.1000.000				Scott Vierima	539.24
48	001.90001.505.99.6758.0000.200				Scott Vierima	10.33
49	001.90001.505.99.6508.0000.160				Scott Vierima	24.60
50	001.90001.600.99.6758.0000.255				Scott Vierima	(1,133.00)
51	001.00001.000.99.1840.0000.000				Clear A/P Suspence-Mastercard	(5,697.11)

Total Number of lines _____

Total Debits _____

Total Credits _____

APPENDIX DR 30-B

PAGE 109 OF 2226

0.00 *

#70**069*********
#105*************
17.47 +
210.00 +
227.47 *

#75**100*********
#105*************
17.47 +
210.00 +
227.47 *

#200*************
22.31 +
15.53 +
37.84 *

#250*************
253.00 +
253.00 *

253.00
****
#195*************
420.00 +
198.00 +
36.54 +
654.54 *

#200*************
9.75 +
32.82 +
42.57 *

#160*************
19.25 +
19.25 *

#255*************
36.13 +
36.13 *

36.13 +
19.25 +
42.57 +
654.54 +
253.00 +
37.84 +
227.46 +
227.47 +
1,498.26 *

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

_____ Pg. _____ of _____

AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE
ECEIPT OF BILL.

nt distribution. Also, note the business purpose and names of those attending.

Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
92RA069 95RA100	(17.47) 1/2 $ 34.93	Car Rental - FPSC Agenda Conference. 1/2 to Giga Rate case and 1/2 to 1995 Rate Case.
95RA100	$ 22.31	Food (BPA, MAB, DL) re: 1995 Rate Case
	$ 420.00	Air Fare to Tallahassee re: General Legal
	$ 9.75	Food - re: Water Policy Meeting.
	$ 19.25	Gas - re: Water Policy Meeting.
	$ 198.00	Hotel (BPA, CHK, TS) re: Water Policy Meeting.
	$ 36.13	Food (BPA, FLL, MJF) re: Employee Recognition
95RA100	$ 253.00	Notices for Service Hearing (newspaper)
95RA100	X 15.53	Food (BPA, DH) re: 1995 Rate Case Discovery
	$ 32.82	Food (BPA, JC, TS) re: General Legal
	$ 36.54	Car Rental - Tallahassee re: General Legal
92RA069 95RA100	X 420.00 210.00 1/2	Air Fare to Tallahassee - FPSC Agenda Conference 1/2 to Giga Rate Case and 1/2 to 1995 Rate Case
	$ 1,498.26	

: in the amount of $ _____ are included on this statement. My personal
to Southern States Utilities for that amount is attached.

_____ Date: September 25, 1995

ervision required)

_____ Date: 9/26/95

eturn original to Accounts Payable. Retain pink copy for files.

RECEIVED
SEP 28 1995
Accounts Payable

0• 0

#200••••••••••••

25•00 +
25•00 *

25•00 +
15•11 +
38•11 *

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

J. SWEAT

Pg. 1 of 1

AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE
ECEIPT OF BILL.

nt distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
0001.670.	99.1861.0000.200		$ 25.00	Customer Meeting (Gas) Rate case - Dinner
			$	C. Sweat, J. Sweat, K. Dooley
0001.670.	99.1861.0000.200		$ 13.11	Customer Meeting (Gas) Rate case
			$	Dinner - J. Sweat & K. Dooley
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
TOTAL			$ 38.11	

RECEIVED
SEP 29 1995
Accounts Payable

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Judy K. Sweat Date: 9-19-95

(Approval of next level of supervision required)

Approval: Karla Olson Dooley Date: 9/28/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

0

.....

#160.....

20.32 +

13.51 +

[illegible] *

#200.....

[illegible] +

12.60 *

[illegible]

#250.....

[illegible] +

19.38 *

#160.....

16.84 +

11.00 +

27.84 *

[illegible]

3.02 +

3.02 *

#160.....

70.82 +

70.82 +

70.82 +

88.76 +

139.22 +

126.36 +

42.89 +

-

705.67 *

405.57 +

3.02 +

27.84 +

134.32 +

12.60 +

33.83 +

818.28 *

SOUTHERN STATES UTILITIES, INC.

CORPORATE CHARGE CARD EXPENSES DETAIL

Alison Teasley

Pg. 1 of 1

) AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE RECEIPT OF BILL.

unt distribution. Also, note the business purpose and names of those attending.

Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
8.0000.160	$ 20.32	Gas
160	$ 13.51	Gas
0000.200	$ 12.60	Late Work Night KOT, BV
000.200	$ 19.38	Food + Supplies for Late Case Training
00.195	$ 70.82	Hotel for KOT RG JLH for Late Case Training
000.200	$ 70.82	
	$ 73.60	Food KOT RG JLH Late Case Train
	11.00	Gas - Late Case Training
000.200	$ 41.34	Food KOT RG JLH Late Case Training
000.195	$ 42.89	Hotel JLH Late Case Training Mtgs
195	88.76	Hotel KOT, R. Gagnon Late Case Training
195	$ 139.22	Hotel KOT, RGagnon, JLHaselden Case Train
195	$ 126.36	Hotel for KOT RG + JLH for Late Case Training
00.160	$ 16.84	Gas
	$ 818.28	$771.85

RECEIVED

SEP 28 1995

Accounts Payable

arges in the amount of $ _____ are included on this statement. My personal able to Southern States Utilities for that amount is attached.

Karla Alison Teasley Date: 9/22/95

of supervision required)

Date: 9/26/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1995-09	Source Code	GJ	Journal #	0
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	19627
Inter Co. Table	001	Reference Code	SJ521	Auto Accrual?	Y

DESCRIPTION:Clear A/P Suspence-Mastercard

Line	Account Number	Project	CPR	SUBT	Description	Amount
52	001.90001.591.99.6758.0000.195				Brian Armstrong	682.52
53	001.00001.591.99.1861.0000.195	/			Brian Armstrong	988.48
54	001.00001.500.99.1861.0000.195	/			Brian Armstrong	420.00
55	001.00001.591.99.1861.0000.200	/			Brian Armstrong	51.52
56	001.90001.591.99.6758.0000.200				Matthew Feil	16.93
57	001.90001.591.99.6758.0000.195				Matthew Feil	99.00
58	001.90001.591.99.6508.0000.160				Matthew Feil	26.93
59	001.00001.591.99.1861.0000.200	/			Matthew Feil	35.08
60	001.90001.591.99.6758.0000.200				Carlyn Kowalsky	234.78
61	001.90001.591.99.6758.0000.195				Carlyn Kowalsky	148.78
62	001.90001.591.99.6758.0000.175				Carlyn Kowalsky	3.75
63	001.90001.591.99.6758.0000.235				Carlyn Kowalsky	22.06
64	001.00886.585.02.1050.0000.270	94CN039			Gary Harris	48.05
65	001.90001.585.99.1059.2000.140				Gary Harris	81.39
66	001.90001.585.99.1059.2000.160				Gary Harris	24.19
67	001.90001.585.99.1059.2000.200				Gary Harris	29.47
68	001.90001.585.99.1059.2000.195				Gary Harris	72.32

Total Number of lines _____

Total Debits _____

Total Credits _____

APPENDIX DR 305 B

PAGE 113 OF 2226

#235.....
39.70 +
39.70 *

#200.....
28.00 +
28.00 *

#195.....
72.27 +
190.25 +
420.00 +
682.52 *

#1861.195.....
36.03 +
66.40 +
420.00 +
420.00 +
46.05 +
420.00 +
1,408.48 *

#1861.200.....
18.23 +
28.23 +
7.06 +
51.52 *

0. 0

51.52 +
1,408.48 +
682.52 +
28.00 +
39.70 +
2,210.22 *

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

Armstrong

AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE
IECEIPT OF BILL.

unt distribution. Also, note the business purpose and names of those attending.

Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
.235	$ 39.70	Employee Recognition Lunch
0.200	$ 28.00	Lunch - Used + Useful Workshop
00.195	$ 72.27	Car Rental in Tall. re: U+U Wksp.
000.195	$ 190.25	Hotel for BPA/MF/C.B re: U+U Wksp.
000.195	$ 420.00	Air Fare to Tall re: U+U Wksp
2A100 0.195	$ 36.03	Car Rental - Tall re: Rate Case mtg. w/DEP
A100 00.195	$ 66.40	Hotel - Tall - Rate Case mtg w/DEP
A100 00.195	$ 420.00	Air Fare to Tall re: 95 Rate Cs
A100 0.195	$ 420.00 46.05	Air Fare to Tall - J. Cirello
+100 0.195	$ ~~18.23~~	Car Rental - Tall re: 95 rate Case
5RA100 000.~~195~~	$ 7.06	Food re 95 Rate Case - Deep Creek
+100 000.200	$ 26.23	Food re 95 Rate Case mtg - Deep Creek
	$ cont.	

RECEIVED
SEP 12 1995
Accounts Payable

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: _____ Date: _____

(Approval of next level of supervision required)

Approval: _____ Date: _____

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1995-09	Source Code	GJ	Journal #	19627
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	8169
Inter Co. Table	001	Reference Code	SJ521	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-Mastercard

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.90001.100.99.6508.0000.160				Joe Roberts	16.50
2	001.90001.570.99.1059.2000.200				Chuck Wood	56.77
3	001.90001.570.99.1059.2000.160				Chuck Wood	43.38
4	001.90001.570.99.1059.2000.195				Chuck Wood	42.55
5	001.90001.570.99.1059.2000.190				Chuck Wood	21.00
6	001.90001.570.99.1059.2000.140				Chuck Wood	7.95
7	001.90001.615.99.6758.0000.190				Forrest Ludsen	21.00
8	001.00001.615.99.1861.0000.195	95RA100			Forrest Ludsen	✓ 420.00
9	001.90001.570.99.1059.2000.140				Chuck Wood	22.90
10	001.90001.570.99.1059.2000.160				Chuck Wood	80.53
11	001.90001.570.99.1059.2000.200				Chuck Wood	50.90
12	001.90001.570.99.1059.2000.195				Chuck Wood	42.12
13	001.90001.570.99.1059.2000.175				Chuck Wood	3.00
14	001.90001.592.99.6208.0000.140				James Barratt	25.22
15	001.90001.625.99.6758.0000.190				Chuck Bliss	21.00
16	001.90001.170.99.6508.0000.160				Dave Denny	10.13
17	001.90001.655.99.6758.0000.235				Ray Gagnon	47.70

Total Number of lines	83
Total Debits	13,550.44
Total Credits	(13,550.44)

APPENDIX DR 305-B
PAGE 115 OF 2226

#190.....
21.00 +
21.00 *

#195.....
420.00 +
420.00 *

420.00 +
21.00 +
441.00 *

0. C

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

SEN

Pg. 1 of 1

) AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE
RECEIPT OF BILL.

unt distribution. Also, note the business purpose and names of those attending.

			Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
			190	$ 21.00	MASTERCARD ANNUAL MEMBERSHIP FEE
9700.615	99.6758.0000.195		95RA100	$ 420.00	FPSC AGENDA CONFERENCE 9/5 DOCKET NO. 950495 RELATING
				$	TO REFRIGERANT CHARGE EXCLUSION
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
TOTAL				$ 441.00	

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: _____ Date: 9/6/95

(Approval of next level of supervision required)

Approval: _____ Date: 9/7/95

Return original to Accounts Payable. Retain pink copy for file.

RECEIVED
SEP 08 1995
Accounts Payable

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1995-09	Source Code	GJ	Journal #	19627
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	8169
Inter Co. Table	001	Reference Code	SJ521	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-Mastercard

Line	Account Number	Project	CPR	SUBT	Description	Amount
69	001.90001.585.99.1059.2000.250				Gary Harris	44.65
70	001.90001.591.99.6758.0000.200				Carlyn Kowalsky	363.32
71	001.90001.591.99.6758.0000.195				Carlyn Kowalsky	1,186.04
72	001.90001.591.99.6758.0000.175				Carlyn Kowalsky	3.90
73	001.90001.591.99.6508.0000.160				Carlyn Kowalsky	17.57
74	001.90001.615.99.6508.0000.160				Forrest Ludsen	215.73
75	001.00001.615.99.1861.0000.195	/			Forrest Ludsen	✓ 297.00
76	001.90001.585.99.1059.2000.140				Jerry Sturdevant	147.41
77	001.90001.585.99.1059.2000.160				Jerry Sturdevant	23.47
78	001.90001.595.99.6758.0000.195				Ralph Terrero	190.08
79	001.90001.595.99.6758.0000.190				Ralph Terrero	332.02
80	001.90001.595.99.6508.0000.160				Ralph Terrero	133.10
81	001.90001.595.99.6758.0000.200				Ralph Terrero	337.56
82	001.90001.595.99.6758.0000.175				Ralph Terrero	1.00
83	001.00001.000.99.1840.0000.000				Clear A/P Suspence	(13,550.44)
84						
85						

Total Number of lines _____

Total Debits _____

Total Credits _____

APPENDIX DR 305-B

PAGE 117 OF 2226

0- C

160.....
215.73 +
215.73 *

1571.160.....
297.00 +
297.00 *

297.00 +
215.73 +
512.73 *

0- C

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

SEN

Pg. 1 of 1

AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE
ECEIPT OF BILL.

nt distribution. Also, note the business purpose and names of those attending.

			Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
1.615.99.6508.0000.			160	$ 215.73	REPAIR WORK DONE TO COMPANY CAR
1.615.99.1861.0000.160			95RA100	$ 297.00 ✓	HAUL TO TALLAHASSEE TO DELIVER SUPPLEMENTAL
				$	FILING TO OPC & FPSC
				$	
				$	
				$	
				$	RECEIVED
				$	SEP 18 1995
				$	Accounts Payable
				$	
				$	
				$	
TOTAL				$ 512.73	

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: _____ Date: 9/14/95

(Approval of next level of supervision required)

Approval: _____ Date: 9/15/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

U-HAUL

08/01/95 04:37pm

RENTAL CONTRACT
LOCAL IN

00037501

U-HAUL CENTER OF APOPKA 785-55
1221 E. SEMORAN BLVD.
APOPKA FL 32703
(407) 889-5559

REDACTED

830 0359
CLIENT: S.S.U.
3999 COLUR PL
APOPKA FL 32703
BIRTH DTE 07/03/69

DR. LIC. W425 433 66 243 0 FL 07/99
PHONE NO. (407) 830-0359
[redacted] 10/95

	DATE	TIME
OUT:	07/31/95	01:44pm
DUE:	08/01/95	07:00pm
IN:	08/01/95	04:37pm

EQUIPMENT RENTED

QTY.	EQUIPMENT NO.	DESCRIPTION	RATES MIN CHARGE	LOCAL	AMOUNT
1	000000 8076A RJ7134 MI	14' HAULER RATE PER MILE 0.39 MILES USED 539.20 MI OUT: 19,224.9 MI IN: 19,764.1 SAFEMOVE PROTECTION	29.95	29.95	59.90 210.29 10.00

TOTAL RENTAL CHARGES:	270.19
SAFEMOVE PROTECTION:	10.00
TAX:	16.81
CONTRACT TOTAL:	297.00
TOTAL DEPOSIT COLLECTED:	0.00
AMOUNT COLLECTED/REFUNDED: CARD	297.00

95RA100 - Tony I. and Jeff W. dive
Supplemental Filing to Tariff

CARD TYPE: MASTER CARD CARD NUMBER: 5349504661[illegible]2908 EXP. DATE: 10/95

AUTHORIZATION: 002712 E TOTAL: 297.00

CUSTOMER DATE SIGN-ON I.D. 84075

Customer acknowledges receipt of goods and/or services in the amount of the TOTAL shown hereon and agrees to the debit of his/her account as indicated.

Fax 880-1061
ATT Phil's

U-HAUL

REDACTED

7/31/95 01:44pm RENTAL CONTRACT Local 001 00037501

-HAUL CENTER OF APOPKA 785-55
21 E. SEMORAN BLVD.
OPKA FL 32703
-07) 889-5550
880 0359

IENT: S.S.U.
1000 COLUR PL
APOPKA FL 32703
BIRTH DTE 07/03/68

DR. LIC. W425 433 68 243 0 FL 07/99
PHONE NO. (407) 880-0359
[redacted] 10/95

	DATE	TIME
OUT:	07/31/95	01:44pm
DUE:	08/01/95	07:00pm

EQUIPMENT RENTED

QTY.	EQUIPMENT NO.		DESCRIPTION		LOCAL RATES	ESTIMATED AMOUNT
	0000DC	8076A	14' HAULER		29.95	59.90
	RJ7134	MI	RATE PER MI/Km:	0.39		
			MILEAGE OUT:	19,224.9		
			ESTIMATED MILES:	50.0		19.50
			SAFEMOVE PROTECTION		10.00	10.00

SAFETY MESSAGES

00000000 8076A

	SALES TAX:	5.36
	ESTIMATED RENTAL TOTAL:	94.76
SHOLDER AUTHORIZES FULL RENTAL AMOUNT TO BE CHARGED TO	TODAY'S RENTAL DEPOSIT:	0.00
E CREDIT CARD USED AT THE RATE SPECIFIED IF EQUIPMENT	TOTAL DEPOSIT:	0.00
NOT RETURNED WITHIN 72 HOURS OF THE DUE DATE.	TOTAL COLLECTED TODAY:	0.00
5349594661172909 10/95 029181	E 2	CARD HELD

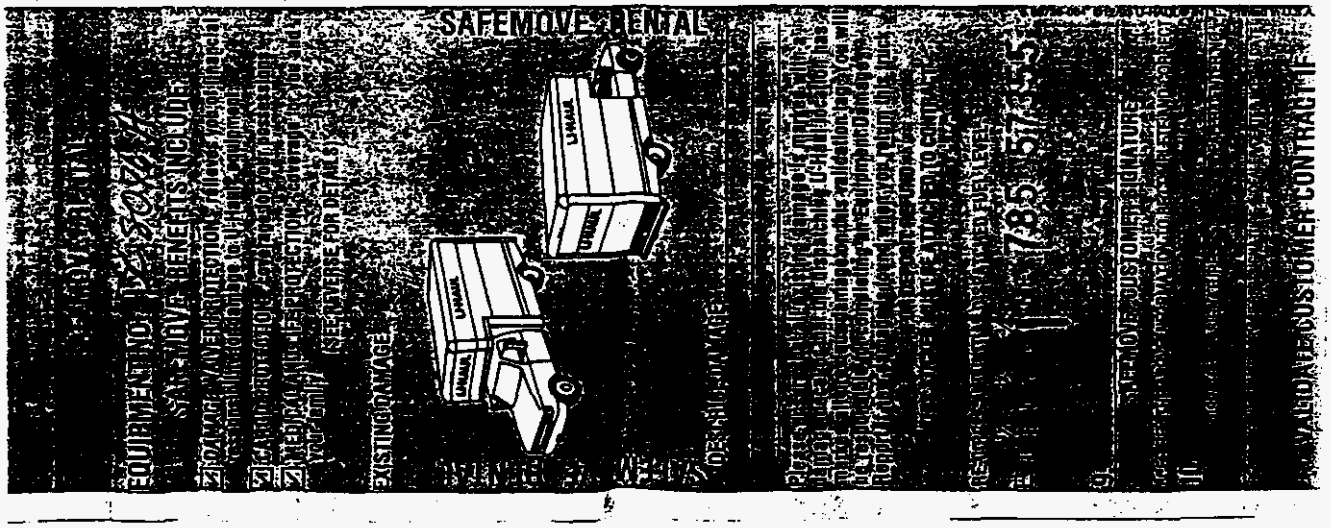
_____ (CUSTOMER INITIALS) I HAVE RECEIVED: x CONTRACT HOLDER x USERS GUIDE(S)

SIGNING BELOW, I HAVE RECEIVED AND UNDERSTAND THE TERMS AND CONDITIONS PRINTED ON THE CONTRACT HOLDER. I UNDERSTAND THAT ANY FUND DUE ME WILL NOT BE PAID UNLESS I RETURN WITH ALL EQUIPMENT RENTED AND RENTAL CONTRACT.
AGREE TO PAY FOR ALL FUEL AND RETURN THE TRUCK FULL OF FUEL OR PAY A MINIMUM $2 PER GALLON FOR ESTIMATED FUEL USED PLUS AN ADDITIONAL $20 SERVICE FEE.

Tom Dyer
CUSTOMER SIGNATURE

7/31
DATE

M Ball
EMPLOYEE SIGNATURE 8407G



Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 749 Vendor Name: Radisson Hotel

Inv Date: 8/01/95 Inv #: 58464 Inv $: 130.49

Due Date: 9/13/95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: L129691

Description: F. Ludsen

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.6599.1861.0000.195	95RA100	126.50
↓ 175	95RA100	3.99

Voucher Prepared by: _____

APPENDIX DR305-B

PAGE 122 OF 2226

Radisson Hotel Tallahassee

415 North Monroe
Tallahassee, Florida 32301
(904) 224-6000 • (800) 333-3333

MS MIDDEST DIVISION
1500 COLON PLACE
APOPKA FL 32703

Statement Date
09-01-95

584[illegible] Folio Number
CO-AGS

Date	Reference	Description	Charges	Credits
[illegible]	[illegible]	LONG DISTANCE 407-323-[illegible]	3.79	
[illegible]	R#703	ROOM CHARGE	115.00	
[illegible]	RT703	ROOM TAX	11.50	

RECEIVED
SEP 0 8 1995
Accounts Payable

9000.615.99.861.6000.195 95PA100

"A WELCOME CHANGE" THE RADISSON HOTEL TALLAHASSEE
DIRECT BILL ACCOUNT - CODE (SSU)

BALANCE DUE
130.49

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.

SIGNATURE _____

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 8/01/95 Inv #: 5846.9 Inv $: 127.50

Due Date: 9/13/95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: L129696

Description: T. ISAACS

Units: _____ Job Code: _____

Account Number Pl.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.620.99.RL1.0000.175	95RA100	100
↓ 195	↓	✓12.50

Voucher Prepared by: _____

Radisson Hotel
Tallahassee
415 North Monroe
Tallahassee, Florida 32301
(904) 224-6000 • (800) 333-3333

[illegible]
[illegible] DOLLAR PLACE
[illegible] FL [illegible]

Statement Date
[illegible]

Folio Number
504
CO-A03

Date	Reference	Description	Charges	Credits
1-95	LD0420	LONG DISTANCE 407-328-1810	.50	
1-95	LD0429	LONG DISTANCE 407-696-5210	.50	
1-95	RM707	ROOM CHARGE	115.00	
1-95	RT707	ROOM TAX	11.50	

RECEIVED
SEP 0 8 1995
Accounts Payable

9000/.620.99.1861.0000.195-95ZA00

"A WELCOME CHANGE" THE RADISSON HOTEL TALLAHASSEE
DIRECT BILL ACCOUNT - CODE (SSU)

BALANCE DUE
127.50

gree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, mpany or association fails to pay for any part or the full amount of these charges. I also agree that all charges contained in s account are correct and any disputes or requests for copies of charges must be made within five days after my departure.

NATURE _____

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 749 Vendor Name: Radisson Hotel

Inv Date: 8/01/95 Inv #: 5846.4 Inv $: 130.49

Due Date: 9/13/95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: L1291696

Description: F. Ludsen

Units: _____ Job Code: _____

Account Number PtLResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
xxxx.6599.1861.0000.195	95RA100	126.50
↓ 175	95RA100	3.99 ✓

Voucher Prepared by: _____

Radisson Hotel
Tallahassee
415 North Monroe
Tallahassee, Florida 32301
(904) 224-6000 • (800) 333-3333

MR FORREST [illegible]
1000 COLON PLACE
APOPKA FL 32703

Statement Date
[illegible]

584[illegible] Folio Number(s)
CO-AGS

Date	Reference	Description	Charges	Credits
[illegible]	[illegible]	LONG DISTANCE 407-[illegible]	3.99	
-95	R#709	ROOM CHARGE	115.00	
-95	RT709	ROOM TAX	11.50	

RECEIVED
SEP 0 8 1995
Accounts Payable

9000.615.99.861.6000.195 95/CA/00

"A WELCOME CHANGE" THE RADISSON HOTEL TALLAHASSEE
DIRECT BILL ACCOUNT - CODE (SSU)

BALANCE DUE
130.49

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.

SIGNATURE _____

Accounts Payable Voucher

oved by: _____ Manual Check #: _____ Date: _____

Vendor #: 35601 Vendor Name: M/C

Inv Date: 10.2.95 Inv #: 541057330115089 Inv $: 97.90

Due Date: 10.18.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: —

Description: J. Sweat

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.145	95RA100	97.90

Voucher Prepared by: _____

CORPORATE CHARGE CARD EXPENSES DETAIL

Name Judy L. Sweat Pg. 1 of 1

RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

ease furnish the account distribution. Also, note the business purpose and names of those attending.

t ber	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
	670.99.186	000485	$ 97.90	Sunny Hills Rate Case Hearing Hotel expense
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$ 9790	

RECEIVED
OCT 16 1995
Accounts Payable

nt personal charges in the amount of $ _____ are included on this statement. My personal _____ payable to Southern States Utilities for that amount is attached.

Signature: Judy L. Sweat Date: 10-12-95

of next level of supervision required)

Paula Olson Teasley Date: 10/13/95

Return original to Accounts Payable. Retain pink copy for files.

NTING USE ONLY: _____ _____ _____ _____

POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER	CR - CREDIT DY - PAYMENT
9	OLIDAY INN CAPITOL PL TALLAHASSEE FL	09-15	884304352591450287380643501	97.90
9	AYMENT RECEIVED - THANK YOU	09-25	753495052680000009007466	38.11PY
	ENJOY YOUR NEW CREDIT CARD.		WE APPRECIATE YOUR LOYALTY!	

1 of 1

OUNTS PAYABLE

RECEIVED
OCT 09 1995
Accounts Payable

REDACTED

iding.

car rental expense)

Dave Henning

BALANCE USED FOR COMPUTING FINANCE CHARGE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	FINANCE CHARGE
AVERAGE DAILY BALANCE			
PURCHASES $ .00	MAY		
CASH ADVANCES $ .00	VARY		
TOTAL $ .00	.00004287	15.65 %	$ .00

ACCOUNT NUMBER: [redacted]

CREDIT LINE	NUMBER OF DAYS IN BILLING CYCLE
2,500	28

AVAILABLE CREDIT	CLOSING DATE
$ 2,402	OCT 02,1995

ANNUAL PERCENTAGE RATE	MINIMUM PAYMENT DUE
	$ .00

PAYMENT DUE DATE: OCT 27,1995

NEW CASH ADVANCES	EACH ADVANCE	MINIMUM	MAXIMUM	
$ .00	RATE 2.0 %	$ 2	$ 15	$ .00

* SEND INQUIRIES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

ACCOUNT SUMMARY	
PREVIOUS BALANCE	$ 38.11
PURCHASES AND OTHER CHARGES +	97.90
CASH ADVANCES +	.00
CREDITS -	.00
PAYMENTS -	38.11
LATE CHARGE +	.00
FINANCE CHARGE +	.00
NEW BALANCE =	$ 97.90

CUSTOMER SERVICE TELEPHONE NUMBER: ORLANDO, FLORIDA (407) 858-8850 | TDD 1-800-628-7217 | TOLL FREE 1-800-432-4932

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

___	___	___	$ ___	___	
___	___	___	$ ___	___	
___	___	___	$ ___	___	RECEIVED
___	___	___	$ ___	___	OCT 16 1995
___	___	___	$ ___	___	Accounts Payable
___	___	___	$ ___	___	
TOTAL			$ 9790		

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Judy B. Duval Date: 10-12-95

(Approval of next level of supervision required)

Approval: Karla Olson Teasley Date: 10/13/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3659 Vendor Name: Tracy Smith

Inv Date: 10.2.95 Inv #: 10246 Inv $: 46.75

Due Date: 10.18.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: _____

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.605.99.6758.0000.195		44.50
0001.605.99.1801.0000.195	95RA100	2.25

Voucher Prepared by: _____

Travel Expense and Employee Reimbursement Report

3459

Employee Name Tracy L. Smith
Employee No. 10246
Date 10/2/95

Plant/Location Apopka - Government Relations
Mailing Address 1000 Color Place, Apopka, FL 32703

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Personal Auto Allowance Amt	Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
6/29	Jacksonville; Gov. Relation; Parking fee	2						2.00	2.00	9.0.0.0.1	6.0.5	9.9	6.7.5.8	0.0.0.0	1.9.5	
7/20-7/21	Orlando; Gov. Relations; Parking	2						24.00	24.00	9.0.0.0.1	6.0.5	9.9	6.7.5.8	0.0.0.0	1.9.5	
7/25	Oviedo; Gov. Relations; Rates	X														
	Tolls	2						2.25	2.25	0.0.0.0.1	6.0.5	9.9	1.8.6.1	0.0.0.0	1.9.5	9.5.R.A.1.0.0
8/18	Orlando; Gov. Relations; Parking	2			7.25			8.50	15.75	9.0.0.0.1	6.0.5	9.9	6.7.5.8	0.0.0.0	1.9.5	
	Cab Fair; SFWMD meeting															
8/23	Orlando-Melbourne; Gov. Relations															
	Leg Comm. Meeting; Tolls	2						2.75	2.75	9.0.0.0.1	6.0.5	9.9	6.7.5.8	0.0.0.0	1.9.5	
	Totals				7.25			39.50	46.75							Total Travel Expense A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

RECEIVED
OCT 10 1995
Accounts Payable

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Tracy L Smith 10/2/95
Employee Signature Date

B F 10/9/95
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
9.0.0.0.1	6.0.5	9.9	6.7.5.8	0.0.0.0	1.9.5		44.50
0.0.0.0.1	6.0.5	9.9	1.8.6.1	0.0.0.0	1.9.5	9.5.R.A.1.0.0	2.25

46.75	Total A + B
—	Less Direct Bill (Ttl 1's)
—	Less Co. Credit Cards (Ttl 3's)
—	Less Advance
46.75	Owed Employee
0	Owed Company

TVL(7/92)

Original Accounting Office

APPENDIX DR3053
PAGE 131 OF 2226

Rep Couch
B. Armstrong
Wedgefield

THANK YOU

ORLANDO-ORANGE COUNTY
EXPRESSWAY AUTHORITY

DEAN RD.

Lane: 5 Collector: 247+

Tue Jul 25 10:45:09 1995

Toll paid: $ 0.50

--

Tue Jul 25 09:45:26 1995

Toll paid: $ 0.50

THANK YOU

ORLANDO-ORANGE COUNTY
EXPRESSWAY AUTHORITY

ORANGE BLOSSOM OFF

Lane: 1 Collector: 2336

Tue Jul 25 10:53:36 1995

Toll paid: $ 0.50

THANK YOU

ORLANDO-ORANGE COUNTY
EXPRESSWAY AUTHORITY

HOLLAND EAST

Lane: 6 Collector: 7355

Tue Jul 25 10:51:01 1995

Toll paid: $ 0.75

Accounts Payable Voucher

oved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3659 Vendor Name: Tracy Smith

Inv Date: 10.2.95 Inv #: 10246 Inv $: 873.45

Due Date: 10.18.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.1605.99.1861.0000.195	95RA100	554.10
↓ .200	95RA100	16.95 ✓
90001.1605.99.6758.0000.195		278.40
↓ .175		24.00

Voucher Prepared by: [signature]

SSU
Travel Expense and Employee Reimbursement Report

Employee Name Tracy L. Smith
Employee No. 10246
Date October 2, 1995

Plant/Location Apopka-Government Relations
Mailing Address 1000 Color Place, Apopka, FL 32703

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
6/5-9/8	Personal vehicle use .30/e	2	1847	554.10					554.10	0010101	605	99	186111	00100	195	951RA1100
6/14-9/12	Personal Vehicle use .30/@ (see attached log)	2	869	260.70					260.70	9010101	605	99	675180	00100	195	
6/14	Orlando; FWWA meeting; TOLLS	2						1.25	1.25	9010101	605	996	675180	00000	195	
6/16	Att. Springs; Gov. Relations; Rate Case briefing	2					16.95		16.95	0000901	605	99	686110	00000	2010	951RA1101
6/20	Orlando - West Palm Beach; Gov. Relations; tolls	2						14.45	14.45	9010901	605	99	675180	00000	195	
6/21	Cape Coral; Gov. Relations; tolls	2						2.00	2.00	9000101	605	99	675180	00000	195	
	Totals			814.80			16.95	17.70	849.45							Total Travel Expense A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
6/18-7/9	Telephone	2	Duluth, Apopka, Tall.; Gov. Relations	24.00	9000101	605	996	675180	00100	175	
	Postage										
	Other (Describe)										
			* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card	24.00							Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Tracy L. Smith 10/2/95
Employee Signature Date

Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
0010101	605	99	186111	00100	195	951RA1100	554.10
0010101	605	99	186111	00100	200	951RA1100	16.95
9010101	605	996	675180	00100	195		278.40
9000101	605	996	675180	00100	175		24.00

873.45	Total A + B
—	Less Direct Bill (Ttl 1's)
—	Less Co. Credit Cards (Ttl 3's)
—	Less Advance
873.45	Owed Employee
0	Owed Company

VL(7/92)

Original: Accounting Office

APPENDIX DR 805B
PAGE 134 OF 2226

Tracy L. Smith
VEHICLE MILEAGE

DATE	VEHICLE	ODOMETER READING LEAVE	RETURN	TOTAL MILES	DESTINATION AND PURPOSE	
6/13/95	Personal-Oldsmobile	9595	9620	25	Winter Garden-Meeting with Rep. Webster	AO
6/14/95	Oldsmobile	9681	9733	52	Orlando Airport Holiday Inn-FWWA Meeting	AO
6/15/95	Oldsmobile	9733	9941	208	Oviedo/Leesburg/Lacanto-meeting with legislators	AO
6/20/95	Oldsmobile	10143	10486	343	West Palm Beach/Naples-Legislative visits-Rates	AO
6/21/95	Oldsmobile	10486	10812	326	Naples/Ft. Myers/Apopka-Legislative visits-Rates	AO
6/29/95	Oldsmobile	11003	11314	311	Jacksonville/Palatka/ Apopka - Legislative visits-Rates	AO
6/30/95	Oldsmobile	11323	11408	85	Deland/Apopka-Legislative visits-Rates	AO
7/11/95	Oldsmobile	11745	11783	38	PRSA Board Meeting/Luncheon - Community Relations	AO
7/20/95	Oldsmobile	12037	12054	17	Orlando Airport - AWRA conference - Key West	OK
7/22/95	Oldsmobile	12054	12073	19	Orlando Airport - Return from AWRA conference	OK
7/25/95	Oldsmobile	12132	12222	90	Representative Couch's office/visit Wedgefield Subdivision, Orlando	AO
8/15/95	Oldsmobile	12826	13054	228	Keystone Heights City Council Meeting from Apopka	AO
8/18/95	Oldsmobile	13212	13274	62	Orlando Airport - West Palm Beach - SFWMD meeting	OK
8/22/95	Oldsmobile	13313	13347	34	Orlando - Gov. Relations meetings with B. Peebles, J. Cirello, and Senator Jennings	AO*
9/11/95	Oldsmobile	13772	14140	368	Naples - Collier County Commission Meeting 9/12	AO*
9/12/95	Oldsmobile	14140	14191	51	Naples - Collier County Commission Meeting	AO*
9/13/95	Oldsmobile	14191	14576	385	Naples/Marco Island/ Deep Creek/Apopka - Homeowners Meeting	AO*
9/18/95	Oldsmobile	14695	14769	74	Kissimmee - PSC service hearing	AO*
		TOTAL MILES		2,716		

* Shaded areas represent rate case related travel

Upon employment B. Armstrong agreed to pay T. Smith .30/mile for personal vehicle use.

001.90001.600.99.6758.0000.255	417.40 John Cirello	
001.90001.500.99.6758.0000.200	968.68 John Cirello	
001.90001.500.99.6758.0000.195	561.38 John Cirello	
001.90001.515.99.6758.0000.195	372.90 Carol Marchell	
001.90001.515.99.6508.0000.160	160.32 Carol Marchell	
001.90001.515.99.6758.0000.200	125.00 Carol Marchell	
001.90001.515.99.6208.0000.140	84.85 Carol Marchell	
001.00001.000.99.1840.0000.000	50.00 Carol Marchell	
001.00001.615.99.1861.0000.195	849.35 Forrest Ludsen	95RA100
001.00001.615.99.1861.0000.200	144.89 Forrest Ludsen	95RA100
001.00001.000.99.2330.1000.000	353.00 Scott Vierima	
001.90001.585.99.1059.2000.200	67.92 Paul Stephan	
001.90001.585.99.1059.2000.195	232.80 Paul Stephan	
001.90001.585.99.1059.2000.160	57.63 Paul Stephan	
001.90001.585.99.1059.2000.140	14.93 Paul Stephan	
001.90001.650.99.6508.0000.160	66.66 Charles Sweat	
001.90001.650.99.6758.0000.190	164.80 Charles Sweat	
001.00001.650.99.1740.0000.195	147.54 Charles Sweat	
001.00001.650.99.1740.0000.160	32.31 Charles Sweat	
001.00001.650.99.1740.0000.200	14.56 Charles Sweat	
001.90001.650.99.6758.0000.235	16.91 Charles Sweat	
001.90001.650.99.6208.0000.135	71.94 Charles Sweat	
001.90001.600.99.6758.0000.255	-380.00 Charles Sweat	
001.90001.600.99.6758.0000.255	-679.00 Charles Sweat	
001.90001.570.99.1059.2000.200	280.26 John Losch	
001.90001.592.99.6758.0000.200	38.39 James Barratt	
001.90001.592.99.6208.0000.140	69.89 James Barratt	
001.90001.592.99.6758.0000.195	155.26 James Barratt	
001.90001.590.99.6508.0000.160	8.64 Darin Levi	
001.90001.590.99.6758.0000.200	12.15 Darin Levi	
001.90001.590.99.6758.0000.195	35.64 Darin Levi	
001.90001.591.99.6758.0000.195	333.89 Carlyn Kowalsky	
001.00001.591.99.1861.0000.200	81.12 Matthew Feil	
001.00001.591.99.1861.0000.195	79.92 Matthew Feil	
001.00001.591.99.1740.0000.195	300.00 Matthew Feil	
001.00001.665.99.1840.3000.200	76.52 Jose DePedro	
001.00001.665.99.1840.3000.195	182.48 Jose DePedro	

APPENDIX DR3058
PAGE 136 OF 2226

#1861·195·····
420·00 +
129·35 +
300·00 +
849·35 *

#1861·200·····
31·19 +
35·85 +
17·96 +
59·89 +
144·89 *

144·89 +
849·35 +
994·24 *

SOUTHERN STATES UTILITIES, INC.

CORPORATE CHARGE CARD EXPENSES DETAIL

HUDSEN

Pg. 1 of 1

AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE
ECEIPT OF BILL.

nt distribution. Also, note the business purpose and names of those attending.

			Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
			95 92RA069		PLANE TICKET TALLAHASSEE
			[illegible]	$ 420.00	DKT# 920169-WS REFUND AGENDA CONFERENCE
			92RA069	$ 129.35	HOTEL ZUCO DK DKT # 920169-WS REFUND ISSUE FOR UNIFORM RATE
001.615.99	1861.0000	200	95RA100	$ 31.19	NUECE APPLICATION MATERIAL (DINNER FOR WORKERS)
001.615.99	1861.0000	200	95RA100	$ 35.85	" " " " "
001.615.99	1861.0000	200	95RA100	$ 17.96	DKT # 950495-WS FPSC/OPC AUDIT (LUNCH/LUNCH)
001.615.99	1861.0000	200	95RA100	$ 59.89	JACKSONVILLE CUSTOMER SERVICE HEARING (DINNER)
001.615.99	1861.0000	195	92RA069	$ 300.00	DKT # 920199-WS PLANE TICKET TO TALLAHASSEE ON UNIFORM RATE REFUND ISSUE
				$	
				$	
				$	
				$	
				$	
TOTAL				$ 994.24	

RECEIVED
OCT 23 1995
Accounts Payable

Inadvertent personal charges in the amount of $ — are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: L A Hudsen Date: 10/12/95

(Approval of next level of supervision required)

Approval: [signature] Date: 10/20/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

Journal Entry Transaction Form

Prepared By:AT Approved By:[illegible] Entered By:AT

YEAR/PERIOD:	1995-10	Source Code	SJ	Journal #	20150
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	8377
Inter Co. Table	001	Reference Code	SJ 521 AT	Auto Accrual?	N

DESCRIPTION: Reclass A/P Suspence-Mastercard

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.00001.000.99.1840.0000.000				Reclass Mastercard Charges	(18,458.44)
2	See Attached				Reclass Mastercard Charges	18,458.44
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						

Total Number of lines	2
Total Debits	18,458.44
Total Credits	(18,458.44)

APPENDIX DR 30S-B

PAGE 138 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3561 Vendor Name: M/C

Inv Date: 11.2.95 Inv #: 9110570001003709945 Inv $: 190.45

Due Date: 11.22.95 Discount: _____ Terms: _____

Month/Yr: 11.95 Purchase Order #: —

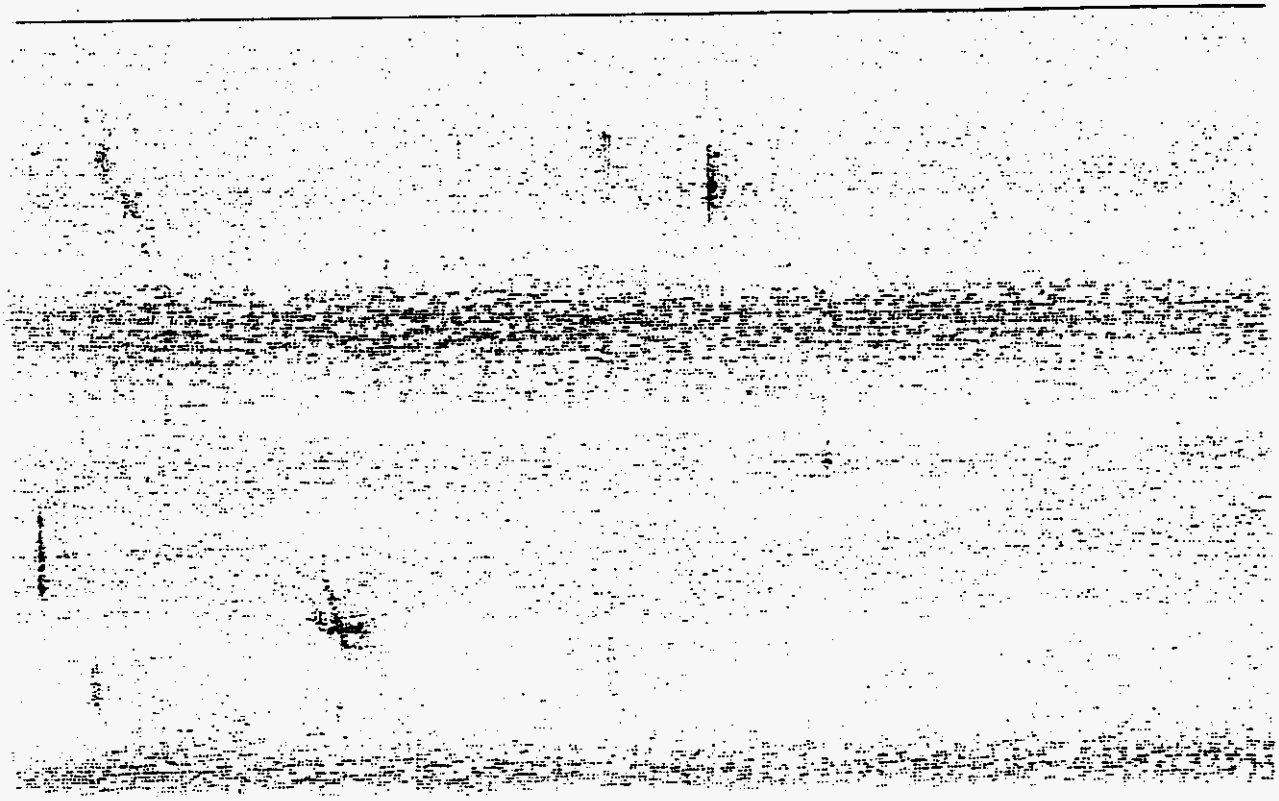
Description: C. Bliss

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000 1.625.99.1861.0000.160	95RA100	87.81 ✓
V .195	95RA100	61.04 ✓
9000 1.625.99.6208.0000.160		41.60 ✓

Voucher Prepared by: _____

AV



DATE	DESCRIPTION	REFERENCE NUMBER	CA - CREDIT PY - PAYMEN
10-10	AMOCO STATION 9057266 ST AUGUSTINE FL	10-08 70430455282555281200215 5541	13.46
10-11	GATE STATION #187 JACKSONVILLE FL	10-09 80319685283414283286644 5541	8.70
10-11	OFFICE DEPOT #258 JACKSONVILLE FL	10-09 80444745283024648246496 5943	18.40
10-13	TEXACO INC 24203222077 OCALA FL	10-11 70425855285354925300127 5541	12.75
10-16	COASTAL MART 702 EAST PALATKA FL	10-12 70413585286660867710e98 5541	10.34
10-16	TOM CRABTREE 00006536 PALATKA FL	10-12 70414465287200119297784 5532	42.56
10-17	OFFICE DEPOT #36 ALTAMONTE SPR FL	10-15 80444745289024955363815 5943	23.20
10-26	HOLIDAY INN FT ST LUCI PORT ST LUCIE FL	10-24 70447675298402267991722 3581	61.04

SAVE 10%-30% INSTANTLY ON SELECT MERCHANDISE WITH MASTERVALUES COUPONS FROM POPULAR RETAIL STORES NATIONWIDE. PLEASE SEE THE ENCLOSED INSERT FOR DETAILS.

RECEIVED
NOV 07 1995
Accounts Payable

REDACTED

BALANCE USED FOR COMPUTING FINANCE CHARGE — AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	FINANCE CHARGE
PURCHASES $ .00	DAILY RATE		
CASH ADVANCES $ .00			
TOTAL $ .00	.02712%	9.90%	$ .00
NEW CASH ADVANCES $ .00	CASH ADVANCE FEE 2.0%	MINIMUM 2.15	MAXIMUM $ .00

ACCOUNT NUMBER [redacted]

CREDIT LINE	$ 2,500
AVAILABLE CREDIT	$ 2,309
NUMBER OF DAYS IN BILLING CYCLE	31
CLOSING DATE	NOV 02 1995
MINIMUM PAYMENT DUE	$ 15.00
PAYMENT DUE DATE	NOV 27 1995

ACCOUNT SUMMARY

PREVIOUS BALANCE	$ .00
PURCHASES AND OTHER CHARGES	+ 190.45
CASH ADVANCES	+ .00
CREDITS	- .00
PAYMENTS	- .00
LATE CHARGE	+ .00
FINANCE CHARGE	+ .00
NEW BALANCE	= $ 190.45

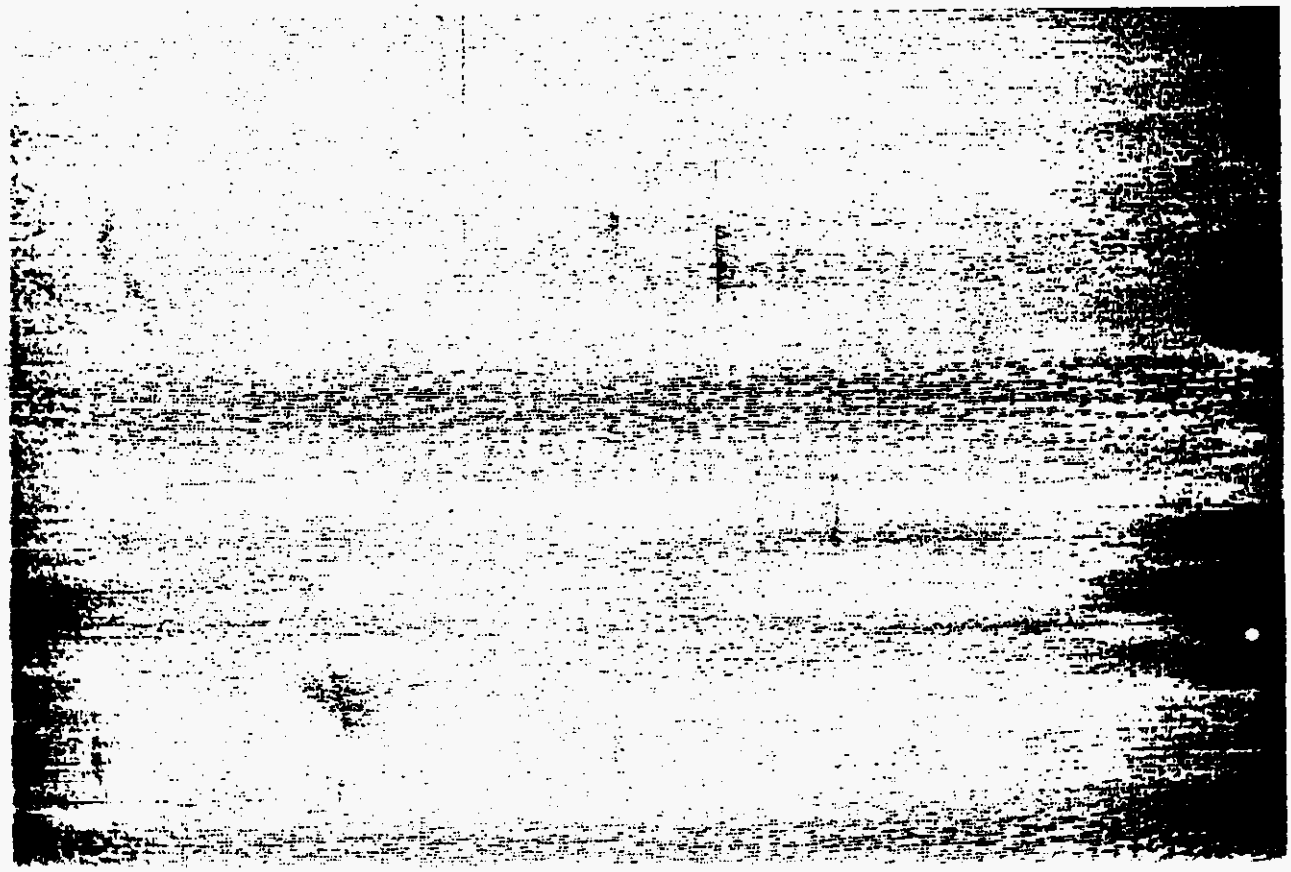
SEND INQUIRIES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

CUSTOMER SERVICE TELEPHONE NUMBER: ORLANDO, FLORIDA (407) 888-8888 — TDD 1-800-538-7217 — TOLL FREE 1-800-433-8882

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD



SOUTHERN STATES UTILITIES, INC.

CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name Charles M. Bliss - Facilities Analysis Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
90001.625	99.1861.0000	~~145~~	$ 13.46	Car #296 Gas @ Amoco St Augustine for Putnam Co. Inspections
90001.625	99.1861.0000	~~145~~	$ 8.70	Gas @ Gate in Tax. for Putnam Co. Inspections
90001.625	99.6208.0000	140	$ 18.40	Office Depot - office Supplies
90001.625	99.1861.0000	~~145~~	$ 12.75	Gas @ Texaco in Ocala for Ocala Customer Service Hearing
90001.625	99.1861.0000	~~145~~	$ 10.34	Gas @ Conoco in Flatka for Putnam Co. Inspections
1.625	99.1861.0000	160	$ 42.56	Radiator Hose Repair on Car 296 at Goodyear in Flatka
90001.625	99.6208.0000	140	$ 23.20	Office Depot - Office Supplies
90001.625	99.1861.0000	195	$ 61.04	Hotel - Holiday Inn for Hearing - Ft Pierce for Martin Co Inspec
			$	
			$	
			$	
			$	
TOTAL			$ 190.45	

Inadvertent personal charges in the amount of $ 0.00 are included on this statement. My personal check # ____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Charles M. Bliss Date: Wed 08 Nov 1995

(Approval of next level of supervision required)

Approval: [signature] Date: 11/12/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

STATEMENT

IN THE WINDOW OF THE REMITTANCE ENVELOPE

ISSUED BY: SUNTRUST BANKCARD, N.A.
CUSTOMER OF: SUNTRUST BANK

SUNTRUST BANKCARD, N.A.
PO BOX 3513
ORLANDO FL 32802

ACCOUNT NUMBER [redacted]

PAYMENT DUE DATE
NOV 27,1995

NEW BALANCE $ AMOUNT DUE
190.45
OR
MINIMUM PAYMENT $
15.00

AMOUNT ENCLOSED $

PLEASE MAKE CHECK PAYABLE TO MASTERCARD/VISA

P807561

SSU SERVICES
CHUCK BLISS
1000 COLOR PLACE
APOPKA FL 32703

1797 5410570000370945

DETACH HERE

POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER		AMOUNT OR - CREDIT PY - PAYMENT
10-10	AMOCO STATION 9057266 ST AUGUSTINE FL	10-08	70438455282555281200215	5541	13.46
10-11	GATE STATION #167 JACKSONVILLE FL	10-09	80319605283414283286644	5541	8.70
10-11	OFFICE DEPOT #258 JACKSONVILLE FL	10-09	80444745283024648246696	5943	18.40
10-13	TEXACO INC 24203222077 OCALA FL	10-11	78425855285354923300127	5541	12.75
10-16	COASTAL MART 702 EAST PALATKA FL	10-12	70413585286066067710692	5541	10.34
10-16	TOM CRABTREE 00006536 PALATKA FL	10-12	70414465287209119297784	5532	42.56
10-17	OFFICE DEPOT #30 ALTAMONTE SPR FL	10-15	80444745289024955363815	5943	23.20
10-26	HOLIDAY INN PT ST LUCI PORT ST LUCIE FL	10-24	78447675298402267991722	3501	61.04

SAVE 10%-30% INSTANTLY ON SELECT MERCHANDISE WITH MASTERVALUES COUPONS FROM POPULAR RETAIL STORES NATIONWIDE. PLEASE SEE THE ENCLOSED INSERT FOR DETAILS.

RECEIVED
NOV 07 1995
Accounts Payable

REDACTED

BALANCE USED FOR COMPUTING FINANCE CHARGE — AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	FINANCE CHARGE
PURCHASES $ .00	DAILY RATE		
CASH ADVANCES $ .00			
TOTAL $ .00	.02712%	9.90%	$ .00

NEW CASH ADVANCES	EACH ADVANCE MINIMUM	MAXIMUM
$ .00	RATE 2.0% $ 2 $ 15	$ .00

SEND INQUIRIES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

CUSTOMER SERVICE TELEPHONE NUMBER: ORLANDO, FLORIDA (407) 989-8690 | TDD 1-800-526-7217 | TOLL FREE 1-800-432-4832

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

ACCOUNT NUMBER [redacted]

CREDIT LINE	NUMBER OF DAYS IN BILLING CYCLE	CLOSING DATE
$ 2,500	31	
AVAILABLE CREDIT		
$ 2,309		NOV 02,1995

ANNUAL PERCENTAGE RATE %

MINIMUM PAYMENT DUE $ 15.00

PAYMENT DUE DATE NOV 27,1995

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

ACCOUNT SUMMARY

PREVIOUS BALANCE	$	.00
PURCHASES AND OTHER CHARGES	+	190.45
CASH ADVANCES	+	.00
CREDITS	-	.00
PAYMENTS	-	.00
LATE CHARGE	+	.00
FINANCE CHARGE	+	.00
NEW BALANCE	= $	190.45

accordance with Texaco's payment terms, the prior disclosure of which is acknowledged. Purchases made on credit debit cards not issued by Texaco are subject to the terms and conditions of the agreements governing those cards.

BUYER'S SIGNATURE
X Charles M. Bliss

PLEASE RETAIN THIS COPY TO VERIFY BILLING.

625.99.1861.0000.195

TEXACO

[redacted] MC 10/11/95
SSU/SERVICES 10:00P
24 203 222077
3710 SW COLLEGE INV # 0300186
OCALA FL 34474 AUTH # 00004649

ITEM	QTY	PRICE	AMOUNT
9 UNL/CRED S	11.600 G @	1.099	12.75

TOTAL $ 12.75

M-01 (SOA) 0861-S

Ocala Customer Service Heading

CUSTOMER COPY

Charles M. Bliss 10/09/95
SIGNATURE

LIC/PLN
[illegible] STATION #187 414201
[illegible]51 SOUTHSIDE BLVD 1130
JACKSONVILLE FL 32256
[illegible] EXP 9608
10/09/95 11:23 [illegible] 868169
PRICE FUEL TOT
1.15[illegible] 8.70
TOTA
8.7[illegible]
[illegible]ED 072507

Putnam Co. Inspection

62.5.99.6208.0000, 140

OFFICE DEPOT
9102 BLANDING BLVD. UNIT 28
JACKSONVILLE, FL. 32244
(904) 778-4882

2.10 15 1046 0253 004
SALE 10/09/95 18:42

7878727560 OXFRD RECOCRATE	8.09
MFG. LIST $8.50	
7897342115 HANGING FOLDERS	4.59
MFG. LIST $10.70	
7897342115 HANGING FOLDERS	4.59
MFG. LIST $10.70	
SUBTOTAL	17.27
FL 6.50% SALES TAX	1.13
TOTAL	18.40

ACCOUNT NUMBER	[redacted]
EXPIRATION DATE	08/96
MASTERCARD	18.40
APPROVAL CODE 033263	
CHANGE	.00

THANK YOU FOR SHOPPING AND SAVING AT OFFICE DEPOT

Customer's Original Invoice

Keep For Your Records

See other side for Product Codes

AMOCO

MASTERCARD RECE
10/08/95 20:36:33 DLRN 9057266 TID: 1
SSU/SERVICES [redacted]
BARON N6 ST AUGUSTINE FL 32085
PROD CODE 09

GAL 12.246 BLU/CRED @ $1.099 $ 13.46

TOTAL SALE$ 13.46
EXP 08/96 00 REF 019895-96520021

THANK YOU

Customer Signature
X Charles M. Bliss 10/08/95
Signature not required for ATM Debit

Seller's Initials

Putnam Co. Inspection

82,515 REDACTED

OFFICE DEPOT
515 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701
(407) 830-6100

625.99.1208.0000.140

2.10 9632 7108 0030 003
SALE 10/15/95 17:27

7357710417 RULER	3.99
MFG. LIST $5.79	
7897342115 HANGING FOLDERS	1.95
MFG. LIST $10.70	
7897342115 HANGING FOLDERS	1.95
MFG. LIST $10.70	
7897342115 HANGING FOLDERS	1.95
MFG. LIST $10.70	
7897342115 HANGING FOLDERS	1.95
MFG. LIST $10.70	
7897342115 HANGING FOLDERS	1.95
MFG. LIST $10.70	
7897342115 HANGING FOLDERS	1.95
MFG. LIST $10.70	
7878727560 OXFRD DECOCRATE	5.99
MFG. LIST $8.50	
SUBTOTAL	21.68
FL 7% SALES TAX	1.52
TOTAL	23.20

ACCOUNT NUMBER 5410570000370945
EXPIRATION DATE 08/96
MASTERCARD 23.20
APPROVAL CODE 006341

CHANGE .00

THANK YOU FOR SHOPPING AND SAVING AT
OFFICE DEPOT

625.99.1861.0000.195

COASTAL MART #782 [illegible]
RT. 3 BOX 137 TEMPLE
PALATKA FL 32131 [illegible]
EMPL: [illegible] 10/12/95 Thursday 10:26:00

CREDIT CARD RECEIPT

SSU/SERVICES	MASTERCARD
ACCT# 5415573030370945	Expires 08/96
Merchant ID 103865001	Auth# 022287
	Trace# 007669

01 UNLEAD 9.672G @ $1.869 $ 18.08

Putnam Co. Inspection

TOTAL $ 18.08

I will pay the total, according to the
agreement with the card issuer.

X Charles M Bliss 10/12/95

Customer Keeps Bottom Copy

THANK YOU! HAVE A NICE DAY!



Car #296

.1·625.99, 1861.0000.160

REDACTED

[redacted]

1219 08/95 08/96 K
SSU SERVICES
CHUCK BLISS

Charles M. Bliss
CUSTOMER AUTHORIZATION FOR TOTAL 10/12/95 INVOICE TOTAL $42.58

ALL PARTS LISTED ARE NEW, UNLESS OTHERWISE STATED

WARNING AND WARRANTY

HAVE A QUESTION OR PROBLEM?
Please tell our store manager. We value your opinion as much as your business. Should you need additional assistance, call our
CUSTOMER ASSISTANCE LINE

REDACTED

[redacted]

08/95 08/96 K

ISD SERVICES

CHICK

DATE OF CHARGE

34045 OF 11

1172509 PT

1241

HOLIDAY

FOLIO OR CHECK NO.

160

AUTHORIZATION

335

INITIAL

TYPE OF CREDIT CARD

AX DISC BNTN

DR MC VISA OTHER

X Charles M. Bliss

10/29/95

693225

TOTAL AMOUNT

60 00

CARD MEMBER'S COPY

Welcome

531

Guest Account

Holiday Inn

Folio No.	Account	Affiliation	PF	ID	Page

531 56.00 10/23/95 10/24/95 24243 2-CBANK O CORP 11 NFG 1

CHUCK BLISS
1000 COLOR PLACE

Date	Code	Reference	ID	Description	Charges	Payments	Balance
1023	111	1023000	MGR	TRANSIENT ROOM	56.00	.00	56.00
1023	811	1023001	MGR	SALES TAX	5.04	.00	61.04
1024	913	1024000	NFG	VISA/MASTERCAR	.00	-61.04	.00
TOTAL						$	.00

625.99.1861.0000.125

I AGREE THAT MY LIABILITY FOR THIS BILL IS NOT WAIVED AND AGREE TO BE HELD PERSONALLY LIABLE IN THE EVENT THAT THE INDICATED PERSON, COMPANY OR ASSOCIATION FAILS TO PAY THE FULL AMOUNT OF THESE CHARGES.

GUEST SIGNATURE

Operated by an Independent Owner Under Franchise from Holiday Inns, Inc.

Holiday Inn

10120 South Federal Hwy.
Port St. Lucie, Florida 34952
(407) 337-2200
Fax (407) 335-7872

APPENDIX _____ PAGE _____ OF _____

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1995-11	Source Code	GJ	Journal #	~~20030~~ 20980
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	~~8523~~ 8755
Inter Co. Table	001	Reference Code	SJ521	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-Mastercard

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.00001.591.99.1861.0000.160	95RA100			B. Armstrong	37.90
2	001.00001.591.99.1861.0000.195	95RA100			B. Armstrong	811.67
3	001.00001.591.99.1861.0000.200	95RA100			B. Armstrong	52.21
4	001.00001.605.99.1861.0000.195	95RA100			B. Armstrong	300.00
5	001.00001.591.99.1861.0000.195	92RA069			B. Armstrong	536.66
6	001.90001.591.99.6758.0000.200				B. Armstrong	44.81
7	001.00001.000.99.1840.0000.000				Clear Suspense-B. Armstrong	(1,783.25)
8	001.00001.000.99.2330.1000.000				J. Cirello	242.69
9	001.00001.000.99.1840.0000.000				J. Cirello	(242.69)
10	001.90001.170.99.6758.0000.190				D. Denny	76.75
11	001.90001.170.99.6758.0000.205				D. Denny	110.50
12	001.90001.170.99.6758.0000.195				D. Denny	323.73
13	001.90001.170.99.6758.0000.175				D. Denny	10.01
14	001.90001.170.99.6758.0000.200				D. Denny	16.30
15	001.00001.000.99.1840.0000.000				Clear Suspense-D. Denny	(537.29)
16	001.90001.170.99.6758.0000.190				D. Denny	455.00
17	001.00001.000.99.1840.0000.000				Clear Suspense-D. Denny	(455.00)

Total Number of lines	42
Total Debits	5,577.20
Total Credits	(5,577.20)

APPENDIX DR305.B PAGE 145 OF 2226

#92··055·····
#195·····
127·00 +
73·05 +
300·00 +
34·51 +
535·56 *

#95··100·····
#160·····
22·90 +
15·00 +
37·90 *

#195·····
300·00 +
35·58 +
300·00 +
300·00 +
43·59 +
132·50 +
1,111·67 *

#200·····
17·89 +
24·33 +
9·99 +
52·21 *

#200·····
44·81 +
44·81 *

44·81 +
52·21 +
1,111·67 +
37·90 +
535·56 +
1,783·25 *

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

trong

Pg. 1 of 1

AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE
ECEIPT OF BILL.

nt distribution. Also, note the business purpose and names of those attending.

Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
92RA069	$ 127.00	Hotel - Tallahassee re: Giga Rate Case
92RA069	$ 75.05	Car Rental - Tallahassee re: Giga Rate Case
95RA100	$ 22.90	Gas - Attendance at service hearings
95RA100	$ 300.00	Air Fare to Tallahassee re: 1995 Rate Case
95RA100	$ 15.00	Gas - attendance at service hearings
95RA100	$ 35.58	Car Rental - Tallahassee re: 1995 Rate Case
92RA069	$ 300.00	Air Fare to Tallahassee re: Giga Rate Case
92RA069	$ 34.61	Car Rental - Tallahassee re: Giga Rate Case
95RA100	$ 9.99	Dinner re: 1995 Rate Case
	$ 44.81	Managers' Lunch (BPA, IR, CK, MF, RAT)
95RA100	$ 300.00	Air Fare to Tallahassee re: 1995 Rate Case
95RA100	$ 300.00	Air Fare to Tallahassee re: 1995 Rate Case (IR)
	$ Continued	

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: _____ Date: 12/18/95

(Approval of next level of supervision required)

Approval: _____ Date: 12/21/95

Return original to Accounts Payable. Retain pink copy for files.

RECEIVED
DEC 21 1995
Accounts Payable

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

APPENDIX _____

PAGE _____ OF _____

APPENDIX _____ PAGE _____ OF _____

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1995-12	Source Code	GJ	Journal #	20972
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	8753
Inter Co. Table	001	Reference Code	SJ521	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-VISA (December 1995 Statement)

Line	Account Number	Project	CPR	SUBT	Description	Amount
103	001.00001.000.99.1840.0000.000				C. KOWALSKY	(2,022.07)
104	001.90001.590.99.6508.0000.160				D. LEVI	18.60
105	001.90001.590.99.6758.0000.200				D. LEVI	15.59
106	001.00001.000.99.1840.0000.000				D. LEVI	(34.19)
107	001.90001.570.99.1059.2000.200				J. LOSCH	364.93
108	001.90001.570.99.1059.2000.195				J. LOSCH	217.15
109	001.00001.000.99.1840.0000.000				J. LOSCH	(582.08)
110	001.90001.105.99.6758.0000.200				D. LOVELL	12.95
111	001.00001.000.99.1840.0000.000				D. LOVELL	(12.95)
112	001.00001.615.99.1861.0000.195	95RA100			F. LUDSEN	✓ 494.14
113	001.00001.000.99.1840.0000.000				F. LUDSEN	(494.14)
114	001.90001.215.99.6758.0000.195				J. MACK	213.35
115	001.90001.215.99.6208.0000.140				J. MACK	33.90
116	001.90001.215.99.6758.0000.200				J. MACK	69.28
117	001.00001.000.99.1840.0000.000				J. MACK	(316.53)
118	001.90001.135.99.6758.0000.195				G. MANNING	185.64
119	001.00001.000.99.1840.0000.000				G. MANNING	(185.64)

Total Number of lines _____

Total Debits _____

Total Credits _____

APPENDIX DR 305-B PAGE 150 OF 2226

APPENDIX _____ PAGE _____ OF _____

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1995-12	Source Code	GJ	Journal #	20972
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	8753
Inter Co. Table	001	Reference Code	SJ521	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-VISA (December 1995 Statement)

Line	Account Number	Project	CPR	SUBT	Description	Amount
137	001.00001.000.99.1840.0000.000				F. SANDERSON	(162.98)
138	001.90001.595.99.6758.0000.190				M. SHEEHAN	19.25
139	001.00001.000.99.1840.0000.000				M. SHEEHAN	(19.25)
140	001.90001.620.99.6758.0000.235				K. SHOFTER	61.64
141	001.00001.000.99.1840.0000.000				K. SHOFTER	(61.64)
142	001.90001.605.99.6758.0000.195				T. SMITH	572.82
143	001.90001.605.99.6758.0000.200				T. SMITH	34.59
144	001.00001.000.99.1420.0000.000				T. SMITH	9.49
145	001.00001.605.99.1861.0000.200	95RA100			T. SMITH	98.16
146	001.00001.605.99.1861.0000.195	95RA100			T. SMITH	✓ 75.21
147	001.00001.605.99.1861.0000.175	95RA100			T. SMITH	0.35
148	001.00001.000.99.1840.0000.000				T. SMITH	(790.62)
149	001.90001.585.99.1059.2000.160				P. STEPHAN	73.84
150	001.90001.585.99.1059.2000.200				P. STEPHAN	13.29
151	001.00001.000.99.1840.0000.000				P. STEPHAN	(87.13)
152	001.90001.585.99.1059.2000.140				J. STURDEVANT	109.01
153	001.00001.000.99.1840.0000.000				J. STURDEVANT	(109.01)

Total Number of lines _____

Total Debits _____

Total Credits _____

APPENDIX DR 305.B PAGE 151 OF 1226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 4264 Vendor Name: J & J METRO

Inv Date: 11-13-95 Inv #: 26089 Inv $: 1,118.30

Due Date: 11-22-95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: 40591

Description: TRANSPORT RATE FILING

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.195	95RM00	1,118.30

Voucher Prepared by: _____

We like our reputation... so will you!!!

Serving Florida since 1968

J&J METRO MOVING AND STORAGE CO., INC.

1101 WEST KENNEDY BLVD.
ORLANDO, FLORIDA 32810
407-875-0000 / 407-875-0099

№ 26089

CUSTOMER'S NAME Southern States Utilities DATE 11-13 1995

MOVE FROM 1000 Color Pl. Apopka PHONE # 880-0058 ext.232

MOVE TO 2540 Shumard Oak Blvd. Tallahassee PHONE #

Important Notice

IMPORTANT NOTICE: Unless otherwise specified, customer expressly releases the shipment to a declared value of .30 per pound per article, and shall continue during any and all services rendered. Carrier's maximum liability for loss and damage shall be either the lump sum value declared by the customer below, or .30 per pound per article. The company is not liable for damage to items packed by others or for items which require packing for safe handling but are not packed. There is a $100.00 deductible to the customer under the terms of this valuation. Rates for increase valuation are available upon request. In the event of any litigation, customer agrees that venue lies in Orange County.

The customer hereby releases the entire shipment to a value not exceeding
$ [illegible] .30 per pound per article (Unless otherwise specified.)
NOTICE: The customer signing this contract must insert in the space above in his own handwriting, his declaration of the actual value of the shipment, otherwise the shipment will be deemed released to a maximum value equal to .30 per pound per article.

CUSTOMER MUST SIGN BEFORE LOADING → X CUSTOMER OR HIS AGENT

TERMS: A CASHIER'S CHECK IS REQUIRED PRIOR TO UNLOADING OF THE MERCHANDISE outside of the Orlando area. PAYMENT FOR ORLANDO SHIPMENTS DUE UPON COMPLETION OF SERVICES. If not paid a service charge of 1½% per month (18% per year) will be added to unpaid balance. Should collection procedures be necessary to collect this bill, the customer agrees to pay all costs of collection including reasonable attorneys fees. SERVICE CHARGES: A $15.00 service charge will be assessed on any check returned by the bank.

Local Moving Charges

						HOURS
ADD MINUTES TRAVEL TIME	TIME ARRIVED JOB 7 AM PM	TIME FINISHED JOB 4:15 AM PM	MEAL TIME ALLOWANCE OR TIME LOST DUE TO WEATHER CONDITIONS.	HOURS 9½	TOTAL TIME CHARGED	15½
MOVING VAN AND	2 MEN @ $ 60	PER HOUR, FOR	HOURS		555	00
	AM	6	HOUR TRAVEL TIME		360	—
X CONFIRMED FOR 8:00	PM	FUEL SURCHARGE			100	—
OTHER SERVICES:	YTRAMAN LOAD 1HR+1HLTT				40	—
P.O. #40591					1055	00
					63	30
					1,118	30
CALL KEN HOFFMAN'S OFFICE 1½ HR BEFORE ARRIVING				TOTAL		
DRIVER SIGN HERE ON RECEIPT OF CHARGES	681-6788					

Delivery Acknowledgement

Acknowledgement is made of performance of services outlined above in a satisfactory manner, and all goods received satisfactorily except as noted below.

RECEIVED
NOV 15 1995
Accounts Payable

DRIVER'S SIGNATURE

CUSTOMER OR HIS AGENT'S SIGNATURE [signature]

NOTE: SHADED FIELDS ARE REQUIRED

Southern States Utilties

RECEIVING REPORT

R/R 60772

PURCHASE ORDER NUMBER: 40591

PLANT NAME: APOPKA

SUPPLIER: J & J METRO MOVING

PLANT NUMBER: 90001

LINE ITEM #	QTY. REC'D.	DESCRIPTION	COMPLETE	INCOMPLETE
1		MOVING EXPENSES TO TRANSPORT FS RATE CASE TO TALLAHASSEE	✓	

RECEIVED
NOV 13 1995
Accounts Payable

FOR BLANKET USE ONLY

INVOICE #

DOLLAR AMOUNT $

PURPOSE & NECESSITY: TRANSPORTATION OF AMENDED INTERIM FILING INFORMATION TO FPSC

W/O#:

G. L. #:

11/13/95 PSIMS
DATE RECEIVED BY

K. Stafford
DATE 11/13/95 CHECKED BY

REV. 8/94

ACCOUNTS PAYABLE

APPENDIX _____ OF _____

PAGE _____

PURCHASE ORDER

SSU
Southern States Utilities
PURCHASING DEPARTMENT
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

Purchase Order: 60591
Date: 11/14/1995
Requisitioner:
Confirmed to:
Description: REQ. 000015 PHYLLIS SIMS - DVR

PTRC NUMBER:
Project: 95RALOR
Task:

Payment Terms: NET PAYABLE IN 30 DAYS
FOB: OUR PLANT
Ship via: TRUCK
Freight Terms: FREIGHT INCLUDED

Vendor: J & J KETRO MOVING
1191 W. KENNEDY BLVD.
ORLANDO, FL 32810

Ship to: SOUTHERN STATES UTILITIES, INC
1000 COLOR PLACE
APOPKA, FL 32703

Bill to: SOUTHERN STATES UTILITIES, INC
1000 Color Place
Apopka, FL 32703

Line #	Item Code	Description	Due Date	Quantity	UOM	Unit Cost	Extended Cost
1	95% NOV-0002	PREVIOUSLY ORDERED. MOVING EXPENSES NOTE: TRANSPORT 95 RATE FILING TO TALLAHASSEE INCLUDES FUEL CHARGE. Acct. Code: 001.00001.620.95.1861.0000.160	11/13/1995	1.00	LOT	1,118.30	1,118.30

RECEIVED
NOV 14 1995
SSU SERVICES
ACCOUNTS PAYABLE

Total $ 1,11

AUTHORIZED SIGNATURE
JOHN HILTON, C.P.M., CPM
BARBARA L. KREDRM

IMPORTANT: THIS ORDER IS SUBJECT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE.

ACCOUNTS PAYABLE

APPENDIX DR305-B
PAGE 155 OF 2226

APPENDIX _____ PAGE ____ OF ____

88015

SSU Southern States Utilities

REQUISITION

NOTE: SHADED FIELDS ARE REQUIRED

PLANT/DEPT: 90001 / RATES
REQUESTED BY: P. SIMS
REQUEST DATE: 10/30/95
DATE REQUIRED:

VENDOR NAME: J & J METRO MOVING
ADDRESS: 1101 W. KENNEDY BLVD
ORLANDO, FL 32810
PHONE NO: (407) 875-0000

SHIP TO: DEPT/PLANT # Rates
ADDRESS:
ATTN:

PO # 40591 | SHIP VIA T | FOB FT | DUE DATE 11-13 | CONFIRMING | MAIL Y | TAXABLE $ NO

LIN	Item No.	QNTY	U/M	Item Description (Include p/n, cat. #, mfg. model, size, etc.)	Account Code PLANT	RSP	UC	ACCT	SUB-A	CEC	Project Number (WO#) PRJCT	TASK	SUBT	Unit Price	Amount
1		1	Lot	MOVING EXPENSES TO TRANSPORT 95 RATE FILING TO TALLAHASSEE (AMENDED INTERIM FILING INFORMATION) 11/6/95	00001	620	001	199	1861	000000	95RA100				1,125.00
				$60/HR - APPROXIMATE	N/A										870.00
				FUEL CHARGE - APPROXIMATELY										Est Cost	100.00

APPROVALS: P Sims; K. Scott

PURPOSE AND NECESSITY: TRANSPORTATION OF AMENDED INTERIM FILING INFORMATION TO FPSC

☐ UN-BUDGETED

SUBTOTAL	970.00
FL TAX	
FREIGHT	
OTHER	
TOTAL	1,070.00

1,118.35

ACCOUNTS PAYABLE

APPENDIX DR 305-B PAGE 156 OF 2226

APPENDIX ____ PAGE ____ OF ____

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name: Donna Henry
Employee No.: 301
Plant/Location: Apopka
Mailing Address: 1000 Color Place

	Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
				RECEIPTS REQUIRED													
*	10/19	UPS - Longwood		14.2	4.26					4.26	00001	591	AA	18161	0000	100	95RA100
*	10/23	UPS - Longwood		14.2	4.26					4.26							
*	10/25	UPS - Longwood		14.2	4.26					4.26							
*	10/27	UPS - Longwood		14.2	4.26					4.26							
*	11/7	UPS - Longwood		14.2	4.26					4.26							
	Totals									21.30	Total Travel Expense A						

RECEIVED
NOV 16 1995
Accounts Payable

Other Employee Expenses

Date	Type	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars									
	Dues and Subscriptions									
	Office Supplies									
	Telephone									
	Postage									
	Other (Describe)									
				Total Other Expenses B						

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

I certify that the expenses shown were incurred on company business or on behalf of the company.

Donna Henry 11/16/95
Employee Signature Date

[signature] 11/16/95
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
00001	591	AA	18161	0000	100	95RA100	21.30

21.30	Total A + B
	Less Direct Bill (Tll 1's)
	Less Co. Credit Cards (Tll 3's)
	Less Advance
21.30	Owed Employee
	Owed Company

TVL(7/92)

WHITE COPY - ACCOUNTS PAYABLE YELLOW COPY - EMPLOYEE

* After hours

APPENDIX DR305-B
PAGE 157 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 12635 Vendor Name: Forrest Ludsen

Inv Date: 1.19.96 Inv #: 55 Inv $: 39.00

Due Date: 1.24.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.615.99.1861.0000.195	95LA100	26.00
90001.615.99.1758.0000.195		13.00

Voucher Prepared by: _____

SSC

Travel Expense and Employee Reimbursement Report

Employee Name FORREST LUDSEN
Plant/Location 90001/APOPKA
Employee No. 55
Mailing Address
Date

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals (RECEIPTS REQUIRED)	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
11/11/95	AIRCRAFT APPROV FEE / AGENDA CONF				$13.00				13.00	9101011	61115	919	18161	99990	1915	95R141V010
1/1/96	AIRPORT PARKING & TOLLS / AGENDA CONF				13.00				13.00	9101011	61115	919	18161	00100	1915	95R141V010
1/9/96	AIRPORT PARKING & TOLLS / ANNUAL MTG				13.00				13.00	9101011	61115	99	617158	00100	1915	
	Totals				39.00				$39.00	Total Travel Expense A						

RECEIVED
JAN 24 1996
Accounts Payable

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										
					Total Other Expenses B						

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature — Date 1/19/96

Supervisor Signature — Date 1/19/96

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
9101011	61115	919	18161	00100	1915	95R141V010	26.00
9101011	61115	99	617158	00100	1915		13.00

$39.00	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
	Owed Employee
	Owed Company

WHITE COPY - ACCOUNTS PAYABLE YELLOW COPY - EMPLOYEE

APPENDIX DR305-B
PAGE 159 OF 2226

RECEIPT

It has been a pleasure to serve you!

ORLANDO INTERNATIONAL AIRPORT

Questions and comments regarding your parking should be forwarded with a copy of this receipt to:

Airport Parking Administrator
Greater Orlando Aviation Authority
Orlando International Airport
One Airport Boulevard
Orlando, Florida 32827-4399
(407) 825-3562

8.00 parking
5.00 toll
$13.00

EXIT:SEQUENCE/LANE/ CASHIER/ DATE / TIME / FEE / CUST. I.D. ENTRY: LANE / SER # / RATE/ DATE / TIME

8426 32 265 21NO 1648 0 08.00 FLTMJ63M R11 49112 4 21NO 0700

84513 SOUTHLAND PRINTING - SHREVEPORT, LA.

RECEIPT

It has been a pleasure to serve you!

ORLANDO INTERNATIONAL AIRPORT

Questions and comments regarding your parking should be forwarded with a copy of this receipt to:

Airport Parking Administrator
Greater Orlando Aviation Authority
Orlando International Airport
One Airport Boulevard
Orlando, Florida 32827-4399
(407) 825-3562

8.00 parking
5.00 toll
13.00

EXIT:SEQUENCE/LANE/ CASHIER/ DATE / TIME / FEE / CUST. I.D. ENTRY: LANE / SER # / RATE/ DATE / TIME

7962 36 700 04JA 1631 008.00 FLTMJ63M R11 79537 4 04JA 0621

84513 SOUTHLAND PRINTING - SHREVEPORT, LA.

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1996-1	Source Code	GJ	Journal #	21476
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	9000
Inter Co. Table	001	Reference Code	SJ521at	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-Visa-January

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.90001.591.99.6758.0000.195				Brian Armstrong	440.19
2	001.90001.591.99.6758.0000.235				Brian Armstrong	16.51
3	001.00001.591.99.1861.0000.200	95RA100			Brian Armstrong	29.38
4	001.00001.591.99.1861.0000.250	95RA100			Brian Armstrong	1,223.32
5	001.00001.591.99.1861.0000.195	95RA100			Brian Armstrong	405.00
6	001.00001.000.99.1840.0000.000				Clear Suspence-B.Armstrong	(2,114.40)
7	001.00001.665.99.1840.3000.140				Craig Anderson	307.59
8	001.00001.665.99.1840.3000.200				Craig Anderson	86.41
9	001.00001.000.99.1840.0000.000				Clear Suspence-C Anderson	(394.00)
10	001.90001.570.99.1059.2000.200				Stephen Bailey	13.21
11	001.00001.000.99.1840.0000.000				Clear Suspence-S.Bailey	(13.21)
12	001.90001.592.99.6758.0000.200				James Barratt	23.00
13	001.90001.592.99.6208.0000.140				James Barratt	55.60
14	001.00001.000.99.1840.0000.000				Clear Suspence-J.Barratt	(78.60)
15	001.90001.600.99.6049.3000.106				Morris Bencini	68.11
16	001.90001.515.99.6758.0000.190				Morris Bencini	40.00
17	001.90001.515.99.6758.0000.200				Morris Bencini	43.83
Total Number of lines		132				
Total Debits		12,803.01				
Total Credits		(12,803.01)				

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1996-1	Source Code	GJ	Journal #	21476
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	9000
Inter Co. Table	001	Reference Code	SJ521at	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-Visa-January

Line	Account Number	Project	CPR	SUBT	Description	Amount
18	001.00001.000.99.1810.0000.000				Morris Bencini	87.52
19	001.00001.000.99.1840.0000.000				Clear Suspence-M.Bencini	(239.46)
20	001.90001.625.99.6758.0000.250	[illegible]			Chuck Bliss	141.28
21	001.90001.625.99.6758.0000.200				Chuck Bliss	9.45
22	001.00001.625.99.1861.0000.250	95RA100			Chuck Bliss	6.31
23	001.00001.000.99.1840.0000.000				Clear Suspence-C.Bliss	(157.04)
24	001.90001.540.99.6208.0000.140				Jack Bush	107.40
25	001.90001.540.99.6758.0000.190				Jack Bush	39.00
26	001.90001.540.99.6758.0000.205				Jack Bush	170.19
27	001.90001.540.99.6758.0000.250				Jack Bush	132.34
28	001.00001.540.99.1050.3406.270	95CA908			Jack Bush	264.44
29	001.00001.000.99.1840.0000.000				Clear Suspence-J.Bush	(713.37)
30	001.90001.600.99.6049.3000.106				Cindy Chesko	18.19
31	001.90001.600.99.6758.0000.205				Cindy Chesko	216.41
32	001.90001.600.99.6508.0000.160				Cindy Chesko	5.47
33	001.00001.000.99.1840.0000.000				Clear Suspence-C.Chesko	(240.07)
34	001.90001.600.99.6758.0000.250				Donna Clausen	67.15

Total Number of lines _____

Total Debits _____

Total Credits _____

APPENDIX DR305B

PAGE 162 OF 2226

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1996-1	Source Code	GJ	Journal #	21476
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	9000
Inter Co. Table	001	Reference Code	SJ521at	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-Visa-January

Line	Account Number	Project	CPR	SUBT	Description	Amount
69	001.00001.565.99.1861.0000.200	95RA100			Judy Kimball	37.67
70	001.00001.000.99.1840.0000.000				Clear Suspence-J.Kimball	(37.67)
71	001.90001.591.99.6758.0000.190				Carlyn Kowalsky	20.95
72	001.90001.605.99.6758.0000.200				Carlyn Kowalsky	443.41
73	001.90001.605.99.6758.0000.250				Carlyn Kowalsky	138.86
74	001.90001.591.99.6758.0000.200				Carlyn Kowalsky	24.83
75	001.00001.000.99.1840.0000.000				Clear Suspence-C.Kowalsky	(628.05)
76	001.90001.590.99.6758.0000.235				Darin Levi	58.49
77	001.00001.000.99.1840.0000.000				Clear Suspence-D.Levi	(58.49)
78	001.90001.570.99.1059.2000.200				John Losch	157.63
79	001.90001.570.99.1059.2000.195				John Losch	90.13
80	001.00001.000.99.1840.0000.000				Clear Suspence-J. Losch	(247.76)
81	001.90001.615.99.6758.0000.195	95RA100			Forrest Ludsen	392.00
82	001.90001.615.99.6508.0000.160				Forrest Ludsen	407.09
83	001.00001.615.99.1861.0000.195	95RA100			Forrest Ludsen	405.00
84	001.00001.000.99.1840.0000.000				Clear Suspence-F.Ludsen	(1,204.09)
85	001.90001.218.99.6758.0000.235				Joe Mack	62.00

Total Number of lines _____

Total Debits _____

Total Credits _____

APPENDIX DR 305-B

PAGE 163 OF 2226

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1996-1	Source Code	GJ	Journal #	21476
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	9000
Inter Co. Table	001	Reference Code	SJ521at	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-Mastercard

Line	Account Number	Project	CPR	SUBT	Description	Amount
86	001.00001.000.99.1840.0000.000				Clear Suspence-J.Mack	(62.00)
87	001.90001.625.99.6758.0000.200				Gary Morse	30.77
88	001.00001.000.99.1840.0000.000	95PW711			Clear Suspence-G.Morse	(30.77)
89	001.90001.335.99.6758.0000.200				Tom Pound	23.89
90	001.02901.335.01.6505.0000.160				Tom Pound	32.72
91	001.02901.335.02.7505.0000.160				Tom Pound	26.78
92	001.00001.000.99.1840.0000.000				Clear Suspence-T.Pound	(83.39)
93	001.02601.305.01.6505.0000.160				Mike Quigley	27.79
94	001.02601.305.02.7505.0000.160				Mike Quigley	9.13
95	001.02602.305.01.6505.0000.160				Mike Quigley	1.19
96	001.02602.305.02.7505.0000.160				Mike Quigley	1.60
97	001.00001.000.99.1840.0000.000				Clear Suspence-M.Quigley	(39.71)
98	001.90001.235.99.6758.0000.195				Harold Register	38.16
99	001.90001.235.99.6758.0000.200				Harold Register	23.56
100	001.00001.000.99.1840.0000.000				Clear Suspence-H. Register	(61.72)
101	001.90001.605.99.6758.0000.200				Ida Roberts	27.83
102	001.00001.605.99.1861.0000.195	95RA100			Ida Roberts	797.00

Total Number of lines _____

Total Debits _____

Total Credits _____

APPENDIX DR305-B
PAGE 164 OF 2226

Journal Entry Trans n Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1996-1	Source Code	GJ	Journal #	21476
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	9000
Inter Co. Table	001	Reference Code	SJ521at	Auto Accrual?	N

DESCRIPTION:Clear A/P Suspence-Visa-January

Line	Account Number	Project	CPR	SUBT	Description	Amount
103	001.00001.605.99.1861.0000.200	95RA100			Ida Roberts	15.29
104	001.90001.605.99.6758.0000.235				Ida Roberts	54.60
105	001.90001.605.99.6758.0000.190				Ida Roberts	150.00
106	001.00001.000.99.4260.9000.000				I Roberts Annual Chamber Meeting	152.97
107	001.00001.000.99.1840.0000.000				Clear Suspence-I Roberts	(1,197.69)
108	001.90001.570.99.1059.2000.160				Christine Romeo	16.50
109	001.00001.000.99.1840.0000.000				Clear Suspence-C.Romeo	(16.50)
110	001.90001.200.99.6758.0000.205				Frank Sanderson	99.00
111	001.90001.500.99.6758.0000.235				Frank Sanderson	72.73
112	001.00001.000.99.1840.0000.000				Clear Suspence-F Sanderson	(171.73)
113	001.90001.591.99.6758.0000.195				Tracy Smith	392.00
114	001.00001.000.99.1840.0000.000				Clear Suspence-T. Smith	(392.00)
115	001.90001.585.99.1059.2000.140				Paul Stephan	11.16
116	001.90001.585.99.1059.2000.200				Paul Stephan	19.84
117	001.90001.585.99.1059.2000.160				Paul Stephan	34.63
118	001.00001.000.99.1840.0000.000				Clear Suspence-P. Stephan	(65.63)
119	001.90001.585.99.1059.2000.250				Jerry Strudevant	122.92

Total Number of lines _____

Total Debits _____

Total Credits _____

APPENDIX DR 305-B

PAGE 165 OF 2226

VISA Corporate Card

CUSTOMER OF SUNTRUST BANK, CENTRAL
ISSUED THROUGH SUNTRUST BANKCARD, N.A.

SUNTRUST
P.O. BOX 628220
ORLANDO FL 32862-8220

☐ PLEASE INDICATE ADDRESS CHANGE BELOW

New Street

New City New State Zip

New Home Telephone New Business Telephone

ACCOUNT NUMBER [redacted]

1 of 1

PAYMENT DUE DATE
N / A
AMOUNT DUE
NEW BALANCE $ .00

AMOUNT ENCLOSED
$
MAKE CHECK PAYABLE TO VISA

BRIAN ARMSTRONG
SOUTHERN STATES UTIL
1000 COLOR PLACE
ATTN GINGER CLARK
APOPKA FL 32703

1790 4266273000078554

DETACH HERE AND RETURN WITH REMITTANCE

DESCRIPTION	REFERENCE NUMBER		AMOUNT CR=CREDIT PR=PAYMENT
********** NOTICE MEMO ITEMS LISTED-BELOW **********			$
1-09 USAIR 0371094373977 ORLANDO FL	01-05	3063	392.00
1-08 NATIONAL CAR RENTAL TALLAHASSEE FL	01-04	3393	48.19
1-08 HOST INTL INC 00007419 ORLANDO FL	01-04	5812	29.30
1-02 FLORIDA TIMES UNION JACKSONVILLE FL	12-27	5994	1,223.32
2-29 USAIR 0371094373844 ORLANDO FL	12-27	3063	405.00
2-26 #0104 FOSTER'S HLLYWD ALTAMONTE SPR FL	12-21	5812	16.31
********** TOTAL AMOUNT OF MEMO ITEM(S):			2,114.40

YOUR TOTAL FINANCE CHARGE PAID FOR 1995 WAS $.00

Corporate Card

ACCOUNT NUMBER [redacted]

CREDIT LINE $ 5,000

NUMBER OF DAYS IN BILLING CYCLE 30

CLOSING DATE JAN 10,1996

PAYMENT DUE DATE N / A

ACCOUNT SUMMARY	
PREVIOUS BALANCE	$ .00
+ PURCHASES & OTHER CHARGES	.00
+ NEW CASH ADVANCES	.00
- CREDITS	.00
- PAYMENTS	.00
+ LATE PAYMENT CHARGE	.00
= NEW BALANCE	$ .00

TERMS: Payable in full upon receipt of statement.

CUSTOMER SERVICE TELEPHONE NUMBER TOLL FREE 1-800-836-8562

BILLING RIGHTS SUMMARY ON REVERSE SIDE

VISA

Approval: _____ Date: 1/22/96

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

:OUNTS PAYABLE

REDACTED

nding.

1 car rental expense)

re Subcommittee Mtg.

ttee Mtg.

Case

stions

nda Conf. - Int. Rates

ement. My personal

VISA Corporate

CUSTOMER OF SUNTRUST BANK, CENTRAL
SALES THROUGH SUNTRUST BANKCARD, N.A.

SUNTRUST
P.O. BOX 628220
ORLANDO FL 32862-8220

☐ PLEASE INDICATE ADDRESS CHANGE BELOW
New Street
New City New State Zip
New Home Telephone New Business Telephone

ACCOUNT NUMBER [redacted]

PAYMENT DUE DATE
N / A
AMOUNT DUE
NEW BALANCE $ .00

AMOUNT ENCLOSED
$
MAKE CHECK PAYABLE TO VISA

CHUCK BLISS
SOUTHERN STATES UTIL
1000 COLOR PLACE
ATTN GINGER CLARK
APOPKA FL 32703

1790 4266273000083224

DETACH HERE AND RETURN WITH REMITTANCE

$

********** NOTICE MEMO ITEMS LISTED-BELOW **********

1-09	BUILDER SQR 00013219 APOPKA FL	01-06	24168676008373303665622	5200	21.78
2-18	BUILDER SQR 00015263 CASSELBERRY FL	12-14	24168675349373296668260	5200	9.45
2-18	ALBERTSON'S #4359 S9M APOPKA FL	12-15	24661525351414221506127	5411	6.31
2-15	USGS/ESIC-ROLLA ROLLA MO	12-13	24301285348053480379638	9399	119.50

********** TOTAL AMOUNT OF MEMO ITEM(S): 157.04

YOUR TOTAL FINANCE CHARGE PAID FOR 1995 WAS $.00

Corporate Card

CUSTOMER SERVICE TELEPHONE NUMBER — TOLL FREE 1-800-836-8562

BILLING RIGHTS SUMMARY ON REVERSE SIDE

	PREVIOUS BALANCE	$ .00
	PURCHASES & OTHER CHARGES	.00
CREDIT LINE $ 2,500	NEW CASH ADVANCES	.00
NUMBER OF DAYS IN BILLING CYCLE 30		
CLOSING DATE JAN 10,1996	CREDITS	.00
	PAYMENTS	.00
	LATE PAYMENT CHARGE	.00
PAYMENT DUE DATE N / A	NEW BALANCE	$ .00

TERMS: Payable in full upon receipt of statement.

VISA

(Approval of next level of supervision required)

Approval: _____ Date: _____

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

1 of 1

COUNTS PAYABLE

REDACTED

ending.

d car rental expense)

ights for
Roche Colibri
Kate Case
BVL Quads

EIVED

ts Payable

ement. My personal

1996

VISA Corporate Card

STATEMENT

CUSTOMER OF SUNTRUST BANK, CENTRAL
ISSUED THROUGH SUNTRUST BANKCARD.

REDACTED

SUNTRUST
P.O. BOX 628220
ORLANDO FL 32862-8220

ACCOUNT NUMBER [redacted]

1 of 1

☐ PLEASE INDICATE ADDRESS CHANGE BELOW

New Street

New City New State Zip

( ) ( )
New Home Telephone New Business Telephone

PAYMENT DUE DATE
N / A
AMOUNT DUE
NEW BALANCE $ .00

COUNTS PAYABLE

JUDITH KIMBALL
SOUTHERN STATES UTIL
1000 COLOR PLACE
ATTN GINGER CLARK
APOPKA FL 32703

M000037

AMOUNT ENCLOSED

$
MAKE CHECK PAYABLE TO VISA

nding.

d car rental expense)

1790 4266273000078232

Service Staff
Workload
IN
Collis,
= Cherry,

DETACH HERE AND RETURN WITH REMITTANCE

********** NOTICE MEMO ITEMS LISTED-BELOW **********

-14 GLEASONS GRILLE APOPKA FL	12-12	24326885347798763679745	5812 37.67

********** TOTAL AMOUNT OF MEMO ITEM(S): 37.67

YOUR TOTAL FINANCE CHARGE PAID FOR 1995 WAS $.00

Corporate Card

[redacted]

CREDIT LINE $ 2,500
NUMBER OF DAYS IN BILLING CYCLE 30
CLOSING DATE JAN 10,1996
PAYMENT DUE DATE N / A

PREVIOUS BALANCE	$	.00
PURCHASES & OTHER CHARGES	+	.00
NEW Cash ADVANCES	+	.00
CREDITS	-	.00
PAYMENTS	-	.00
LATE PAYMENT CHARGE	+	.00
NEW BALANCE	= $	.00

tement. My personal

CUSTOMER SERVICE TELEPHONE NUMBER TOLL FREE 1-800-836-8562

TERMS: Payable in full upon receipt of statement.

BILLING RIGHTS SUMMARY ON REVERSE SIDE

VISA

(Approval of next level of supervision required)

Approval: S. A. Ulm Date: 1/24/96

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

VISA Corporate Card

CUSTOMER OF SUNTRUST BANK, CENTRAL
ISSUED THROUGH: SUNTRUST BANKCARD, N.A.

SUNTRUST
P.O. BOX 628220
ORLANDO FL 32862-8220

☐ PLEASE INDICATE ADDRESS CHANGE BELOW

New Street

New City New State Zip

New Home Telephone New Business Telephone

ACCOUNT NUMBER [redacted]

PAYMENT DUE DATE
N / A
AMOUNT DUE
NEW BALANCE $ .00

1 of 1

:OUNTS PAYABLE

FORREST LUDSEN
SOUTHERN STATES UTIL
1000 COLOR PLACE
ATTN GINGER CLARK
APOPKA FL 32703

N080816

AMOUNT ENCLOSED
$
MAKE CHECK PAYABLE TO VISA

:nding.

d car rental expense)

1790 4266273000078539

ATTACH HERE AND RETURN WITH REMITTANCE

DESCRIPTION	REFERENCE NUMBER		$
********** NOTICE MEMO ITEMS LISTED-BELOW **********			
-09 USAIR 0371094373978 ORLANDO FL	01-05	24399006008362595679319	3063 392.00
-29 USAIR 0371094373845 ORLANDO FL	12-27	24399005362362590460816	3063 405.00
-21 COURTESY PONTIAC LONGWOOD FL	12-19	24326885354798354455471	5511 407.09
********** TOTAL AMOUNT OF MEMO ITEM(S):			1,204.09

YOUR TOTAL FINANCE CHARGE PAID FOR 1995 WAS $.00

REDACTED

Corporate Card

ACCOUNT NUMBER [redacted]

CREDIT LINE $ 5,000

NUMBER OF DAYS IN BILLING CYCLE 30

CLOSING DATE JAN 10,1996

PAYMENT DUE DATE N / A

PREVIOUS BALANCE	$	.00
+ PURCHASES & OTHER CHARGES		.00
+ NEW CASH ADVANCES		.00
- CREDITS		.00
- PAYMENTS		.00
+ LATE PAYMENT CHARGE		.00
= NEW BALANCE	$	.00

TERMS: Payable in full upon receipt of statement.

STOMER SERVICE EPHONE NUMBER TOLL FREE 1-800-836-8562

BILLING RIGHTS SUMMARY ON REVERSE SIDE

VISA

ement. My personal

(Approval of next level of supervision required)

Approval: [signature] Date: 4/19/96

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

VISA Corporate Card

STATEMENT

CUSTOMER OF: SUNTRUST BANK, CENTRAL
ISSUED THROUGH: SUNTRUST BANKCARD, N.A.

REDACTED

SUNTRUST
P.O. BOX 628220
ORLANDO FL 32862-8220

ACCOUNT NUMBER [redacted]

1 of 1

☐ PLEASE INDICATE ADDRESS CHANGE BELOW

New Street

New City | New State | Zip

New Home Telephone | New Business Telephone

PAYMENT DUE DATE
N / A
AMOUNT DUE
NEW BALANCE $ .00

COUNTS PAYABLE

IDA ROBERTS
SOUTHERN STATES UTIL
1000 COLOR PLACE
ATTN GINGER CLARK
APOPKA FL 32703

N000050

AMOUNT ENCLOSED
$
MAKE CHECK PAYABLE TO VISA

nding.

d car rental expense)

1790 4266273000077929

TACH HERE AND RETURN WITH REMITTANCE

DESCRIPTION	REFERENCE NUMBER		ON-CREDIT PAYMENT
********** NOTICE MEMO ITEMS LISTED-BELOW **********			$
10 CRACKER BARREL # 151 KISSIMEE FL	01-06	24897396009461281510316	5812 27.83
09 USAIR 0371094373979 ORLANDO FL	01-05	24399006008362595679327	3063 392.00
08 JERRY'S CATERERS INC TALLAHASSEE FL	01-04	24610096005547390162316	5811 15.29
29 USAIR 0371094373846 ORLANDO FL	12-27	24399005362362590460824	3063 405.00
28 AMERICAN WATERWORKS DENVER CO	12-27	24731005361980045276236	5969 50.00
28 AMERICAN WATERWORKS DENVER CO	12-27	24731005361980045277192	5969 50.00
28 AMERICAN WATERWORKS DENVER CO	12-27	24731005361980045278216	5969 50.00
22 NICKS ON THE WATER ALTAMONTE SPR FL	12-20	24266575355207400569028	5812 54.60
13 GREATER ORL CHMBR OF C ORLANDO FL	12-11	24654015346145058665707	8641 152.97
********** TOTAL AMOUNT OF MEMO ITEM(S):			1,197.69

YOUR TOTAL FINANCE CHARGE PAID FOR 1995 WAS $.00

Corporate Card

ACCOUNT NUMBER [redacted]

CREDIT LINE $ 2,500

NUMBER OF DAYS IN BILLING CYCLE 30

CLOSING DATE JAN 10,1996

PAYMENT DUE DATE N / A

ACCOUNT SUMMARY

PREVIOUS BALANCE	$ .00
PURCHASES & OTHER CHARGES	+ .00
NEW CASH ADVANCES	+ .00
CREDITS	- .00
PAYMENTS	- .00
LATE PAYMENT CHARGE	+ .00
NEW BALANCE	= $ .00

CUSTOMER SERVICE PHONE NUMBER | TOLL FREE 1-800-836-8562

TERMS: Payable in full upon receipt of statement.

BILLING RIGHTS SUMMARY ON REVERSE SIDE

VISA

tement. My personal

(Approval of next level of supervision required)

Approval: _____ Date: _____

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

A SEE RATE CASE LUNCHEON

SEE RATE CASE

ILEEN BALLARD

RK MARTIN.

ENE GETTELMAN)

LUNCHEON

JN6

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

re: _____

Vendor #: 3561 Vendor Name: N/C

Inv Date: 3-3-95 Inv #: 534950416611729O8 Inv $: 113.92

Due Date: 3-22-95 Discount: _____ Terms: _____

Month/Yr: 3-95 Purchase Order #: —

Description: F. Ludson

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.615.99.1861.0000.200	95RA 100	✓ $113.92

Voucher Prepared by: _____

113•92 +
20•97 +
17•91 +
32•33 +
126•9 +
31•16 +
3•58 +
9•31 +
19•53 +
12•04 +
26•3 +
53•2 +
24•93 +

013

492•08 *

02-20 OUTBAC... STKHSE #1050 ALTAMONTE SPR FL	02-16 d0411575048900504801565 5812	94.89
02-27 PAYMENT RECEIVED - THANK YOU	02-27 75349505058000008008741	-46.91
02-27 168 CHINESE RSTR APOPKA FL	02-24 78453265056206128921551 5812	...

CALL CREDIT CARD INFOLINE WITH YOUR TOUCH TONE PHONE AT 1-800-432-4932
FOR ACCOUNT INFORMATION 24 HOURS A DAY, SEVEN DAYS A WEEK.

TO AVOID ADDITIONAL FINANCE CHARGE ON PURCHASES PAY ENTIRE NEW BALANCE BY PAYMENT DUE DATE.
THERE IS NO GRACE PERIOD FOR CASH ADVANCES.

REDACTED

	FINANCE CHARGE
A $ .00	$ .00
FIRST $2,000 1.5000%18.00%	
OVER $2,000 1.3750%16.50%	
$ .00 RATE 2.0 % $ 2 $ 15	$ .00

		PREVIOUS BALANCE	$ 46.91
		PURCHASES & OTHER CHARGES	+ 113.92
CREDIT LINE	NUMBER OF DAYS IN BILLING CYCLE	CASH ADVANCES	+ .00
$ 5,000	29		
AVAILABLE CREDIT	STATEMENT CLOSING DATE	CREDITS	- .00
$ 4,886	MAR 03,1995	PAYMENTS	- 46.91
ANNUAL PERCENTAGE RATE	MINIMUM PAYMENT DUE	LATE CHARGE	+ .00
	$ .00	FINANCE CHARGE	+ .00
	PAYMENT DUE DATE		
	MAR 28,1995	NEW BALANCE	= $ 113.92

* SEND INQUIRIES TO:
CARD CENTER
P.O. BOX 2321
ORLANDO, FL 32802-2321

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name FORREST L. LUDSEN Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
70001	615.99.1861.0000	200 9501/158	94.89	LUNCH WITH WEBTECH SOFTWARE CORP (1995 RATE CASE CONSULTATION RATES)
70001	615.99.1861.0000	200 9501/158	$ 19.03	1995 RATE CASE MEETING
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
TOTAL			$ 113.92	

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Forrest L. Ludsen Date: 3/13/95

(Approval of next level of supervision required)

Approval: [signature] Date: 3/14/95

Return original to Accounts Payable. Retain pink copy for files.

RECEIVED
MAR 14
Accounts P

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

VISA MasterCard

STATEMENT

THE ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE REMITTANCE ENVELOPE

ISSUED BY: SUNTRUST 4KCARD, N.A.
CUSTOMER OF: SUNBANK N.A.

CARD CENTER
P O BOX 3513
ORLANDO, FL 32802

ACCOUNT NUMBER [redacted]

PAYMENT DUE DATE
MAR 28,1995

AMOUNT DUE
NEW BALANCE $ 113.92
OR
MINIMUM PAYMENT $ .00

AMOUNT ENCLOSED
$

PLEASE MAKE CHECK PAYABLE TO VISA/MASTERCARD

☐ PLEASE INDICATE ADDRESS CHANGE BELOW:

New Street

New City New State New Zip

( ) New Home Telephone ( ) New Business Telephone

P015622
SSU SERVICES
FORREST LUDSEN
1000 COLOR PLACE
ATTN: GINGER CLARK
APOPKA FL 32703-7797

0042 5349504661172908

DETACH HERE

DESCRIPTION	REFERENCE #		AMOUNT
02-20 OUTBACK STKHSE #1050 ALTAMONTE SPR FL	02-16	80411575048900504801565 5812	94.89
02-27 PAYMENT RECEIVED - THANK YOU	02-27	75349505058000008008741	46.91PY
02-27 168 CHINESE RSTR APOPKA FL	02-24	78453265056206128921551 5812	19.03

CALL CREDIT CARD INFOLINE WITH YOUR TOUCH TONE PHONE AT 1-800-432-4932
FOR ACCOUNT INFORMATION 24 HOURS A DAY, SEVEN DAYS A WEEK.

TO AVOID ADDITIONAL FINANCE CHARGE ON PURCHASES PAY ENTIRE NEW BALANCE BY PAYMENT DUE DATE.
THERE IS NO GRACE PERIOD FOR CASH ADVANCES.

REDACTED

FINANCE CHARGE		PREVIOUS BALANCE	$ 46.91
A $ .00	$ .00	PURCHASES & OTHER CHARGES	+ 113.92
FIRST $2,000 1.5000%18.00%		CASH ADVANCES	+ .00
OVER $2,000 1.3750%16.50%	CREDIT LINE $ 5,000 / NUMBER OF DAYS IN BILLING CYCLE 29		
$ .00 RATE 2.0 %$ 2$ 15	$ .00 AVAILABLE CREDIT $ 4,886 / STATEMENT CLOSING DATE MAR 03,1995	CREDITS	- .00
		PAYMENTS	- 46.91
* SEND INQUIRIES TO:	ANNUAL PERCENTAGE RATE / MINIMUM PAYMENT DUE $ .00	LATE CHARGE	+ .00
CARD CENTER		FINANCE CHARGE	+ .00
P.O. BOX 2321	PAYMENT DUE DATE MAR 28,1995	NEW BALANCE	= $ 113.92
ORLANDO, FL 32802-2321			

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

REDACTED

101675201065000010002
BATCH: 534

OUTBACK STKHSE #1050
990 N STATE RD 434
ALTAMONTE SPR FL 32714

DATE:02/16/95

S-A-L-E-S D-R-A-F-T

SERVER: 0013

REF: 0156
CD TYPE: MC
TR TYPE: PR

AMOUNT: $81.89

TIP: 13.00

TOTAL: 94.89

ACCT: [redacted] EXP: 0795
AP: 029403
NAME: SERVICES SSU

TRAN ID: 0216MCCRMN5IZ AUDIT: AH500
VALD CO(w.o) 95RA100
9000/.615.99.1861.0000.200
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

102 CHINESE RESTAURANT
3838 E SEMORAN BLVD 172
APOPKA FL 32703

TIME 01:07 PM DATE 02/24/95
TERM# 0031289 MER# 000162167820995
TRAN TYPE SALE
[redacted]
EXP DATE 03/95 CARD TYPE MASTERCARD
TICKET # 005574 SERVER ID 1
AUTH CODE 027381 SEQ # 011

BASE AMOUNT $16.53
TIP AMOUNT 2.50
TOTAL 19.03

SIGN X
SERVICES SSU

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

9000/.615.99.1861.0000.200
w.o 95RA100

1995 FPSC Rate Case

Conservation Rates

John Whitcomb
Brian Armstrong
Tony Isaacs
Forrest Ludwig

Watertech
Software
Corp

9.0001.615.99.1861.0000.200

a.o 95RA100

Brian
Matt
Forrest

1995
Rate Case
Mtgs

8/18/1995 12:06:22 Interactive trial balance GLGTBGL2 GLDTBGL2
JOURNALS

Accounting year/period : 1995 04 Type : Monetary
001.00001.591.99.1861.0000.200 DEF RATE CASE
Start balance : 10.50 Posted activity . : 53.30
End balance : 63.80 Unposted activity : .00

O	Journal	Date	Reference	Source	Job code	Amount
	18277	4/26/1995	GJ 4/95	GJ		20.97
	18292	4/28/1995	APSUMMARY	AP2000		32.33

Options, 5=Display
F3=Exit F5=Fold/unfold F8=Function keys F10=QuikAccess F24=More keys

B. Armstrong.

SOUTHERN STATES UTILITIES, I..

CORPORATE CHARGE CARD EXPENSES DETAIL

:rong

Pg. 1 of 1

D AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE *RECEIPT OF BILL.*

ıunt distribution. Also, note the business purpose and names of those attending.

Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
200	$ 11.53	Food re: General Legal
200 95RA100	$ ✓ 20.97	Lunch re: 1995 Rate Case (BPA, RAT, FLL)
200	$ 11.30	Dinner re: County Jurisdiction Docket Brief
195	$ 433.00	Air Fare to Tallahassee re: General Legal
195)	$ 255.00	1/2 Air Fare to Tallahassee re: FWWA Mtg.
160)	255.00	1/2 Air Fare to Tallahassee re: Lobbying
200)	$ 9.51	1/2 Food re: FWWA Mtg.
200)	$ 9.51	1/2 Food re: Lobbying
195)	21.42	1/2 Car Rental re: FWWA Mtg.
195)	$ 21.42	1/2 Car Rental re: Lobbying
195)	78.80	1/2 Hotel re: FWWA Mtg.
195)	$ 78.80	1/2 Hotel re: Lobbying
	$	
	$	NO RECEIPT FOR THIS CHG.
	$	
	$ 1,206.25	

Inadvertent personal charges in the amount of $ 20.97 t. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: B. L. [illegible] Date: 3/31/95

(Approval of next level of supervision required)

Approval: S Ulm Date: 4/6/95

Return original to Accounts Payable. Retain pink copy for files.

..R ACCOUNTING USE ONLY:

001.90001.540.99.6208.0000.140	420.11 Jack Bush	
001.90001.540.99.6758.0000.200	58.38 Jack Bush	
001.90001.540.99.6758.0000.190	38.03 Jack Bush	
001.00001.540.99.1050.3406.270	495.00 Jack Bush	95CA901
001.90001.505.99.6758.0000.200	19.35 Scott Vierima	
001.90001.505.99.6508.0000.160	13.53 Scott Vierima	
001.90001.505.99.6758.0000.195	75.90 Scott Vierima	
001.90001.600.99.6758.0000.250	17.00 Mike Schweizer	
001.90001.600.99.6758.0000.255	450.92 Mike Schweizer	
001.90001.600.99.6758.0000.200	13.42 Mike Schweizer	
001.90001.185.99.6508.0000.160	38.31 Mike Schweizer	
001.90001.505.99.6508.0000.160	44.46 Scott Vierima	
001.90001.505.99.6758.0000.195	331.62 Scott Vierima	
001.90001.505.99.6758.0000.200	258.43 Scott Vierima	
001.90001.591.99.6758.0000.200	21.04 Brian Armstrong	
001.90001.591.99.6758.0000.195	788.22 Brian Armstrong	
001.00001.591.99.1861.0000.200	20.97 Brian Armstrong	95RA100
001.90001.591.99.6678.0000.200	11.30 Brian Armstrong	[redacted]
001.00001.000.99.4260.4000.000	355.22 Brian Armstrong	
001.00001.000.99.4260.4000.000	9.50 Brian Armstrong	
001.90001.590.99.6508.0000.160	62.50 Karla Teasley	
001.90001.590.99.6758.0000.200	29.43 Karla Teasley	
001.90001.590.99.6758.0000.195	75.90 Karla Teasley	
001.90001.170.99.6758.0000.195	142.20 Ray Gagnon	
001.01518.140.01.6751.0000.175	3.68 Jerry Wright	
001.01518.140.02.7185.0400.120	25.41 Jerry Wright	
001.01518.140.01.6205.0000.125	3.03 Jerry Wright	
001.90001.670.99.6507.0000.160	15.65 Judy Sweat	
001.90001.595.99.6758.0000.190	48.85 Mary Glennon	
001.90001.140.99.6758.0000.200	11.08 Jerry Wright	
001.01518.140.01.6505.0000.160	16.56 Jerry Wright	
001.01518.140.02.7505.0000.160	14.69 Jerry Wright	
001.90001.305.99.6758.0000.195	180.73 Mike Quigley	
001.90001.305.99.6758.0000.175	4.98 Mike Quigley	
001.90001.305.99.6758.0000.200	20.54 Mike Quigley	
001.90001.305.99.6758.0000.190	21.00 Mike Quigley	
001.02601.305.01.6505.0000.160	5.60 Mike Quigley	

APPENDIX DR 305-B
PAGE 179 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 35161 Vendor Name: M/C

Inv Date: 4-3-95 Inv #: 534950466117290 8 Inv $: 1032.91

Due Date: 4-24-95 Discount: _____ Terms: _____

Month/Yr: 4-95 Purchase Order #: _____

Description: F. Ludsen

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.000.99.4260.4000.000		1020.00
00001.615.99.1861.0000.200	95RA100	17.91

Voucher Prepared by: _____

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name FORREST LUDSEN Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
00001.000	99.4268.	4000	$ 510.00	LEGISLATIVE COMMITTEE MEETING ON UNIFORM RATE
00001.001	99.4260.	4000	$ 510.00	" " " " " "
0001.615	99.1861.	0000.200 95RA	$ 17.91	LAST PAY LUNCH FOR BOB EVERLED OF SWLP - TEMP HELP 1995 RATE CASE
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
TOTAL			$ 1037.91	

RECEIVED
APR 10 1995
Accounts Payable

Inadvertent personal charges in the amount of $ ____ are included on this statement. My personal check # ____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Forrest Ludsen Date: 4/8/95

(Approval of next level of supervision required)

Approval: S. A. Swain Date: 4/10/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

03-08 U.S. AIR	03714004916774 WINTER PARK FL	03-06	784101958663625495303613 3063	$10.00
03-27 PAYMENT RECEIVED - THANK YOU		03-27	75349505086000008008960	1** 92P
03-28 U.S. AIR	03714028021353 WINTER PARK FL	03-24	784101958663625573352463 3063	1
03-30 168 CHINESE RSTR APOPKA FL		03-29	78453265089206312892064 5812	1

FOR YOUR CONVENIENCE, WE HAVE EXTENDED OUR CUSTOMER SERVICE HOURS. YOU CAN NOW SPEAK TO A REPRESENTATIVE ON SATURDAYS FROM 10AM-5PM. FOR CUSTOMER SERVICE INQUIRIES, PLEASE CALL 1-800-432-4932.

TO AVOID ADDITIONAL FINANCE CHARGE ON PURCHASES PAY ENTIRE NEW BALANCE BY PAYMENT DUE DATE.
THERE IS NO GRACE PERIOD FOR CASH ADVANCES.

RECEIVED
AUG 0 6 1995
Accounts Payable

REDACTED

	FINANCE CHARGE
A $ .00	$ .00
FIRST $2,000 1.5000%18.00%	
OVER $2,000 1.3750%16.50%	
$ .00 RATE 2.0 % $ 2 $ 15	$ .00

CREDIT LINE	NUMBER OF DAYS IN BILLING CYCLE	PREVIOUS BALANCE	$ 113.92
$ 5,000	31	PURCHASES & OTHER CHARGES	1,037.91
AVAILABLE CREDIT	STATEMENT CLOSING DATE	CASH ADVANCES	.00
3,962	APR 03,1995	CREDITS	.00
ANNUAL PERCENTAGE RATE	MINIMUM PAYMENT DUE	PAYMENTS	113.92
	$ .00	LATE CHARGE	.00
	PAYMENT DUE DATE	FINANCE CHARGE	.00
	APR 28,1995	NEW BALANCE	$ 1,037.91

* SEND INQUIRIES TO:
CARD CENTER
P.O. BOX 2321
ORLANDO, FL 32802-2321

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 35561 Vendor Name: M/C

Inv Date: 4-12-95 Inv #: 53A5041616122629S Inv $: 1575.15

Due Date: 4-26-95 Discount: _____ Terms: _____

Month/Yr: 495 Purchase Order #: —

Description: B. Armstrong

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.591.99.1861.0000.20x ✓	95RA100	32.33 ✓
00001.591.99.1861.0000.AS	92RA01A	559.26 ✓
00001.000.99.4260.4000.195000		678.29 ~~680.28~~ 6802
↓ ~~.206~~ 000		81.00 ✓
90001.591.99.6758.0000.190		21.00 ✓

Voucher Prepared by: _____

1 of 2

d# 1418545

SOUTHERN STATES UTILITIES, INC.

CORPORATE CHARGE CARD EXPENSES DETAIL

.. Name Brian P. Armstrong

Pg. 1 of 2

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
00001.591	.99.1861.0000.200	95RA100	$ 32.33	Lunch (J. Guastella, BPA, FLL) re: 1995 Rate Case
90001.591	.99.6758.0000.195		$ 510.00	Air Fare to Tallahassee re: FWWA Meeting (3/7-3/8)
00001.000	.99.4260.4000.195		$ 57.82	Car Rental in Tallahassee re: Lobbying
00001.000	.99.4260.4000.195		$ 510.00	Air Fare to Tallahassee re: Lobbying (3/27-3/28)
90001.591	.99.6758.0000.190		$ 21.00	Annual Membership Fee
00001.000	.99.4260.4000.195		$ 1.99	Car Rental Fees in Tallahassee re: Lobbying
00001.000	.99.4260.4000.200		$ 9.00	Food (BPA, Tracy Smith) re: Lobbying
00001.000	.99.4260.4000.200		$ 21.00	Food (BPA, TS) re: Lobbying
00001.000	.99.4260.4000.200		$ 51.00	Food (BPA, TS, BP) re: Lobbying
00001.000	.99.4260.4000.195		$ 110.47	Hotel re: Lobbying
00001.591	.99.1861.0000.195	92RA069	$ 510.00	Air Fare to Tallahassee re: Giga Appeal
00001.591	.99.1861.0000.195	92RA069	$ 49.26	Car Rental re: Giga Appeal
TOTAL			$ Continued	

RECEIVED
APR 20 1995
Accounts Payable

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: B. P. Armstrong Date: 4/19/95

(Approval of next level of supervision required)

Approval: S. A. Guastella Date: 4/20/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

APPENDIX

185 2226

03-21	U.S. AIR 03714004916113 WI	[illegible] FL		78418195079249080610698	3063	433.00C
03-23	GLEASON'S GRILLE APOPKA FL		03-21	89411575081100754283544	5812	32.33
03-28	U.S. AIR 03714028021346 WINTER PARK FL		03-24	78418195086362557335238	3063	510.00
03-29	ALAMO RENT-A-CAR TALLAHASSEE FL		03-27	79438455088776906921640	3387	57.82
03-29	DELTA 00614028021549 WIN[illegible]		03-27	78418195087360557515881	3058	510.00
03-29	ANNUAL MEMBERSHIP FEE		03-29			21.00
03-30	ALAMO RENT-A-CAR TALLAHASSEE FL		03-28	79438455089776906921649	3387	1.99
03-30	JERRY'S CATERERS INC TALLAHASSEE FL		03-28	70425915088547390315053	5811	9.00
03-30	JERRY'S CATERERS INC TALLAHASSEE FL		03-28	70425915088547390315061	5811	21.00
03-30	RAMADA INN - TALLAHASS TALLAHASSEE FL		03-27	70316005088000087410722	3637	51.00
03-31	RAMADA INN - TALLAHASS TALLAHASSEE FL		03-29	70316005089000088442400	3637	110.47
04-03	PAYMENT RECEIVED - THANK YOU		04-03	75349505093000009003763		1,206.25P
04-03	U.S. AIR 03714051815713 WINTER PARK FL		03-30	78418195092362559402749	3063	510.00
04-05	ALAMO RENT-A-CAR TALLAHASSEE FL		04-03	79438455095776906924561	3387	49.26
04-10	ALAMO RENT-A-CAR TALLAHASSEE FL		04-06	79438455098776906926472	3387	39.63
04-11	HOLIDAY INN - UNIV TALLAHASSEE FL		04-09	88411575100100762868798	3501	84.65

RECEIVED
APR 17 1995
Accounts Payable

FOR YOUR CONVENIENCE, WE HAVE EXTENDED OUR CUSTOMER SERVICE HOURS. YOU CAN NOW SPEAK TO A REPRESENTATIVE ON SATURDAYS FROM 10AM-5PM. FOR CUSTOMER SERVICE INQUIRIES, PLEASE CALL 1-800-432-4932.

TO AVOID ADDITIONAL FINANCE CHARGE ON PURCHASES PAY ENTIRE NEW BALANCE BY PAYMENT DUE DATE.
THERE IS NO GRACE PERIOD FOR CASH ADVANCES.

[redacted]

A $ .00	$ .00	PREVIOUS BALANCE	$ 1,206.25
FIRST $2,000 1.5000% 18.00%		[illegible]	2,008.15
OVER $2,000 1.3750% 16.50%		CASH ADVANCES	.00
[redacted]		[illegible]	
$ .00 RATE 2.0 % $ 2 $ 15	$ .00	CREDITS	433.00
		PAYMENTS	1,206.25
		LATE CHARGE(S)	.00
		[illegible]	.00
		NEW BALANCE	$ 1,575.15

CREDIT LINE $ 5,000 | NUMBER OF DAYS IN BILLING CYCLE 30
AVAILABLE CREDIT 3,424 | STATEMENT CLOSING DATE APR 12,1995
ANNUAL PERCENTAGE RATE | MINIMUM PAYMENT DUE $ .00
PAYMENT DUE DATE MAY 07,1995

*SEND INQUIRIES TO:
CARD CENTER
P.O. BOX 2321
ORLANDO, FL 32802-2321

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

REDACTED

REDACTED

R. RAMSTEAD - 32.33

MONDAY, MARCH 27, 1995 07:37
RAMADA INN TALLAHSSE
2900 N. MONROE ST.
TALLAHASSEE, FL 32303
(904)386-1027
MERCHANT #: 5900559054 AUTH ONLY

PREAUTH #: 51 00100
ACC # : [redacted] EXP: 03/96
AUTH CODE: 011474
FOLIO # : 224295
ROOM # : 0248

PURCHASES 10.47

X [redacted]
S S

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
TERMINAL 9

RETAIN THIS COPY FOR YOUR RECORDS

MONDAY, MARCH 27, 1995 09:00 PM
RAMADA INN TALLAHSSE
2900 N. MONROE ST.
TALLAHASSEE, FL 32303
(904)386-1027
MERCHANT #: 5900559054 TRAN #23

ACC # : [redacted] EXP: 03/96
AUTH CODE: [illegible]
TICKET : 8888

PURCHASES $43.56
TIP 7.44
TOTAL 51.00

X [redacted]
S S

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
EMPLOYEE #4 THANK YOU

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

GLEASONS GRILLE
464 HUNT CLUB BLVD
APOPKA, FL 32703
407-862-9717
206272508
TERMINAL #1

TUE, MAR 21, 1995 02:11 PM

CREDIT CARD

ACCT NO: [redacted] 396
EXP DATE: PURCHASE
TR TYPE: $ 27.33
AMOUNT: 028299
APP CODE: 006
REC NO:

SERVER NO: 47
TICKET NUMBER: 2631
SUB TOTAL = $ 27.33

TIP = $5.00
TOTAL = $32.33

SIGN X [redacted]

THANK YOU
PLEASE COME AGAIN!

APPENDIX DR305B

PAGE 186 OF 2226

'18/1995 12:06:22 Interactive trial balance GLGTBGL2 GLDTBGL2
JOURNALS

Accounting year/period : 1995 04 Type : Monetary
001.00001.591.99.1861.0000.200 DEF RATE CASE
Start balance : 10.50 Posted activity . : 53.30
End balance : 63.80 Unposted activity : .00

O	Journal	Date	Reference	Source	Job code	Amount
	18277	4/26/1995	GJ 4/95	GJ		20.97
	18292	4/28/1995	APSUMMARY	AP2000		32.33

Options, 5=Display
F3=Exit F5=Fold/unfold F8=Function keys F10=QuikAccess F24=More keys

B. Anstrong

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3561 Vendor Name: M/C

Inv Date: 5-2-95 Inv #: 534958466200923 Inv $: 136.85

Due Date: 5-24-95 Discount: _____ Terms: _____

Month/Yr: 5-95 Purchase Order #: —

Description: M. Bencini

Units: _____ Job Code: _____

Account Number Pit.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.515.99.6758.0000.A0		9.95
0001.515.99.1161.0000.200	95 RA100 ✓	✓ 126.90

Voucher Prepared by: [signature]

SOUTHERN STATES UTILITIES, INC.

CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name Morris Bernini Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
90001	515	99.6758	0000.140 $ 9.95	AOL Subscription
0001	515	99.1862	0000.200 $ 86.15	Dinner w/ T. Towns and J. Whitcomb
0001	515	99.1862	0000.200 $ 40.75	Lunch w/ F. Lubin, J. Whitcomb, T. Towns and J. Field (re: Rate Design)
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
TOTAL			$ 136.85	

RECEIVED
MAY 0 9 1995
Accounts Payable

Inadvertent personal charges in the amount of $ _____ are included on this statement. My perso check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Morris Bernini Date: 5/8/95

(Approval of next level of supervision required)

Approval: J R Lewis Date: 5/8/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Approved by: [signature]

Accounts Payable Voucher

Manual Check #: _____ Date: _____

Vendor #: 3561

Vendor Name: MLC

Inv Date: 5-2-95

Inv #: 5349504611729 08

Due Date: 5-24-95

Inv $: <45.02>

Month/Yr: 5-95

Discount: _____ Terms: _____

Description: E. Ludson

Purchase Order #: _____

Units: _____

Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.000.99.4360.4000.000		<10.00>
00001.615.99.1161.0000.201	95RA10	31.16
91101.615.99.6258.0000.235		45.06
91001.615.99.6508.0000.160		388.76

Voucher Prepared by: [signature]

APPENDIX DR 305-B

SOUTHERN STATES UTILITIES, INC. PAGE 191 OF 2226
CORPORATE CHARGE CARD EXPENSES DETAIL

Name FORREST HUDSON Pg. 1 of 1

ETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
01.9000/	615.99.	6528.0000.168	388.96	CAR REPAIRS (COMPANY CAR)
1.	615.99.1861	.0000.200 9528A00	$ 31.16	RATE DESIGN ON CONSERVATION TECHNOLOGY (LUNCH)
.9000/	615.99.	6758.0000.235	$ 45.06	SECRETARY WEEK EMPLOYEE RECOGNITION (LUNCH)
01.001.	615.59.4260.	4000	$ (510.00)	CREDIT FOR RETURNED AIR TICKET
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
TOTAL			$ (45.02)	

RECEIVED
MAY 18 1995
Accounts Payable

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: [signature] Date: 5/17/95

(Approval of next level of supervision required)

Approval: [signature] Date: 5/17/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____

Vendor #: _____ Vendor Name: _____

Inv Date: _____ Inv #: _____ Inv $: _____

Due Date: _____ Discount: _____ Terms: _____

Month/Yr: _____ Purchase Order #: _____

Description: _____

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.605.98.1861.0000.200	9SRA10U	13.58
¥W51620501		13.66
¥W51620502		69.01
¥W51650500		13.69

Voucher Prepared by: _____

2 of 2

[redacted]

SOUTHERN STATES UTILITIES
PETTY CASH VOUCHER
MARION OAKS - #1106

$349

DATE	VENDOR	PLANT #	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	GEN. LEDGER ACCUNT NO.
/				BALANCE	300.00	
6/21		1117	Galv Plug	Water Main Repair	2.01 ✓	1117.230.01.6206.0000.125
6/15		W-5	Gas	Equipment	5.00 ✓	W5620502
6/16	Kwik King	W-5	First Aid Supplies	Replacements/Trucks	3.74 ✓	W5620501 ✓
5/16		W-5	Ice	Transporting Samples	1.05 ✓	W5620501
5/17		W-5	Ice	Transporting Samples	1.05 ✓	W5620501
5/08	Pilot	W-5	Diesel	Kubota	6.01 ✓	W5620502
6/09		W-5	Gas	Equipment	20.00 ✓	W5620502
		W-5	Fuel Injector Cleaner	Veh. Maint. #349	3.92	W5650500
5/10	Winn-Dixie	90001	Donuts	Opers Meeting/FrankS.	8.65 ✓	90001.230.99.6758.0000.200
5/25	Winn-Dixie	90001	Donuts & Drinks	M. Oaks Const Meeting	10.58 ✓	90001.230.99.6758.0000.200
6/05	Barnett Bank	W-5	Notary Fee	Notorized Signatures	10.00 ✓	90001.230.99.6758.0000.250
5/31	Shell	W-5	Gas	Pump	6.00 ✓	W5620502
6/10	Albertsons	W-5	Windshield Washer Fluid	Car #349	1.72	W5650500
				FUND REINBURSE	153.11	
				ENDING BALANCE	146.89	

Diane Strawn
REPARED BY

6-26-95
DATE

Bill Glover
PPROVED BY

6/26/95
DATE

RECEIVED
JUN 29 1995
Accounts Payable

PAGE 193 OF 2226

APPENDIX DR305B

SOUTHERN STATES UTILITIES
PETTY CASH VOUCHER
MARION OAKS - #1106

	VENDOR	PLANT #	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	GEN. LEDGER ACCUNT NO.
				BALANCE		
/14	Waldenbooks	90001	Computer Study Manual	Bill Yocum	15.85 ✓	90001.230.99.6208.0000.140
4/30		W-5	Washer Fluid & Coolant	Car #349	5.82	W5650500
/22	Salt Spgs Grocery	W-5	Flashlight Batterys & Bulb	Car #349	4.22 ✓	W5620501
/24		90001	First Aid Supplies	Admin Office	3.39 ✓	90001.230.99.6758.0000.250
/15	Pilot	W-5	Diesel	Kubota	4.00 ✓	W5620502
/20	Kash N Karry		Donuts	Rate Meeting	3.58	001.00001.605.1861.0000.200
/15	Wal-Mart	W-5	Oil	Car #349	2.23	W5650500
/4	Kwik King	W-5	First Aid Supplies	Replacement/Trucks	3.60 ✓	W5620501
/31	Ken Leggett	W-5	Tire/Used & Valve Stem	Pump	28.00 ✓	W5620502
	Bill Yocum	90001	Reinbursement for Collect Charge from BillM	Operations/Astor	2.69 ✓	90001.230.99.6758.0000.175

FUND REINBURSE	
ENDING BALANCE	

PARED BY _____ DATE _____

ROVED BY _____ DATE _____

[redacted]

APPENDIX PK 305.13
194
OF 2226

Payable Voucher

Entered by: _____ Manual Check #: _____ Date: _____

Vendor #: 18920 Vendor Name: Debbie Bucket Petty Cash

Inv Date: 6-28-95 Inv #: _____ Inv $: 241.51

Due Date: 7-5-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: Petty Cash

Units: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.225.99.6758.0000.200		79.55
↓ .200. ↓		15.30
9000I.200.99.6708.0000.160		19.55
00001.605.99.1861.0000.200	95RA100	✓9.31
993.225.01.6202.0000.125		5.38
906.225.01.6202.0000.125		7.00
1802.230.02.7206.0000.125		5.17
906.225.01.6161.0000.115		30.01
994.225.02.7206.0000.125		9.90
906.225.02.7204.0000.125		11.12
906.225.01.6203.0000.125		5.30
907.225.01.6205.0000.125		5.08
988.225.01.6202.0000.125		9.16
994.225.02.2205.0000.125		1.05
994.225.01.6202.0000.125		41.13
995.225.01.6202.0000.125		.95
*W4620501		23.55

SOUTHERN STATES UTILITY SERVICES, INC.
PETTY CASH VOUCHER

1892

[illegible]	VENDOR	PLANT #	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	FOR GENERAL OFFICE USE ONLY: GENERAL LEDGER ACCOUNT NO.
95"				BEGINNING BALANCE IN FUND	8.49	
5-16	Gold Cup	90001	Coffee	meeting West Region Staff - Engineering	28.00	✓001.90001.225.99.6758.0000.200
6-9	Heltons	993	timer	used on air compressor at well	5.38	✓001.00993.225.01.6202.0000.125
6-12	Citrus Co	906	copy County records	to show recorded easement Well #2	7.00	✓001.00906.225.01.6202.0000.125
5-25	Walgreen		film develop	pictures of Jungle Den WWTP	5.17	✓001.1802.230.02.7206.0000.125
5-31	Kash N' Karry	90001	doughnuts	Staff meeting	6.58	✓0019000l.225.99.6758.0000.200
	State of Fl.	90001	tolls	trips to Apopka	19.55	✓001.90001.200.99.6758.0000.195
5-4	Crystal Dive	90001	air	fill air packs for safety	23.55	001.90001.225.99.6205.0100.125
6-3	Texaco	906	diesel	for generator	30.01	✓001.00906.22501.6161.0000.115
5-8		994	film develop	pictures of work at WWTP	9.90	✓001.00994.225.02.7201.0000.125
4-24		90001	lunch	Seaboard & Folk Inspect Plant	10.02	✓001.90001.200.99.6758.0000.200
5-11	Bakely's	90001	breakfast	KRA meeting	5.28	✓001.90001.200.99.6758.0000.200
6-12	Fakerd	906	film	for pictures of L/S on Gardenia	11.12	001.00906.225.02.7204.0000125
5-16	Kash N Karry	90001	doughnuts	Staff meeting	7.58	✓001.90001.225.99.6758.0000.200
5-21	Dollar Store	906	bag	for shipping samples	5.30	001.00906.225.01.6203.0000.125
5-30	Timberland	907	batteries	for beepers	5.08	001.00907.225.01.6757.0000.125
5-22	Cox	988	lumber	WTP Repairs on building	9.16	001.00988.225.01.6202.0000.125
				FUND REIMBURSEMENT		
				ENDING FUND BALANCE		

Debbie Buckel
Prepared By

6-28-95
Date

Paul Reinhart
Approved By

6-28-95
Date

Page 1 of 2

RECEIVED
JUN 29 1995
Accounts Payable

APPENDIX DR 3053
PAGE 196 OF 2226

SOUTHERN STATES UTILITY [illegible]
PETTY CASH VO

	VENDOR	PLANT #	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	FOR GENERAL OFFICE USE ONLY: GENERAL LEDGER ACCOUNT NO.
				BEGINNING BALANCE IN FUND		
5-15	One Stop	994	Batteries	PH Meter	1.05	001.00994.225.02.7205.0000.125
5-10	Kane's	994	Switch	Control Panel WTP	4.13	001.00994.225.01.6202.0000125
6-1	Brinks	995	Key	to open Well	.95	001.00995.225.01.6202.0000125
6-13	Gold Cup	90001	Coffee	Staff-West Region & Engineering	28.00	001.90001.225.99.6758.0000.200
6-26	Kash N Karry	90001	Doughnuts	Staff Meeting	9.39 ✓	001.90001.225.99.6758.0000.200
6-20	"	90001	Coke & Cookies	Rate Case Meeting	9.31 ✓	001.90001.605.1861.0000.200

FUND REIMBURSEMENT	241.51
ENDING FUND BALANCE	250.00

Prepared By — 6-28-95 Date

Approved By — 6-28-95 Date

page 2 of 2

GSRA 10

APPENDIX DR 305-B
PAGE 197 OF 226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2608 Vendor Name: Doug Lovell-Petty Cash

Inv Date: 6-26-95 Inv #: _____ Inv $: 221.55

Due Date: 7-5-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: Petty Cash

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.671.99.6757.0000.235		61.93
*N1165050OB		3.37
0001.605.99.1461.0000.200	95RA100	149.53
0001.671.99.6257.0000.230		5.26
0001.671.99.6207.0000.140		3.07

1 of 2

Voucher Prepared by: _____

Form PC

PAGE OF 1 PAGE

SOUTHERN STATES UTILITY SERVICES, INC.
PETTY CASH VOUCHER

6/26/95

DATE	VENDOR	PLANT	MATERIAL/SUPPLIES SERVICE PURCHASES	INTENDED USE	$ AMOUNT	FOR GENERAL OFFICE USE ONLY GENERAL LEDGER ACCOUNT NO.
				BEGINNING BALANCE IN FUND		
5/19/95	Cumberland Farms	1806	Ice for construction crews		4.60	ool.o1806.113.01.6205.0000.125
5/17/95	Publix	1806	Birthday cake and card for Karen S. Jackson		15.32 ✓	ool.9ooo1.611.99.6757.0000.235
5/22/95	Rite Aid Store	1806	Two packs of Polaroid 600 film for photos of the Glen Abbey valve openings of the transfer		23.95 ✓	ool.o1806.111.02.7205.0000.125
5/31/95	Eckerd Drug Store	1806	water from the wet weather to the holding pond Film for DPR photos for applications		11.65 ✓	ool.o1806.111.02.7205.0000.125
6/05/95	Lake Auto Parts, Inc.	1806	Auto Parts		3.37 ✓	ool.o1806.105.01.6605.0000.160
6/09/95	Pizza Hut	1806	Pizza Lunch for customer service and construction crews (employee recognition for Bonnie Krabbenhoft.		46.61 ✓	ool.9ooo1.611.99.6757.0000.235
6/15/95	Go-For Donuts	1806	Rate case presentation meeting on 6/15/95 (4 dozen donuts)		15.56 ✓	ool.0001.605.99.1861.0000.200
6/15/95	Winn-Dixie	1806	Rate case presentation meeting on 6/15/95 (2 dozen donuts)		3.97 ✓	.
5/16/95	WalMart	1806	Ant Killer for customer service		5.26 ✓	ool.o1806.113.01.6205.0000.125
5/19/95	Slope Indicator Company	1806	C.O.D. payment for water indicator on probe for well sounder		69.89 ✓	ool.o1806.111.01.6203.0000.125
5/22/95	Winn-Dixie	1806	Bottled water for customers during water main break at Day Road and Howland Boulevard		18.30 ✓	ool.o1806.113.01.6205.0000.125
5/23/95	Rite Aid Store	1806	Small notebook for meter reading route assignment		3.07 ✓	ool.9ooo1.611.99.6207.0000.140
				FUND REIMBURSEMENT	221.55	
				ENDING FUND BALANCE	78.45	

Douglas Todd — 6-27-95
Prepared by — Date

W. D. Denney — 6-29-95
Approved by — Date

PAGE 199 OF 1221

APPENDIX DR 303-B

Vendor #: 7420 Vendor Name: Gil Compton Pet Hy/Coal

Inv Date: 6-23-95 Inv #: _____ Inv $: 140.64

Due Date: 7-5-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: Pet Hy Coal

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
10001.676.99.6507.000160		95.10
00001.605.99.1861.0000.200	95AA100	✓ 12.04
2401.400.03.6751.0000.190		33.50

Voucher Prepared by: [signature]

PETTY CASH V. HER

MARCO ISLAND 1420

	PLANT	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	FOR GENERAL OFFICE USE ONLY: GENERAL LEDGER ACCOUNT NO.
			BEGINNING BALANCE IN FUND	300.00	
-95	9000l	EMPLOYEE USING OWN CAR FOR COMPANY BUSINESS		89.40	001.9000l.676.99.6507.000.160
...on County	260l	PERMIT	L.P. STORAGE TANK	33.50	001.260l.400.03.1050000.271
WINN DIXIE	9000l	DONUTS/COOKIES	REFRESHMENT FOR MEETING	12.04	90001.676.99.6757.0000.250 ~~001.000l.665.1861.0000.200~~
TAMIAMI FORD	9000l	TOUCH UP PAINT	PREVENT CORROSION	5.70	001.9000l.676.99.6507.000.160

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 11076 Vendor Name: Judy Kimball

Inv Date: 6-12-95 Inv #: 8000 Inv $: 26.30

Due Date: 6-14-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.94.186.0000.200	95RA100	✓ 26.30

Voucher Prepared by: [signature]

Travel Expense and Employee Reimbursement Report

dy Kimball
8000
2/95

Plant/Location Apopka
Mailing Address RATE Dept

Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
		RECEIPTS REQUIRED													
h for Revenue						26.30		26.30	9100011	6120	917	18161	00000	21010	95RA1010
egmts staff —															
te case work															
Totals								26.30	Total Travel Expense A						

Employee Expenses

Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
Seminars										
Dues and Subscriptions										
Office Supplies										
Telephone										
Postage										
Other (Describe)										
		* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card		Total Other Expenses B						

RECEIVED
JUN 12 1995
Accounts Payable

I certify that the expenses shown were incurred on company business or on behalf of company.

Employee Signature — Date: 6/12/95

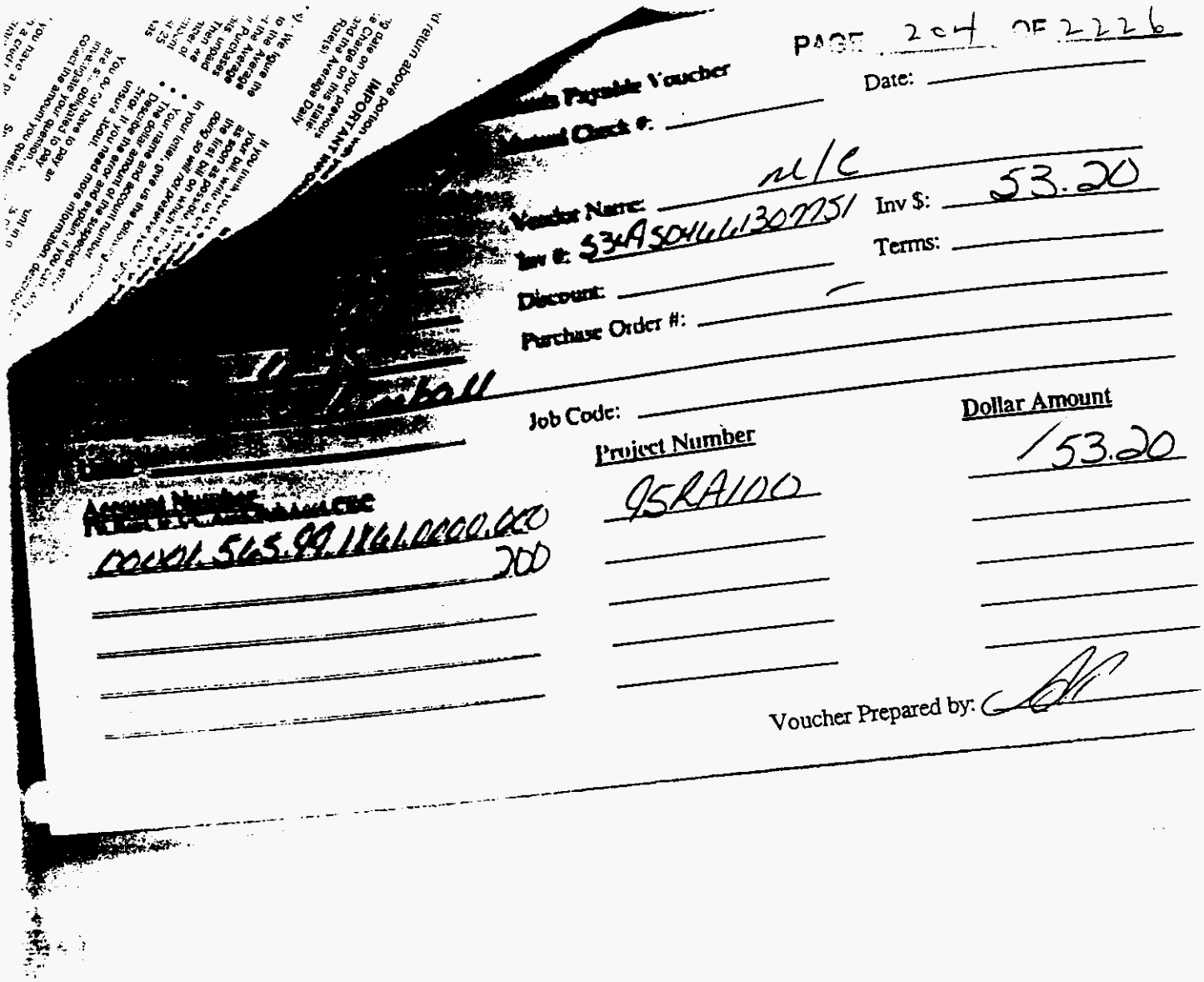
Supervisor Signature — Date: 6/17/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
9100011	6120	917	18161	00000	21010	95RA1010	

26.30	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
26.30	Owed Employee
	Owed Company

(7/92) Original - [illegible] nting Office



Payable Voucher

Date:

Check #:

Vendor Name: n/c

Inv #: 53A5041413077S1 Inv $: 53.20

Terms:

Discount:

Purchase Order #:

Job Code:

Account Number	Project Number	Dollar Amount
000015659911641000000	95RA100	53.20

Voucher Prepared by:

SOUTHERN STATES UTILITIES, INC.

CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name Judy Kimball Pg. 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rent
0000L01.99	1861.0000	200	$ 53.20	Lunch in conjunction
		95RA100	$	MFR preparation
			$	
			$	
			$	
			$	RECEIVED
			$	JUN 19 1995
			$	Accounts Payable
			$	
			$	
			$	
			$	
TOTAL			$ 53.20	

Inadvertent personal charges in the amount of $ _____ are included on this statement. M
check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Judy Kimball Date: 6/19/95

(Approval of next level of supervision required)

Approval: L. R. Slum Date: 6/19/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

Vendor #: _____ Vendor Name: Tom Brunt-Petty Cash

Inv Date: 6-27-95 Inv #: _____ Inv $: 305.48

Due Date: 7-5-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: _____

Description: Pet Hy Cash

Units: _____ Job Code: _____

Account Number Plt.Res.Ctr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.335.99.6758.0000.185		52.09
↓ .215		150.00
90001.678.99.6757.0000.250		19.66
90001.678.99.6507.0000.160		11.30
00001.625.99.1861.0000.200	95RA100	24.93
2901.338.01.205.0000.125		48.00

Voucher Prepared by: _____

Entry GL 19150

MASTERCARD

001.90001.595.99.6758.0000.200	190.84	Mary Ann Glennon	
001.90001.595.99.6508.0000.160	57.00	Mary Ann Glennon	
001.02701.570.02.1050.0000.195	16.81	Bill Goucher	95CW720
001.02701.570.02.1050.0000.195	16.06	Bill Goucher	94CW479
001.90001.595.99.6758.0000.200	76.24	Mary Ann Glennon	
001.90001.600.99.6758.0000.255	508.83	Cynthia Graham	
001.90001.595.99.6758.0000.140	28.83	Mary Ann Glennon	
001.90001.591.99.6508.0000.160	17.69	Carolyn Kowalsky	
001.90001.591.99.6758.0000.195	642.21	Carolyn Kowalsky	
001.90001.591.99.6758.0000.175	2.03	Carolyn Kowalsky	
001.90001.591.99.6758.0000.200	9.43	Carolyn Kowalsky	
001.90001.595.99.6758.0000.190	37.40	Mary Ann Glennon	
001.01806.570.02.1050.0000.195	10.88	Bruce Paster	95PC716
001.90001.590.99.6758.0000.195	38.50	Darin Levi	
001.90001.590.99.6758.0000.200	60.56	Darin Levi	
001.90001.200.99.6508.0000.160	11.65	Frank Sanderson	
001.90001.200.99.6758.0000.200	33.51	Frank Sanderson	
001.90001.591.99.6758.0000.200	19.25	Brian Armstrong	
001.00001.591.99.1861.0000.200	97.70	Brian Armstrong	95RA100
001.00001.591.99.1861.0000.250	70.00	Brian Armstrong	95RA100
001.90001.591.99.6758.0000.235	46.92	Brian Armstrong	
001.90001.591.99.6758.0000.195	375.00	Brian Armstrong	
001.90001.585.99.1059.2000.140	53.64	Gary Harris	
001.90001.585.99.1059.2000.160	20.98	Gary Harris	
001.90001.615.99.6508.0000.160	19.94	Forrest Ludsen	
001.00001.615.99.1861.0000.200	38.96	Forrest Ludsen	95RA100
001.90001.655.99.6508.0000.160	15.38	Ray Gagnon	
001.90001.655.99.6758.0000.200	74.65	Ray Gagnon	
001.90001.615.99.6508.0000.160	96.88	Forrest Ludsen	
001.00001.615.99.1861.0000.200	75.04	Forrest Ludsen	95RA100
001.02401.315.01.6505.0000.160	7.40	Wayne Vowell	
001.02401.315.02.7505.0000.160	7.10	Wayne Vowell	
001.00001.665.99.1050.0000.270	203.27	Jose DePedro	94CA218
001.00001.665.99.1050.0000.190	21.00	Jose DePedro	94CA218
001.02701.585.02.1050.0000.195	168.22	Jerry Sturdevant	94CW479
001.90001.585.99.1059.2000.140	17.84	Jerry Sturdevant	
001.90001.585.99.1059.2000.160	213.79	Jerry Sturdevant	

Rebuttal Rate Case Testimony

APPENDIX DR 30-B
PAGE 207 OF 2226

MASTERCARD

001.00886.585.01.1050.0000.195	13.89	Lowell Hendricks	94CN040
001.01106.585.02.1050.0000.195	18.53	Lowell Hendricks	93CW256
001.90001.595.99.6758.0000.200	103.92	Mel Fisher	
001.90001.595.99.6758.0000.195	192.17	Mel Fisher	
001.90001.600.99.6758.0000.255	92.96	Mel Fisher	
001.90001.300.99.6758.0000.195	105.94	Mel Fisher	
001.90001.300.99.6758.0000.200	53.50	Mel Fisher	
001.00001.605.99.1861.0000.200	104.61	Mel Fisher	95RA100
001.00001.000.99.1840.0000.000	-7,785.31	Clear A/P Suspence-Mastercard	

OK. SF 7/25/95

APPENDIX DR305B
PAGE 208 OF 2226

0.00 *

#6758.200.....
19.25 +
19.25 *

#1861.200.....
85.01 +
12.69 +
97.70 *

#1861.250.....
70.00 +
70.00 *

#6758.235.....
46.92 +
46.92 *

#195.....
375.00 +
375.00 *

375.00 +
46.92 +
70.00 +
97.70 +
19.25 +
608.87 *

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

mstroos

Pg. 1 of 1

AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE
ECEIPT OF BILL.

nt distribution. Also, note the business purpose and names of those attending.

Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
000.200	$ 19.25	Lunch (BPA, FLL, TS) re: corp. strategy
95RA100 1.200	$ 85.01	Dinner (BPA, FLL, JW, T) re: 95 Rate Case
95RA100 0.250	$ 70.00	Conf Room re: 95 Rate Case Testimony
95RA100 00.200	$ 12.69	Dinner (BPA) re: 95 Rate Case
0000.235	$ 46.92	Lunch (BPA, CHC, AF) employee recognition
0000195	$ 375.00	Airfare - WMO Committee Mtg.
	$	
	$	
	$	
	$	
	$	
	$	
TOTAL	$ 608.87	

RECEIVED
JUL 20 1995
Accounts Payable

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: _____ Date: 6/30/95

(Approval of next level of supervision required)

Approval: _____ Date: 7/20/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

0.00 *

#1861.....

#200.....

38.96 +

38.96 *

#15.....

19.94 +

19.94 *

19.94 +

38.96 +

58.90 *

SOUTHERN STATES UTILITIES, INC.

CORPORATE CHARGE CARD EXPENSES DETAIL

Pg. 1 of 1

AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE
ECEIPT OF BILL.

nt distribution. Also, note the business purpose and names of those attending.

Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
00.200.952	$ 38.96	Rate Meeting Hunkeler & NP
9001.615-99.6505.0000.160	$ 19.94	Gas For Company Car
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
TOTAL	$ 58.90	

RECEIVED
JUL 19 1995
Accounts Payable

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: _____ Date: _____

(Approval of next level of supervision required)

Approval: _____ Date: 7/19/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

APPENDIX DR 305-B

PAGE 211 OF 2226

#1861·200·····
75·04 +
75·04 *

#5508·160·····
95·88 +
95·88 *

0· C

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

SGC

Pg. 1 of 1

ND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE
CEIPT OF BILL.

t distribution. Also, note the business purpose and names of those attending.

Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
9000L 615.99.6758.0000.2009SR4AB	$ 75.04	RATE STRATEGY TESTIMONY, RATE DESIGN CONSULTATION OUTSIDE WITNESS LUNCHEON
9000L615.99.6505.0000.160	$ 96.88	REPAIR WORK ON CUSTOMER CAR
	$ <45.027	CREDIT FL MC
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
TOTAL	$ 171.92	

RECEIVED
JUL 19 1995
Accounts Payable

Inadvertent personal charges in the amount of $ _____ are included on this statement. My perso
check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: _____ Date: 7/12/95

(Approval of next level of supervision required)

Approval: _____ Date: 7/19/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

FISHER Pg. 1 of 2

AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE
ECEIPT OF BILL.

nt distribution. Also, note the business purpose and names of those attending.

Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
900.200	$ 11.84	HOLIDAY INN (6/11) - COVERED BRIDGE AUDIT - BREAKFAST W/M. GLENNON
	$ 42.06	SALTY'S (6/8) - BURNT STORE AUDIT - LUNCH WITH SSU PERSONNEL.
800.195	$ 52.48 ✓	HOLIDAY INN (6/11) - COVERED BRIDGE AUDIT - HOTEL ROOM
00.255	$ 84.24 ✓	COMFORT INN - HOTEL ROOM 6/17-6/18 - TO FIND NEW RESIDENCE PER PROMOTION.
00.195	$ 61.04	COMFORT SUITES - HOTEL ROOM 6/20 - RATE CASE BRIEFING SESSIONS AT LEHIGH.
00.200	$ 10.05 ✓	PIZZA HUT - DINNER - 6/22 - LEHIGH WATER AUDIT
00.195	$ 42.12 ✓	COMFORT INN - HOTEL ROOM 6/22 - SOUTH REG. CAP. PROJ. MEETING
00.255	$ 8.72 ✓	CRACKER BARREL - DINNER 6/17 - TO FIND NEW RESIDENCE PER PROMOTION.
0.200	$ 13.03 ✓	PERKINS - DINNER 6/26 - MEET WITH MP PRESIDENT.
.200	$ 19.34 ✓	LEHIGH - ~~DINNER~~ LUNCH 6/27 - MEET WITH TOM ROUND, MP PRESIDENT.
.200	$ 21.13 ✓	CRACKER BARREL - 6/20 DINNER - RATE CASE BRIEFING SESSIONS @ LEHIGH.
195	$ 44.90 ✓	LEHIGH MOTEL - HOTEL ROOM 6/27 $41.35 - MEET WITH MP PRESIDENT.
	$	

s in the amount of $ _____ are included on this statement. My personal
to Southern States Utilities for that amount is attached.

Mel Fisher Date: 7/19/95

pervision required)

Steve (595) Date: 7/19/95

leturn original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY:

#595
#200
11·84 +
42·06 +
10·05 +
6·40 +
10·86 +
22·71 +
103·92 *

#195
52·48 +
42·12 +
39·27 +
58·30 +
192·17 *

#600
#255
84·24 +
8·72 +
92·96 *

#300
#195
61·04 +
44·90 +
105·94 *

#200
13·05 +
19·34 +
21·13 +
53·50 *

#605·200
104·61 +
104·61 *

104·61 +
53·50 +
105·94 +
92·96 +
192·17 +
103·92 +
653·10 *

0· 0

Accounts Payable

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1835 Vendor Name: Brian Armstrong

Inv Date: 6.30-95 Inv #: 297 Inv $: 44.01

Due Date: 7.26.95 Discount: _____ Terms: _____

Month/Yr: 7-95 Purchase Order #: _____

Description: Expense Report Job Code: _____

Units: _____

Account Number Plt.Res.Ctr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.591.99.1861.0000.206	95RA100	13.85
0001.591.99.6758.0000.206		19.91
0001.591.99.6758.0000.160		10.25

Voucher Prepared by: _____

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name: Brian Armstrong
Employee No.: 297
Date: 6-30-95
Plant/Location: Apopka
Mailing Address:

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
6/7	Dinner re: Timber Accs (BPA, CK, BG)	2					19.91		19.91	910001	591	98	60758	000000	200	
										801001						
6/19	Parking/Tolls FPSC hrts.	2						10.25	10.25	910001	591	98	60758	000000	160	
6/22	Dinner re: 95 Rate Case (DH, KH)	2					13.85		13.85	910001	591	99	18101	000000	000	95AA10
	Totals								44.01	Total Travel Expense A						

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										
			* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card		Total Other Expenses B						

RECEIVED
JUL 20 1995
Accounts Payable

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature: [signature] Date: 6/30/95

Supervisor Signature: [signature] Date: 7/20/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

44.01	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's
	Less Advance
44.01	Owed Employee
	Owed Company

TVL(7/92)

Original Accounting Office

APPENDIX DR 305-B
PAGE 214 OF 2226

Accounts Payable Voucher

oy: _____ Manual Check #: _____ Date: _____

r #: 12635 Vendor Name: Forrest Ludson

Date: 7-11-95 Inv #: 0055 Inv $: 23.75

ıe Date: 7-26-95 Discount: _____ Terms: _____

Month/Yr: 7-95 Purchase Order #: _____

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0XXX.1615.9A.1861.0000.200	9SRA100	23.75✓

Voucher Prepared by: _____

SSU
Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name FORREST LUOSEN

Employee No. 0055

Plant/Location 90001/ALASKA

Mailing Address

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals (RECEIPTS REQUIRED)	Lodging (RECEIPTS REQUIRED)	Meals (inc tips) (RECEIPTS REQUIRED)	Other (RECEIPTS REQUIRED)	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
7/5	LUNCH FOR CONSOLIDATED RATE FILING WORKERS						23.75		23.75	900001	6115	719	67158	00000	2400	915RAV1010
	Totals						23.75		23.75							

Employee Expenses — Total Travel Expense A

Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
Seminars										
Dues and Subscriptions										
Office Supplies										
Telephone										
Postage										
Other (Describe)										

RECEIVED
JUL 19 1995
Accounts Payable

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

tify that the expenses shown were in-
ed on company business or on behalf of
ompany.

yee Signature — Date 7/1/95

Date 7/19/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
900001	6115	719	67158	01000	2400	915RAV1010	23.75

23.75	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
23.75	Owed Employee
	Owed Company

Original Accounting Off...

APPENDIX DR305-B
PAGE 216 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 10105 Vendor Name: Janet Lisbinski-Petty Cash

Inv Date: 7-11-95 Inv #: _____ Inv $: 64.33

Due Date: 7-19-95 Discount: _____ Terms: _____

Month/Yr: 7-95 Purchase Order #: —

Description: Petty Cash

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.135.99.6758.0000.185		32.00
↓ .250		4.04
↓ .206		8.94
00001.105.99.1861.0000.200	95RA100	19.35

Voucher Prepared by: _____

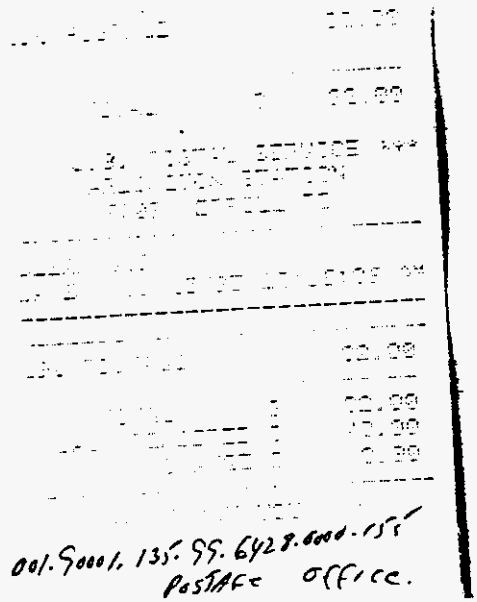
0 *

32.00 +
11.86 +
7.49 +
4.04 +
8.94 +

64.33 *
+

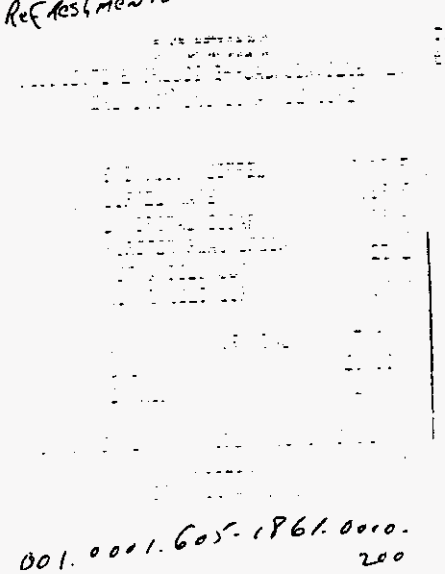
Donuts for STAFF meeting of RATE case.

001.0001.605.1861.0000.200



001.9000.135.99.6428.0000.155
POSTAGE office.

STAFF meeting for RATE case
Refreshments



001.0001.605.1861.0000.200

TURNER'S ACE HARDWARE

07/03/95 T398

001.9000.135.99.6428.0000.240

PILOT	3.79
SHRT	3.79
TAX	[illegible]
TOTL	8.04
CASH	20.04
CHNG	10.00

[illegible]

TI		HARDEES	61SP
6/05			55
1	STEAK BISCUIT		1.85
1	LARGE COKE		1.07
1	LARGE HP BIS		1.85
1	TWO BAKED BISC		1.55
1	GUY BIS W/HAND		1.55
1	HELLO YELLO		.85
1	GRITS		.57
TAX	.55	TOTAL	8.94

001.888.137.01.6202.0000.125

AMOUNT TENDERED 10.00
CHANGE DUE 1.06

Form PC

10105

SOUTHERN STATES UTILITIES, INC.
PETTY CASH VOUCHER
Janet Lalinski

DATE	VENDOR	PLANT	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	FOR GENERAL OFFICE USE ONLY: GENERAL LEDGER ACCOUNT NO.
7/11/95				BEGINNING BALANCE IN FUND	$135.67	
6/15/95	U.S.P.O.	9001	POSTAGE	OFFICE	32.00	001.9001.135.59.6428.0000.155
6/9/95	DUNKIN DONUTS	0001	DONUTS	STAFF MEETING RATE CASE	11.86	001.0001.605.1861.0000.200
6/8/95	PUBLIX	0001	REFRESHMENTS	STAFF MEETING RATE CASE	7.49	001.0001.605.1861.0000.200
7/3/95	TURNER ACE HARDWARE	9001	FLAPPER VALVE.	FLAPPER VALVE FOR TOILET IN OFFICE	4.04	001.9001.135.59.6758.0000.240
6/6/95	HARDEES	888	BREAKFAST FROM PULLING AN ALNIGHTER	WOODMERE SHUT DOWN	8.54	001.888.137.01.6202.0000.125

RECEIVED
JUL 13 1995
Accounts Payable

Janet Lalinski Prepared By	7-11-95 Date	FUND REIMBURSEMENT $64.33
 Approved By	7-12-95 Date	ENDING FUND BALANCE $200.00

APPENDIX DR305-B
PAGE 219 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 24365 Vendor Name: Lorraine Resta - Reimb Cash

Inv Date: 7-12-95 Inv #: _____ Inv $: 78.74

Due Date: 7-19-95 Discount: _____ Terms: _____

Month/Yr: 7-95 Purchase Order #: —

Description: Reimb Cash

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.205.99.6758.0000.250		15.74
↓ .A0		22.67
90001.205.99.6208.0000.140		10.86
00001.605.99.1861.0000.200	95RAIDD	29.47

Voucher Prepared by: _____

Form PC

Vendor #24365

SOUTHERN STATES UTILITY SERVICES, INC.
PETTY CASH VOUCHER
Lorraine Testa - Custodian - Spring Hill

DATE	VENDOR	PLANT #	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	FOR GENERAL OFFICE USE ONLY: GENERAL LEDGER ACCOUNT NO.
				BEGINNING BALANCE IN FUND		
5/30	Wal-Mart	90001	Film Developing		15.74	90001.205.99.6758.0000.250
6/26	Winn Dixie	000	Refreshments - Rate Case		10.72	000.01.605.1861.0000.200
6/26	DunKin' Donuts	000	Refreshments - Rate Case		18.75	000.01.605.1861.0000.200
7/3	Wal-Mart	90001	Office Supplies		1.06	90001.205.99.6208.0000.140
7/7	SH Office Supply	90001	Office Supplies		9.80	90001.205.99.6208.0000.140
7/11	Tampa Tribune		Subscription + H.O. Fee		22.67	90001.205.99.6758.0000.190
			RECEIVED			
			JUL 13 1995			
			Accounts Payable			

FUND REIMBURSEMENT	78.74
ENDING FUND BALANCE	200.00

Lorraine Testa
Prepared By

7/12/95
Date

Approved By

7-12-95
Date

APPENDIX DR3OS-B
PAGE 221 OF 2226

SPRING HILL OFFICE SUPPLY

Date 7/7 19 95

M

No.

Reg. No.	Clerk	ACCOUNT FORWARD		
1	2 stamps		4.90	9.80
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14	13			
15				

Your Account Stated to Date — If Error Is Found Return at Once.

[redacted] DAILY
10% [redacted]AGAZINES
10% [redacted]MPS&SNACKS
40% [redacted]REETNG CARDS
10% [redacted]TTLE DEBBIE
20% [redacted]'EGGS HOSE
20% [redacted]CHOOL SUPPLY
30% [redacted]OSMETICS
50% [redacted]IFT WRAPS

STOR[redacted]708 06/26/95

I'M [redacted]
YOUR [redacted]HER TODAY

DC [redacted]ENV	1.33F
ARRO [redacted]CUP	.66T
SWEE [redacted]LOW	1.33F
DEC [redacted]OFFE	3.68F
DEC [redacted]OFFE	3.68F
TAX [redacted]	.04
[redacted]TAL	10.72
[redacted]H	20.00
[redacted]NGE	9.28
TOTA[redacted]EMS	5

003[redacted]05 09.47AM

TH[redacted]K YOU
WI[redacted] DIXIE
T[redacted]EF PEOPLE
PH[redacted] 686-8057

000.01.605.1861.000.200

6/26

DUNKIN' DONUTS
MAINER

05/00/00

15.72

000.01.605.1861.000.200

WAL★MART

WE SELL
FOR LESS
BROOKSVILLE, FLORIDA

ST# 1213 OP# 00000080 TE# 01 TR# 0541[redacted]

CORDMINDER	001288520088	0.50 F
CORDMINDER	001288520088	0.50 F
SUBTOTAL		1.00
SALES TAX 1		0.06
TOTAL		1.06
CASH TEND		1.11
CHANGE DUE		0.05

TC# 565455227223154
THANK YOU FOR SHOPPING WITH US

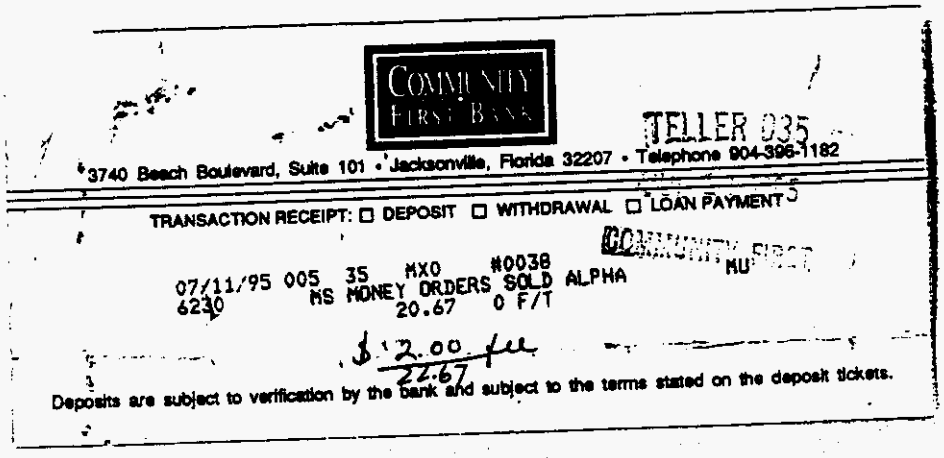
Sh. of Sm. Grocer...

SPRING HILL, FL

ST# 0967 OP# 00000208 TE# 65 TR# 0856[redacted]

LAB PROCESS	007874222594	7.84 J
LAB PROCESS	007874222594	7.00 J
SUBTOTAL		14.84
SALES TAX 1		0.90
TOTAL		15.74
CASH TEND		20.00
CHANGE DUE		4.26

TC# 81711643125477
THANK YOU FOR SHOPPING WITH US
05/30/95 14:15:22



COMMUNITY FIRST BANK

TELLER 035

3740 Beach Boulevard, Suite 101 • Jacksonville, Florida 32207 • Telephone 904-396-1182

TRANSACTION RECEIPT: ☐ DEPOSIT ☐ WITHDRAWAL ☐ LOAN PAYMENT

COMMUNITY FIRST MU

07/11/95 005 35 MXO #0038
6230 MS MONEY ORDERS SOLD ALPHA
20.67 0 F/T

$2.00 fee
22.67

Deposits are subject to verification by the bank and subject to the terms stated on the deposit tickets.

REDACTED

PURCHASER'S COPY OF PERSONAL MONEY ORDER

504615

63-687/V 2630

Jul 11, 1995 19

PAYABLE TO THE TAMPA TRIBUNE $ 20.67

TWENTY AND 67/100

COMMUNITY FIRST BANK

NOT NEGOTIABLE

The customer procuring this Personal Money Order form, corresponding in number and amount to that shown hereon, agrees to insert the name of the payee, the date, payee, his signature and address and assumes the responsibility for all events made possible by his failure to do so.

Spring Hill FL 34608

SAVE THIS COPY FOR YOUR RECORD

II' [redacted]

DETACH HERE - RETAIN FOR YOUR RECORDS

DATE	DESCRIPTION		BALANCE
08/07/95	Account Expires		
08/07/95	MORNING ONLY	13 week Renewal	19.50
	SALES TAX		1.17

*** THANK YOU ***

As a courtesy, your newspaper delivery is not automatically stopped at expiration. In the event you do not wish to renew your subscription, please notify us by calling 259-7422 or 1-800-282-5588.

THE TAMPA TRIBUNE

WE APPRECIATE YOUR BUSINESS

PLEASE DISREGARD THIS STATEMENT IF PAYMENT HAS ALREADY BEEN SENT

OTHER SUBSCRIPTION OPTIONS			ACCT #	ROUTE #	AMOUNT PAID
12.72	41.34	82.68	095 933 621	006/845 MO 1	
8WEEKS	26WEEKS	52WEEKS			

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3561 Vendor Name: M/C

Inv Date: 7-3-95 Inv #: 534950461612000923 Inv $: 80.04

Due Date: 7-19-95 Discount: _____ Terms: _____

Month/Yr: 7-95 Purchase Order #: —

Description: M. Bascini

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.515.99.6758.0000.180	—	49.85
00001.515.99.1861.0000.200	95RA100	25.25
90001.515.99.6308.0000.140	—	4.94

Voucher Prepared by: _____

			$		RECEIVED
			$		JUL 12 1995
			$		Accounts Payable
			$		
TOTAL			$ 80.04		

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Louis Bascini Date: 7/11/95

(Approval of next level of supervision required)

Approval: _____ Date: 7/12/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name Morris Bencini Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
90001	515.99.6758.0000	180	$ 49.85	AOL & FOL subscriptions
00001	515.99.1461.0000	200 #95RA1000	$ 25.25	Saturday OT - Dept. Lunch in Ritz
90001	515.99.6758.0000	140	$ 4.94	Batteries for Planner (last night)
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
TOTAL			$ 80.04	

RECEIVED
JUL 12 1995
Accounts Payable

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Morris Bencini Date: 7/11/95

(Approval of next level of supervision required)

Approval: [signature] Date: 7/12/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3561 Vendor Name: M/C

Inv Date: 7-3-95 Inv #: 5349504162142347 Inv $: 218.80

Due Date: 7-19-95 Discount: _____ Terms: _____

Month/Yr: 7.95 Purchase Order #: -

Description: K. Shafter

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.6758.0000.235		19.81
00001.620.99.1861.0000.200	95RA100	198.99

Voucher Prepared by: [signature]

			$		RECEIVED
			$		JUL 12 1995
			$		Accounts Payable
			$		
			$		
TOTAL			$	218.80	

Inadvertent personal charges in the amount of $ -0- are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: [signature] Date: 7/11/95

(Approval of next level of supervision required)

Approval: [signature] Date: 7/12/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name KAREN SHOFNER Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
90001.620.	99. 6758.	0000. 235	$ 19.81	EMPLOYEE RECOGNITION:
			$	SOLIS L MC GINN
9001.620.	99.6758.	0000 200 95 RATE	$ 90.87	FOOD - RATE CASE ASSEMBL
9001.620.	99. 6758.	0000. 200. 95 RATE	$ 108.12	" "
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
TOTAL			$ 218.80	

RECEIVED
JUL 12 1995
Accounts Payable

Inadvertent personal charges in the amount of $ -0- are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Karen L. Shofner Date: 7/11/95

(Approval of next level of supervision required)

Approval: [signature] Date: 7/12/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

Accounts Payable Voucher

Approved by: * Received verbal approval from K. Lini 7/19/95

Manual Check #: _____ Date: _____

Vendor #: 1457 Vendor Name: Vicki Stamyk - Petty Cash

Inv Date: 7-10-95 Inv #: _____ Inv $: 384.92

Due Date: 7-12-95 Discount: _____ Terms: _____

Month/Yr: 7-95 Purchase Order #: —

Description: Petty Cash Fund

Units: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.570.99.1059.2000.200		18.04
.140		29.07
.240		34.78
90001.580.99.1059.2000.135		95.13
.140		5.50
00001.625.99.1861.0000.140	95RA100	52.97
00001.515.99.1861.0000.200	95RA100	40.80
989.570.01.1050.0000.270	93CW255	19.00
1106.570.02.1050.0000.270	93CW256	24.50
1427.570.02.1050.0000.270	93CW663	9.42
993.570.01.1050.0000.270	93CW662	1.81
2701.570.02.1050.0000.270	94CW474	8.59
00001.625.99.1861.0000.135	94EA008	1.74
90001.625.99.6208.0000.140		23.52
90001.570.99.1059.2000.205		20.00

SOUTHERN STATES UTILITIES, INC.
PETTY CASH VOUCHER
Page 2 of 2

Date	Vendor	Plant	Material/Supplies/Service Purchased and Intended Use	Beginning Balance	Amount	General Ledger Account Number
	Beginning Balance			$391.42		
5/9/95	Marilyn Dorsey	90001	Coffee for 3 meetings held at the Kravitz	391.42	✓ 7.50	001.90001.570.99.1059.2000.200
5/9/95	Trish Beckham	90001	Coffee for 1 meeting held at the Kravitz	383.92	✓ 1.50	001.90001.570.99.1059.2000.200
5/16/95	Property Appraiser of Polk County	90001	Aerial Photos of Lake Gibson	382.42	✓ 4.00	001.90001.570.99.1059.2000.140
5/24/95	Walmart	90001	Photo Developing	378.42	✓ 7.30	001.90001.570.99.1059.2000.140
5/26/95	Eckerd	90001	Photo Developing	371.12	✓ 15.71	001.90001.570.99.1059.2000.140
5/22/95	Walmart	90001	Batteries	355.41	5.50	001.90001.580.99.1059.2000.140
6/6/95	Walmart	90001	Duplicate Keys for 175A Semoran	349.91	✓ 2.06	001.90001.570.99.1059.2000.140
6/16/95	Seminole County Government	90001	Osceola County Tax Maps	347.85	✓ 36.00	001.90001.580.99.1059.2000.135
6/16/95	Robert M. Day Property Appraiser	90001	Seminole County Tax Maps	311.85	✓ 16.00	001.90001.580.99.1059.2000.135
6/20/95	Lake County Public Services	90001	17 Tax Maps	295.85	✓ 36.38	001.90001.580.99.1050.2000.135
6/21/95	Office Depot	90001	Back Up Tapes for Plot Files	259.47	✓ 14.97	001.90001.625.99.1861.0000.140 W/O #95RA100
6/23/95	Tropical Fasteners	90001	Washers for Rate Case Maps	244.50	✓ 38.00	001.90001.625-99.2861.0000.140 W/O #95RA100
6/28/95	Papa John's Pizza	90001	Employee Recognition - Rate Case Participation	206.50	✓ 40.80	001.90001.515.99.6758.0000.235
6/29/95	Seminole County Public Works	90001	Maps	165.70	✓ 6.75	001.90001.580.99.1050.2000.135
7/7/95	Walmart	90001	Kitchen Supplies	158.95	✓ 34.78	001.90001.570.99.1059.2000.240
7/7/95	Walmart	90001	Soft Drinks for VLX Deposition	124.17	✓ 7.82	001.90001.570.99.1059.2000.200
7/7/95	7-Eleven	90001	Ice for VLX Deposition	116.35	✓ 1.27	001.90001.570.99.1059.2000.200
				115.08		

Fund Reimbursement	$384.92
Ending Fund Balance	$115.08

Vicki Stanzyk
Prepared By

7/10/95
Date

Approved By

7/10/95
Date

APPENDIX DR 305-B
PAGE 230 OF 2226

SOUTHERN STATES UTILITIES, INC.
PETTY CASH VOUCHER
Page 1 of 2

Date	Vendor	Plant	Material/Supplies/Service Purchased and Intended Use	Beginning Balance	Amount	General Ledger Account Number
	Beginning Balance			$12.94		
4/21/95	Check Received from A/P			12.94	+237.06	
4/25/95	Citrus County Clerk of Courts	989	Recording Fees - Notice of Commencement	250.00	19.00	001.989.570.01.1050.0000.270 W/O #93CW255
4/25/95	Clerk of Circuit Court Marion County	1106	Recording Fees - Notice of Commencement	231.00	24.50	001.1106.570.02.1050.0000.270 W/O #93CW256
4/27/95	Acme Stamp & Sign	90001	Stamp Pad	206.50	3.44	001.90001.625.99.6208.140
4/27/95	Acme Stamp & Sign	90001	Rubber Stamp	203.06	11.61	001.90001.625.99.6208.140
5/2/95	Food Lion	1427	Picture Development	191.45	4.66	001.1427.570.02.1050.0000.140 270 W/O #93CW663
5/2/95	Walmart	993	Picture Development	186.79	1.81	001.993.570.01.1050.0000.140 270 W/O #93CW662
5/2/95	Walmart	2701	Picture Development	184.98	3.49	001.2701.570.02.1050.0000.140 270 W/O #94CW479
5/3/95	Florida Utilities Coordinating Committee	90001	Meeting of Florida Utilities Coordinating Committee (FDOT Update) for Rick Foster	181.49	10.00	001.90001.570.99.1059.2000.205
5/3/95	Florida Utilities Coordinating Committee	90001	Meeting of Florida Utilities Coordinating Committee (FDOT Update) for Fernando Platin	171.49	10.00	001.90001.570.99.1059.2000.205
5/4/95	Walgreens	2701	Photo Development	161.49	5.10	001.2701.570.02.1050.0000.140 W/O #94CW479
5/4/95	Walgreens	1427	Photo Development	156.39	4.76	001.1427.570.02.1050.0000.140 W/O #93CW663
5/8/95	Office Depot	90001	Battery for Portable Phone	151.63	8.47	001.90001.625.99.6208.0000.140
5/8/95	Draftsmans Choice Blueprinting	90001	Two Bluelines 30" x 42"	143.16	1.74	001.90001.625.99.1862.0000.135 W/O #94EA008
5/9/95	Check Received from Accts Payable			141.42	+250.00	
				Total Reimbursement		
				Ending Fund Balance	$391.42	

Prepared By _____ *Date* _____

Approved By _____ *Date* _____

APPENDIX DR 825-B
PAGE 231 OF 2226

04/25/95

CITRUS COUNTY CLERK OF COURTS
BETTY STRIFLER, CLERK
INVERNESS, FLORIDA 34452

Sugar Mill Woods
93CW255
001.989.570.01.1050.0000.270

SOUTHERN STATES UTILITIES

RECORDING FEE	15.00
COPY & CERTIFICATION	4.00
TOTAL CHARGE	19.00
PAYMENTS	19.00 CASH

RECEIPT 234071

FILE NUMBER		855367
BOOK NUMBER		1077
PAGE NUMBER	1081-	1083

BETTY STRIFLER, CLERK 10:25AM
K LAMBERT , DC

RECORDING

PETTY CASH

NUMBER

DATE 4/25/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
Notice of Commencement	~~50~~ 00
001.989.570.01.1050.0000.270	19 00
w/o #93cw255	24 50
CHARGE TO ACCOUNT TOTAL	~~50~~ 43 50

Received By Paula Salmon Approved By V. Staupe

0672

FRANCES E. TRIGPIN
MARION COUNTY
CLERK OF CIRCUIT COURT
April 25, 1995 09:41
Receipt # 17413 Drawer DRAWER1
COPY
Operator: ef
Amount 24.50
Instrument # 95026503
Book # 2132 Page # 969 Time 09:39
Recording Fee 19.50
Copies 4.00
Certification 1.00
Reference: SOUTHERN ST UTIL-MCMANAN CO
Cash 25.00
Refunded 0.50

001.1104.570.02.1050.0000.270

Marion Oaks
WWTP
93CW256

APPENDIX DR305-B
PAGE 2327 OF 2226

ACME STAMP & SIGN CO., INC. 65953

RUBBER STAMPS AND MARKING DEVICES
FOR BUSINESS, PROFESSIONAL OR PERSONAL USE
READY-MADE OR MADE TO ORDER

PHONE 898-5550

FAX 898-6467

• QUALITY-SERVICE

822 N. MILLS AVE.
ORLANDO, FLORIDA 32803

CUSTOMER'S ORDER NO.

DATE April 4 1995

SOLD TO SOUTHERN STATES UTILITIES (SSU SERVICES)

ADDRESS

880-3533 LINDA — 880-3723

QTY	PART NUMBER	DESCRIPTION	PRICE	AMOUNT
1	Rubber	Stamp		10 95
		Gal. pool. bus. 99. 620 /40		
		Charles 904 Bliss 5/1/95		
		FLORIDA SALES TAX		66
		SHIPPING		

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL

RECEIVED BY

CASH TOTAL 11 61

ACME STAMP & SIGN CO., INC. 66584

RUBBER STAMPS AND MARKING DEVICES

FOR BUSINESS, PROFESSIONAL OR PERSONAL USE
READY-MADE OR MADE TO ORDER

PHONE 898-5550 **FAX 898-6467**

• QUALITY-SERVICE

822 N. MILLS AVE.
ORLANDO, FLORIDA 32803

CUSTOMER'S ORDER NO. DATE 5-1 19 95

SOLD TO SJW Sent

ADDRESS

QTY.	PART NUMBER	DESCRIPTION	PRICE	AMOUNT
1	#2 Stamp	Pad		31
		001.90001. 625. 44. 6[illegible]. 140		
		RUBBER STAMPS MARKING DEVICES Charles M. Blue 5/1/95		
		FLORIDA SALES TAX		19
		SHIPPING		

ALL C[illegible] SUPPLIED GOODS MUST BE ACCOMPANIED BY THIS BILL

RECEIVED BY CASH TOTAL 3 34

ACME

0.00 *

0.00 *

0.00 *

Petty Cash

STAMP - 34.00 +

STAMP - 11.61 -

STAMP - 3.34 -

Petty Cash - 19.05 *

Returned to

Vickie Starzyk

PETTY CASH

NUMBER

DATE 4/27/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
Acme Stamp	~~34~~ 00
	3 34
001.90001.625.99.6208.140	11 61
CHARGE TO ACCOUNT TOTAL	14 76

Received By Linda Heeber Approved By V. Starzyk

9872

PETTY CASH

NUMBER

DATE 5/2/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Food Lion - Picture Developing	4	66
Zephyr Shores WWTP		
As Built - Film W/O# 93CW663		
001.1427.570.02.1050.0000.140		
CHARGE TO ACCOUNT TOTAL	4	66

Received By Maudie Salmon Approved By N. Daunyk

9872

001.1427.570.02.1050.0000.140
w/o # 93CW663

FOOD LION #783 STORE PHONE 783-2400
CUSTOMER SERVICE 1-800-210-9569

THANK YOU FOR LETTING ME SERVE YOU!
BERTIE, CASHIER

KODAK GOLD+ 200		4.39 H
**** TAX	.27 BAL	4.66
CASH		10.00
CHANGE		5.34

TOTAL ITEMS PURCHASED 1
5/02/95 11:24 0783 07 0099 14
SAVE UP TO 20% ON SELECTED PRODUCTS
REGISTER NOW FOR OUR M.V.P. PROGRAM

PETTY CASH

NUMBER

DATE 5/2/95

DESCRIPTION OF ITEM/SERVICE PURCHASED		AMOUNT	
Walmart - Photos	w/o		
001.993.570.01.1050.0000.140	93CW662	1	81
001.2701.570.01.1050.0000.140	w/o 94CW479	3	49
CHARGE TO ACCOUNT	TOTAL	5	30

Received By Marti Salmon Approved By V. Dtample

9672

WAL★MART 479

w/o 93CW662 + 94CW ~~463~~

WE SELL
FOR LESS
STORE #1374
STORE #1374 ALTAMONTE SPRINGS, FLORIDA

ST# 1374 OP# 00000024 TE# 28 TR# 03425
PHOTO PROCES 007874220323 - ~~463~~ 479 3.26 J
PHOTO PROCES 007874220323 #140 1.69 J
SUBTOTAL 4.95
SALES TAX 1 0.35
TOTAL 5.30
MCARD TEND 5.30

ACCOUNT [redacted]-10/96.
APPROVAL #YS7178
TRANS ID -
VALIDATION -
PAYMENT SERVICE - N
CHANGE DUE 0.00

TC# 9582326552167 17
THANK YOU
FOR SHOPPING WITH US
04/14/95 17:12:14

CUSTOMER COPY

PETTY CASH

NUMBER

DATE 5/2/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
FDOT Conference	10	00
001.90001.570.99.1059.2000.205		
CHARGE TO ACCOUNT TOTAL	10	00

Received By 9872 _____ Approved By V. Stanzyk

Florida Utilities Coordinating Committee
Coordination Through Cooperation

Received From: Fernando Platin

Ten & 00/100 Dollars

For meeting of Florida Utilities Coordinating Committee

By: _____

APPENDIX DR305-B
PAGE 235 OF 226

PETTY CASH

NUMBER

DATE May 8, 1995

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Office Supplies - Office Depot	8	47
90001.625.99.6208.0000.140		
CHARGE TO ACCOUNT TOTAL	8	47

Received By Linda Hadden Approved By V. Stanzyk

9672

OFFICE DEPOT
7687 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809
(407) 855-9405

90001-625-99-6208-0000-140

210 33 1192 0025 002
SALE 05/06/95 15:21

2661602085 GENIKI TA248 BAT 7.99
MFG. LIST $9.95
SUBTOTAL 7.99
FL 6% SALES TAX .48
TOTAL 8.47

CASH 20.00
CHANGE 11.53

Battery for Panasonic phone Linda Hadden

THANK YOU FOR SHOPPING AND SAVING AT
OFFICE DEPOT

Draftsmans Choice Blueprinting

"Serving Osceola County"

6827

Deliver To School Board Facilities Dept

Address

City/State/Zip

DATE WANTED	TIME WANTED	REMARKS
4-28-95		

QUAN	DESCRIPTION	AMOUNT	
2	Bluelines 30x42	1	74

RECEIVED APR 28 1995 CONSTRUCTION SERVICES

All accounts are due and payable when your order is picked up or delivered. Charges can only be made when a pre-arranged agreement has been made. All unpaid balances bear an interest rate of 18%.

DELIVERY CHGS.

SALES TAX

AMT. DUE 1 74

RECEIVED BY:

718 N. BERMUDA AVENUE • KISSIMMEE, FL 34741 • (407) 933-7770

Arrange O.Sceola School Plats at Medland Estates

90001.625-99.1862.000.135

9HERVOS

Pd 5/2/95 SR

PETTY CASH

NUMBER

DATE 5/8/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Draftsmans Choice Blueprinting	1	74
2 - Bluelines 30x42		
W/O # 94EA008		
90001.625.99.1862.0000125		
CHARGE TO ACCOUNT TOTAL	1	74

Received By Linda Hoelsken Approved By V. Stanzyk

9672

PETTY CASH

Marilyn Donsky $ 7.50

FOR Coffee for 3 meetings @ $2.50 ea

CHARGE TO ACCOUNT 001.90001.570.99.1059.2000.200

SIGNED V. Stanzyk MD DATE 5/9/95

TOPS FORM 3009 LITHO IN U.S.A.

PETTY CASH

Trish Beckham $ 1.50

FOR Coffee for meeting @ Gravity

CHARGE TO ACCOUNT 90001.570.99.1059.2000.200

SIGNED V. Stanzyk DATE 5/9/95

TOPS FORM 3009 LITHO IN U.S.A.

PETTY CASH

NUMBER

DATE 5/18/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
Property Appraiser of Polk	4 00
CHARGE TO ACCOUNT TOTAL	4 00

Received By Nanci Salmon Approved By N. Stanczyk

9672

Approved by Gerald Lewis, Comptroller

Form CF 1
Sec. 219.04, F.S.

EDWIN H. COLEMAN, PROPERTY APPRAISER OF POLK

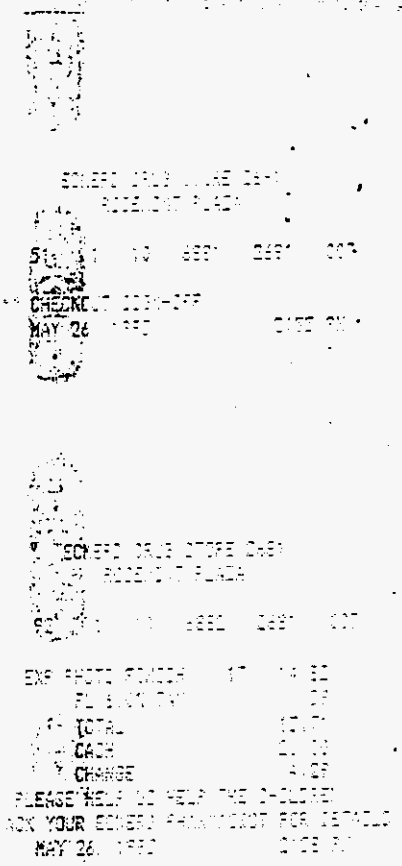
OFFICE OF _____, _____ COUNTY, FLORIDA Nº 4981898A

RECEIVED from Eberle Date 5-12-, 1995

FOR:	$
2 aerials	4.00
Lake Gibson - Polk County	

_____ OFFICER

By Shawn C. Henderson TOTAL $ 4.00



PETTY CASH

NUMBER

DATE 5/26/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Eckerds Photo Finishing	15	71
VLX		
001.90001.570.99.1059.2000.140		
CHARGE TO ACCOUNT TOTAL	15	71

Received By Vicki Stanzyk Approved By V. Stanzyk

9672

PETTY CASH

NUMBER

DATE 4/24/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Walmart - Photo developing	7	30
001.90001.570.99.1059.2000.140		
CHARGE TO ACCOUNT TOTAL	7	30

Received By V. Staiger Approved By V. Staiger

9672

WAL★MART

WE SELL
FOR LESS
STORE #0955
APOPKA, FL

ST# 0955 OP# 00000152 TE# 28 TR# 02917
PHOTO PROCES 007874220323 6.88 J
SUBTOTAL 6.88
SALES TAX 1 0.42
TOTAL 7.30
CASH TEND 20.00
CHANGE DUE 12.70

TC# 86574137821627
04/24/95 13:39:49

PETTY CASH

NUMBER

DATE 5/22/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
~~Gulf Power~~ - Batteries	~~10 00~~
001.90001.580.99.1059.2000.140	5 50
CHARGE TO ACCOUNT TOTAL	5 50

Received By _____ Approved By V. Dawgh

9872

WAL★MART

WE SELL
FOR LESS
STORE #1374
STORE #1374 ALTAMONTE SPRINGS, FLORIDA

ST# 1374 OP# 00000044 TE# 21 TR# 01303
CARD BATTERY 001280038935 2.57 J
CARD BATTERY 001280038935 2.57 J
SUBTOTAL 5.14
SALES TAX 1 0.36
TOTAL 5.50
CASH TEND 10.00
CHANGE DUE 4.50

TC# 7765755034145834
THANK YOU FOR SHOPPING WAL-MART
05/22/95 20:09:20

PETTY CASH

NUMBER

DATE 6/6/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Walmart - keys for 175A Lemoran	2	06
001.90001.570.99.1059.2000.140		
CHARGE TO ACCOUNT TOTAL	2	06

Received By V. Stanzyk Approved By V. Stanzyk

9672

Keys for @ Printcan 175A Lemoran

WAL★MART

WE SELL
FOR LESS
STORE #0955
APOPKA, FL

ST# 0955 OP# 00000265 TE# 22 TR# 00725
[redacted] J
[redacted] J
[redacted] J
KEY 004589910010 0.97 J
KEY 004589910010 0.97 J
SUBTOTAL 7.96
SALES TAX 1 0.48
TOTAL 8.44
CHECK TEND 8.44
CHANGE DUE 0.00

TC# 5660328652541
THANK YOU FOR SHOPPING WITH US
06/06/95 14:49:28

6/08/95 SEMINOLE COUNTY GOVERNMENT-PERMIT FEES RECEIPT 11:39:31
APPL #: PERMIT #: RECEIPT #: 189490
OWNER NAME:
JOB ADDRESS: LOT #:

MAPS & ORDINANCES	36.00	36.00	.00
TOTAL FEES DUE .....:	$36.00		
AMOUNT RECEIVED.....:		$36.00	

_DEPOSITS_NON-REFUNDABLE_

COLLECTED BY: TG BALANCE DUE.....: $.00
CHECK NUMBERS.....: 000680
CASH/CHECK AMOUNTS..: 36.00
COLLECTED FROM.....: J. ERIC KENDRICK
DISTRIBUTION.....: 1 - COUNTY 2 - CUSTOMER 3 - 4 - FINANCE

06-13-95
13-21 0024

4 X
•4•00 a
2 •16•00

•16•00M
•20•00 M
•4•00M

PETTY CASH

NUMBER

DATE 6/15/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Osceola Cty Tax Maps	16	00
Seminole " " "	36	00
.		
9000.580.99.1059.2000.135		
CHARGE TO ACCOUNT TOTAL	52	00

Received By E. Kendrick Approved By V. Dlaczyk

9672

PETTY CASH

NUMBER

DATE 6/20/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Lake County Public Services	36	38
17 Tax maps		
90001.580.99.1059.2000.135		
CHARGE TO ACCOUNT TOTAL	36	38

Received By [signature] Approved By [signature]

9672

STATEMENT

LAKE COUNTY PUBLIC SERVICES
(MAP SALES)
123 N. SINCLAIR AVE.
TAVARES, FL 32778

DATE JUNE 7, 1995

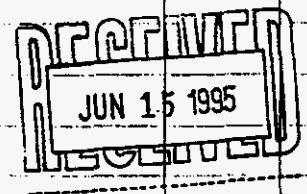
TO ERIC KENDRICK
SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE $

	CORRECTED INVOICE		AMOUNT DUE
1			
	17 Tax Maps @ $2.00	34.00	
	7% TAx	2.38	36.38

DUE UPON RECEIPT

PLEASE MAKE CHECK PAYABLE TO LAKE COUNTY BOARD OF COUNTY COMMISSIONERS AND MAIL TO ABOVE ADDRESS.



TOPS FORM 3809
LITHO IN U.S.A.

YOUR CHECK IS YOUR RECEIPT

PETTY CASH

NUMBER

DATE 6/21/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Office Depot - Back up Tapes for Plotfiles	14	97
90001.625.99.1861.0000.140		
w/o #95RA100		
CHARGE TO ACCOUNT TOTAL	14	97

Received By _____ Approved By V. Stanzyk

9672

OFFICE DEPOT
515 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701
(407) 830-6100

Back up Tapes for plot files
To print Rate maps,
CC01.625.99.1861.0000.140
95RA100

2.10 8674 5978 0030 001-
SALE 06/21/95 09:50

5111143373 3M 2120 FMT DC 13.99
MFG. LIST $25.90
SUBTOTAL 13.99
FL 7% SALES TAX .98
TOTAL 14.97

CASH 20.00

CHANGE 5.03

Charles M. Bliss

THANK YOU FOR SHOPPING AND SAVING AT
OFFICE DEPOT

PETTY CASH

NUMBER

DATE 6/23/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
Masters for Rate Case maps	~~30~~
Tropical Fasteners	38 00
001.90001.625.99.1861.0000.140	
W/O # 95RA100	
CHARGE TO ACCOUNT TOTAL	38 00

Received By _____ Approved By V. Starzyk

9872

Tropical Fasteners

HOT

06/23/95 12:30PM 00055632 838724 1
RELEASE 001

Ship
to : SOUTHERN STATES UTILITIES
175 SEMORAN COMM. PLACE
APOPKA FL 32703

Sold
to : SOUTHERN STATES UTILITIES
175 SEMORAN COMM. PLACE
APOPKA FL 32703

Wh	Customer	S'person	Ent. By	Ordered By	Terms	Ord Date
00	+000000388	/MMC	MELISSA	SUGU-LINDA	NET 0	06/22/95

P.O. Number	P.O. Date	Req Date	Ship Via	Fob
VERBAL- SUGU	06/22/95	06/23/95	PICK-UP COD	

Line	Item Number / Description	DIN	Req Shp D	U/M	Ordered	Shipped	Inspected
001	10FEWSS	ST	06/22/95	EA	300.		
	#10 FENDER WASHER 1"OD STAINLESS						
	UPS RED FROM FACTORY. OKAYED PER LINDA HEIBLER.						
	LOT:000064378 MFG:000072550013450S REC				400.		

300

Washer for Map books

$38.00

Charles M. Bliss 6/26/95

$ 38.00
20.00 Received from V. Stuart 6/22/95
$ 18.00 Balance due. Sugu.

pd cash

0001.62599.1861.0000.140

95RA100

Verified By :

Inspected By :

PETTY CASH

NUMBER

DATE 6/28/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Employee Recognition - Rate		
Case participation		
001. 90001. 515. 99. 6758. 0000. 235		
CHARGE TO ACCOUNT TOTAL	40	80

Received By Carol Marchek Approved By V D Stamps

9872

CO 12:10 VISA MC EXP DATE 10

PHONE

CARD #

236089

TAX

TOTAL $ 40 80

2

PAPA JOHN'S

RECEIPT No. 001133

SEMINOLE COUNTY PUBLIC WORKS
ENGINEERING DIVISION

520 W. Lake Mary Blvd., Suite 200
Sanford, Florida 32773
(407) 323-2500

Date: 6/29/95

PROJECT: _____

Issued To: ERIC KENDRICK

Name of Firm: SOUTHERN STATES

Address: 1000 COLOR PLACE APOPKA

Approved Plans Location: _____

- ☐ Site (A) Permit # _____
- ☐ Subdivision (B) Permit # _____
- ☐ Commercial Driveway (G) Permit # _____
- ☐ Residential Driveway (D) Permit # _____
- ☐ Right-of-Way Use/Site or Subdiv. (c) Permit # _____
- ☐ Right-of-Way Use Utility (U) Permit # _____
- ☐ Concurrency Review Permit # _____

Other Eng plan & copies

AMOUNT PAID $ 6.75 CHECK NO. CASH

RECEIVED BY: L Mosca

White - Customer; Canary - Finance; Pink - Public Works; Goldenrod - Project File

PETTY CASH

NUMBER

DATE 6/29/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
Seminole County Public Works	6 75
Traffic	
90001.580.99.1059.2000.135	
CHARGE TO ACCOUNT TOTAL	6 75

Received By K. Cindy Dale Approved By U. Stanyk

7-ELEVEN
STORE 26830 07-07-95
01 ICE 1.19 TX
SUBTOTAL 1.19
TAX 0.08
BAL DUE 1.27
CASH 5.00
CHANGE 3.73
THANK YOU 1#1170 08:14AM
THANK YOU
DRIVE SAFELY

WAL★MART

WE SELL
FOR LESS
STORE #0955
APOPKA, FL

ST# 0955 OP# 00000403 TE# 23 TR# 00850

HEAVY BASE	008084407103		0.88 J
HEAVY BASE	008084407103		0.88 J
HEAVY BASE	008084407103		0.88 J
HEAVY BASE	008084407103		0.88 J
HEAVY BASE	008084407103		0.88 J
HEAVY BASE	008084407103		0.88 J
SPRITE 2LTR	004900000551	F	0.96 J
CC CLASSIC2	004900000639	F	0.96 J
CF DT COKE2	004900000935	F	0.96 J
JUICE	003120020007	F	2.33 J
COFFEEMATE	005000030622	F	2.17 J
CARAFFE	007874226540		6.88 J
11OZ STN MUG	007874246098		0.88 J
11OZ STN MUG	007874246098		0.88 J
11OZ STN MUG	007874246098		0.88 J
11OZ STN MUG	007874246098		0.88 J
11OZ STN MUG	007874246098		0.88 J
11OZ STN MUG	007874246098		0.88 J
VEG TONGS	002806700251		5.46 J
SPOONS-PLAST	004142600061		0.96 J
PITCHER	007165768770		4.97 J
BOWL BELLY	007874245190		3.97 J
	SUBTOTAL		40.18
SALES TAX 1			2.42
	TOTAL		42.60
	CHECK TEND		42.60
	CHANGE DUE		0.00

TC# 0806365477042
THANK YOU FOR SHOPPING WITH US
07/06/95 18:10:12

PETTY CASH

NUMBER

DATE 7/6/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Walmart - Kitchen Supplies - VLX Deposition	34	78
001.90001.570.99.1059.2000.240		
Walmart - Food - VLX Deposition	$7	82
001.90001.570.99.1059.2000.200		
CHARGE TO ACCOUNT TOTAL	42	60

Received By V. Stanzyk Approved By V. Stanzyk
9672

PETTY CASH

NUMBER

DATE 7/7/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
7- Eleven ice	1	27
VLX Deposition		
001.90001.570.99.1059.2000.200		
CHARGE TO ACCOUNT TOTAL	1	27

Received By V. Stanzyk Approved By V. Stanzyk
9672

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: JJ ENTERED BY: RES

YEAR/PD:	1995-08	SOURCE:	GJ	JOURNAL NUMBER:	19350
COMPANY:	001	BATCH TYPE:	M		
INTERCO. TABLE:	001	REFERENCE CODE:	GJ RES	BATCH NUMBER:	8054

DESCRIPTION: RECLASS TO PROPER ACCOUNT AUTO ACCRUAL? NO

JR	CO	PLANT	RSP	UC	ACCT	SUBA	CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1	001	00001	000	99	2330	1000	000		RECLASS TO 95 RATE CASE	(33.27)
2	001	00001	505	99	1861	0000	200	95RA100	RECLASS FROM TGI	33.27
3	001	00001	999	99	1620	2000	999		RECL TO RESP CTR 565-EXEC RISK INS	(29,822.00)
4	001	00001	565	99	1620	2000	999		RECL FROM RESP CTR 999-EXEC RISK INS	29,822.00
5	001									
6	001									
7	001									
8	001									
9	001									
10	001									
11	001									
12	001									

TOTAL NUMBER OF DISTRIBUTIONS: 4

TOTAL DEBITS: 29,855.27

TOTAL CREDITS: (29,855.27)

TOTAL UNITS (Statistics Only): N/A

*****Page 1 of 1*****

APPENDIX DR 305-B

PAGE 256 OF 2226

Travel Expense and Employee Reimbursement Report

Page 1 of

Employee Name Scott Vierima
Employee No. 10030
Date 7/10/95

Plant/Location Alpha
Mailing Address 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals (RECEIPTS REQUIRED)	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
VAR	AIRPORT PARKING (6)							33.00	33.00	0101011	0100	99	23330	110100	0100	
3/30/95	0600 - LUNCH w/ AP REP.						24.13		24.13	4101904	5100	99	617518	90000	3100	
4/25	DULUTH - MEALS, BOARD MTG						11.34		11.34	0101011	0000	99	23330	110100	0100	
1/22	DULUTH - MEALS, " "						6.36		6.36	0000011	0100	99	23330	110100	0100	
6/25	ALPHA - MEALS, RATE CASE MEETINGS						33.27		33.27	0101011	0000	99	23330	110100	0000	
—	ALPHA - CRG CONF. MEALS						10.00		10.00	0100011	0000	99	23330	110100	0100	
	Totals						85.10	33.00		Total Travel Expense					A	118.10

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										
				Total Other Expenses						B	0

RECEIVED
JUL 12 1995
Accounts Payable

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

I certify that the expenses shown were incurred on company business or on behalf of the company.

G. Vierima 7/10/95
Employee Signature Date

B Clark 7/10/95
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

118.10	Total A + B
—	Less Direct Bill (Tll 1's)
—	Less Co. Credit Cards (Tll 3's)
—	Less Advance
118.10	Owed Employee
—	Owed Company

(12)

Original - Accounting Office

APPENDIX DR 30-B
PAGE 257 OF 2226

Journal Entry Transaction Form

Prepared By:AT Approved By: Entered By:AT

YEAR/PERIOD:	1995-08	Source Code	GJ	Journal #	19531
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	8112
Inter Co. Table	001	Reference Code	GJ 8/95	Auto Accrual?	N

DESCRIPTION: Reclass Rate Case Charges

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.00001.615.99.1861.0000.200	95RA100			MC-F. Ludsen	(37.11)
2	001.00001.615.99.1861.0000.195	95RA100			MC-F. Ludsen	(460.00)
3	001.00001.615.99.1861.0000.200	95RA101			MC-F. Ludsen	37.11
4	001.00001.615.99.1861.0000.195	95RA101			MC-F. Ludsen	460.00
5	001.00001.595.99.1861.0000.140	95RA100			MC-R. Terrero	(40.00)
6	001.90001.595.99.6208.0000.140				MC-R. Terrero	40.00
7	001.00001.591.99.1861.0000.195	95RA100			MC-B. Armstrong	(506.05)
8	001.00001.591.99.1861.0000.200	95RA100			MC-B. Armstrong	(59.47)
9	001.00001.591.99.1861.0000.195	95RA101			MC-B. Armstrong	506.05
10	001.00001.591.99.1861.0000.200	95RA101			MC-B. Armstrong	59.47
11						
12						
13						
14						
15						
16						
17						

Total Number of lines	10
Total Debits	1,102.63
Total Credits	(1,102.63)

APPENDIX DR 30S-B
PAGE 258 OF 2226

VOC

Accounts Payable Voucher

Manual Check #: _____ Date: _____

35161

Vendor Name: RK/C

Date: 6-2-94

Inv #: 534950446.112908 Inv $: 353.92

Due Date: 6-23-94

Discount: _____ Terms: _____

Month/Yr: 6-94

Purchase Order #: _____

Description: E Ludsen

Units: _____

Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CBC	Project Number	Dollar Amount
0001.615.99.1861.0000.206	95RA101	✓ 37.11
0001.615.99.1861.0000.195	95RA101	✓ 146.00
0001.615.99.6758.0000.A5		143.19

SIB 95RA101

Voucher Prepared by: [signature]

RECEIVED

JUN 21 1994

____	____	____	$ ____	____	
____	____	____	$ ____	____	
____	____	____	$ ____	____	
____	____	____	$ ____	____	
____	____	____	$ ____	____	
TOTAL			$ ____		

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: [signature] Date: 6/17/94

(Approval of next level of supervision required)

Approval: [signature] Date: 6/21

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

APPENDIX _____

PAGE _____ OF _____

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name Forrest K. Lucas

Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
90001	615.99.1861	0000.200	$ 37.11 ✓	LUNCH @ CRACKER BARREL - REBUTTAL TESTIMONY
90001	615.99.1861	0000.195	$ 960.00 ✓	PLANE TICKET TO TALLAHASSEE 95RA101
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
			$	
TOTAL			$	

RECEIVED
JUN 21 1994

Inadvertent personal charges in the amount of $ _____ are included on this statement. My person check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Forrest K. Lucas Date: 6/17/94

(Approval of next level of supervision required)

Approval: _____ Date: 6/21

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

APPENDIX _____

PAGE _____ OF _____

Vendor Name: MIC

Date: 6-13-94 Inv #: 534984466123495 Inv $: 623.60

Due Date: 6-23-94 Discount: _____ Terms: _____

Month/Yr: 6-94 Purchase Order #: _____

Description: B Armstrong

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CBC	Project Number	Dollar Amount
00001.591.99.1161.0000.200	94RA002	37.18
00001.591.99.1161.0000.195	95RA100	506.05
00001.591.99.1161.0000.200	95RA100	59.47
90001.505.99.1758.0000.250		20.90

Should be expensed - Jurisdict Proceedings

Voucher Prepared by: [signature]

____	____	____	$ ____	____
____	____	____	$ ____	____
____	____	____	$ ____	____
____	____	____	$ ____	____
____	____	____	$ ____	____
TOTAL			$ 604.60	

RECEIVED
JUN 21 1994
...I SERVICES
...NTS FA...

Inadvertent personal charges in the amount of $ _____ are included on this statement. My pe check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: [signature] Date: _____

(Approval of next level of supervision required)

Approval: [signature] Date: 6/26/94

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

PLEASE RECONFIRM ALL FLIGHTS / SEE REVERSE FOR IMPORTANT INFORMATION

APPENDIX DR 305-B

PAGE 262 OF 2226

APPENDIX _____

PAGE _____ OF _____

SOUTHERN STATES UTILITIES, INC.

CORPORATE CHARGE CARD EXPENSES DETAIL

Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
00001.591	.99.1861.0000.200	94RA002	$ 19.00	BPA/B. Grantmyre Dinner - Uniform Rate Case
00001.591	.99.1861.0000.195	95RA101	$ 46.05	BPA/FLL Car Rental - FPSC Jurisdictional Proceeding
00001.591	.99.1861.0000.195	95RA101	$ 460.00	Airfare to Tallahassee - FPSC Jurisdictional Proceeding
00001.591	.99.1861.0000.200	95RA101	$ 14.81	BPA/FLL Lunch - FPSC Jurisdictional Proceeding
00001.591	.99.1861.0000.200	95RA101	$ 44.66	BPA/FLL/KAH Lunch - FPSC Jurisdictional Proceeding
00001.591	.99.1861.0000.200	95RA102	$ 20.08	BPA/FLL Lunch - Hernando County Jurisdictional Proceeding
			$	
			$	
			$	
			$	
			$	
			$	
TOTAL			$ 604.60	

RECEIVED
JUN 21 1994
SERVICES
ACCOUNTS PAYABLE

Inadvertent personal charges in the amount of $ _____ are included on this statement. My pe check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: _____ Date: _____

(Approval of next level of supervision required)

Approval: Karla Olson Teadry Date: 6/20/94

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

* Requires verbal approval

Approved by: for R. Tim 7/11/95

Accounts Payable Voucher

Manual Check #: _____ Date: _____

Vendor #: ~~3609~~ 3765 Vendor Name: D. Rhoads-Petty Cash

Inv Date: 7.10.95 Inv #: _____ Inv $: 395.08

Due Date: 7.12.95 Discount: _____ Terms: _____

Month/Yr: 7.95 Purchase Order #: _____

Description: Petty Cash Fund

Units: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.605.99.1861.0000.200	95RA100	4.47
1806.570.02.1050.0000.271	94C10446 *	65.50
90001.591.99.6208.0000.135		27.10
90001.565.99.6758.0000.240		11.78
00001.605.99.1862.0000.135	94EA015	15.00
90001.600.99.6758.0000.205		20.00
90001.565.99.6508.0000.160		88.90
90001.515.99.6208.0000.140		13.56
00001.605.99.1861.0000.140	95RA100	10.15
90001.605.99.6758.0000.250		10.15
90001.591.99.6758.0000.250		4.00
00001.605.99.1861.0000.200	95RA100	27.47
90001.590.99.6758.0000.165		10.00
90001.515.99.6758.0000.201		10.00
560.570.01.1050.0000.270	94CC512 *	30.00
989.570.01.1050.0000.270	93CW255 *	17.00
987.570.01.1050.0000.270	94CW062 *	30.00

SOUTHERN STATES UTILITIES, INC.
PETTY CASH VOUCHER

Pg. 1 of 2

DATE	VENDOR	PLANT	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	FOR GENERAL OFFICE USE ONLY: GENERAL LEDGER ACCOUNT NO.
				BEGINNING BALANCE IN FUND	104.92	
6/28/95	M. Dorsey	00001	Coffee & Cups-Rate Cs. mtg	M. Dorsey	4.47 ✓	(93RA100) 001.00001.605.99.1861.0000.200
4/17/95	Clerk Cir. Court	90001	Commencement Notices	W. Hendricks	65.50 ✓	001.01806.570.02.1050.0000.271
4/22/95	Orange Cnty Lib.	90001	Copy Card	D. Henry	5.00 ✓	001.90001.591.99.6208.0000.135
4/30/95	Albertson's	90001	Kitchen Supplies	Arlene Gethleman	6.90 ✓	001.90001.565.99.6758.1800.240
5/13/95	Orange Cnty Lib.	90001	Copies	D. Henry	5.00 ✓	001.90001.591.99.6208.0000.135
5/13/95	Pharmor	90001	Lunch Room Supplies	Arlene Gethleman	2.21 ✓	001.90001.565.99.6758.1800.240
5/22/95	OSC c/o Cnty Clerk of C	00001	Copies Made	Chuck Bliss	15.00 ✓	001.00001.625.99.1862.0000.135
5/15/95	Central Fl. Human Resource Assn.	90001	Dinner Meeting	Donna Clausen	20.00 ✓	001.90001.600.99.6758.0000.205
5/15/95	FPSC	90001	diskette - weekly Summary of Orders	Donna Henry	3.50 ✓	001.90001.591.99.6208.0000.135
06/01/95	Earl K. Wood	90001	Trailer Registration	John Hilton	25.60 ✓	001.90001.565.99.6508.0000.160
06/01/95	Earl K. Wood	90001	Tag Purchase	John Hilton	35.10 ✓	001.90001.565.99.6508.0000.160
6/6/95	Office Depot	90001	Office Supply	Ginger Clark	13.56 ✓	001.90001.515.99.6208.0000.140
6/12/95	Eckerd Drugs	00001	Film Purchase	JoAnn Harris	10.15 ✓	001.00001.605.99.1861.0000.250
6/17/95	Eckerd Drugs	90001	Film Purchase	JoAnn Harris	10.15 ✓	001.90001.605.99.6758.0000.250
6/29/95	Earl K Wood	90001	TAG Registration	John Hilton	28.20 ✓	001.90001.565.99.6508.0000.160
7/12/95	Seminole Cnty	90001	Aerial Map	Donna Henry	4.00 ✓	001.90001.591.99.6758.0000.250
				FUND REIMBURSEMENT		
				ENDING FUND BALANCE		

Prepared By _____ Date _____

Approved By _____ Date _____

APPENDIX DR305-B
PAGE 264 OF 2216

SOUTHERN STATES UTILITIES, INC.
PETTY CASH VOUCHER

DATE	VENDOR	PLANT #	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	FOR GENERAL OFFICE USE ONLY: GENERAL LEDGER ACCOUNT NO.
				BEGINNING BALANCE IN FUND		
6/23/95	Goodings	00001	Food for Customer Serv. Rate Ca. TRAINING	M. Dorsey	$11.91 ✓	001.00001.605.99.1861.0000.200
6/23/95	Dunkin Donut.	00001	Food for Rate Ca. TRAINING	M. Dorsey	$15.56 ✓	001.00001.605.99.1861.0000.200
6/7/95	Albertsons	90001	Lunch Room Supply	A. Gettleman	2.67 ✓	001.90001.565.99.6758.1800.240
4/26/95	U.S. Post Off.	90001	Postage	M. Dorsey	10.00 ✓	001.90001.590.99.6758.0000.185
6/21/95	PSC	90001	Disk of Weekly Summary	D. Henry	6.70 ✓	001.90001.591.99.6208.0000.135
7/7/95	PSC	90001	Copies of Orders	D. Henry	4.30 ✓	001.90001.591.99.6208.0000.135
6/22/95	Library	90001	Copy of Listing of Librarie	E. Ballard	2.60 ✓	001.90001.591.99.6208.0000.135
7/7/95	Nations Bk.	90001	CA Shier Check	K. Ritter	10.00	001.90001.515.99.6758.0000.201
7/7/95	Lake County	00560	Recording Fees	J. Sturdevant	30.00	94CC512 001.00560.570.01.1050.0000.270
7/6/95	Citrus Cnty	00989	Recording Fees	J. Sturdevant	17.00	93CW235 001.00989.570.01.1050.0000.270
7/6/95	Citrus Cnty	00987	Recording Fees	J. Sturdevant	30.00	94CW042 001.00987.570.01.1050.0000.270
				FUND REIMBURSEMENT	$395.08	
				ENDING FUND BALANCE	$500.00	

Debra Rhoads — Prepared By — 7/10/95 — Date

V M Clark — Approved By — 7/10/95 — Date

APPENDIX DR 305-B
PAGE 165 OF 226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 23725 Vendor Name: Jeff Wilson

Inv Date: 8.8.95 Inv #: 286 Inv $: 67.96

Due Date: 8.9.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.120.99.1861.0000.XX	95RA100	✓67.96

Voucher Prepared by: _____

Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name: Jeffrey Wilson
Employee No.: 286
Date: 8/8/95
Plant/Location: 90001
Mailing Address: 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													915
8/3/95	95 Rate Filing (DINNER + BREAKFAST)						58.40		58.40	9101010	6210	919	617558	900100	21010	915IRIA11010
	Dade County Information						9.56		9.56	9101010	6210	919	617558	900100	21010	915IRIA11010
	To FPSC															
Totals							67.96		67.96	Total Travel Expense A						

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										
					Total Other Expenses B						

RECEIVED
AUG 04 1995
Accounts Payable

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

I certify that the expenses shown were incurred on company business or on behalf of the company.

Jeffrey Wilson 9/3/95
Employee Signature Date

J. L. Cuebas 9/3/95
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
9101011	6210	919	617558	900100	21010	915IRIA11010	58.40
9101011	6210	919	617558	900100	21010	915IRIA11010	9.56

67.96	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
67.96	Owed Employee
	Owed Company

TVL(7/92)

Original Accounting Office

APPENDIX DR305-B
PAGE 1671 OF 2226

...ONEY'S #1198
* DRAFT COPY *
Order # 0112
DUPLICATE COPY

TBL#045 PTY#02
Name : LENORA

1 BRK BAR M-F	3.99
1 BRK BAR M-F	3.99
1 COFFEE	0.95
1 WATER ONLY	
SUB	8.93
TAX	0.63
TOTAL	9.56

10:37 03 01 8/01/95

Jeff Wilson & Tony Issacs

COME ON IN FOR THE BEST SEAFOOD IN TOWN, WITH A TRIP TO OUR FAMOUS SEAFOOD BAR. FISH, SHRIMP, CRAB AND A WHOLE LOT MORE. FRI. AND SAT. 5P.M. TO 9P.M. $7.99

...N STEAKS
OF TALLAHASSEE
2400 North Monroe St.
Tallahassee, FL 32303

EMP: DANIELLE M
Date 07-31-95 Time 22:07

Card-Holder wilson/jm AMEX
Card-Number 372151158611013 3/98
Auth-Code.. 25 Ctrl: 59130

AMOUNT: 48.40

TIP: 10.00

TOTAL: 58.40

X Jeffrey Wilson
Cardmember agrees to pay total in accordance with agreement governing use of such card. Tony Issacs

** CUSTOMER COPY **

Accounts Payable Voucher

proved by: _____ Manual Check #: _____ Date: _____

Vendor #: 35601 Vendor Name: M/C

Inv Date: 7.24.95 Inv #: 5349504650713381 Inv $: 173.79

Due Date: 8.9.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: —

Description: J. Smith

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000 1.000.99.1840.0000.000		(379.00)
9000 1.605.99.6758.0000.200		10.44
↓ .195		528.00
0000 1.605.99.1861.0000.200	95RA100	14.35

Voucher Prepared by: _____

06-27	DE [illegible] 00614126529971 WINTER PARK FL	78410195177127949329789 3058	379.00CR
06-28	CRACKER BARREL # 117 NAPLES FL	06-20 75425855178461281170585 5812	10.44
07-05	FRESCOS DE LAND FL	06-30 70453265182207448431812 5812	14.35
07-17	DELTA 00614163755323 WINTER PARK FL	07-13 78410195197360514855088 3058	528.00
07-18	PAYMENT RECEIVED - THANK YOU	07-18 75349505199000009001752	468.94PY

SAVE BIG! SAVE SMART! USE YOUR MASTERCARD CARD AND MASTERVALUES COUPONS THIS SUMMER TO SAVE 10%-30% ON SELECT MERCHANDISE INSTANTLY AT DOZENS OF RETAILERS NATIONWIDE.

TO AVOID ADDITIONAL FINANCE CHARGE ON PURCHASES PAY ENTIRE NEW BALANCE BY PAYMENT DUE DATE. THERE IS NO GRACE PERIOD FOR CASH ADVANCES.

RECEIVED
JUL 3 1 1995
Accounts Payable

REDACTED

FINANCE CHARGE

A: $ .00 $ .00
FIRST $2,000 1.5000%18.00%
OVER $2,000 1.3750%16.50%

$ .00 RATE 2.0 % $ 2: 15 $ .00

CREDIT LINE $ 2,500 | NUMBER OF DAYS IN BILLING CYCLE 28
AVAILABLE CREDIT $ 2,326 | STATEMENT CLOSING DATE JUL 24,1995
ANNUAL PERCENTAGE RATE % | MINIMUM PAYMENT DUE $ .00
PAYMENT DUE DATE AUG 18,1995

PREVIOUS BALANCE	$ 468.94
PURCHASES & OTHER CHARGES	+ 552.79
CASH ADVANCES	+ .00
CREDITS	- 379.00
PAYMENTS	- 468.94
LATE CHARGE	+ .00
FINANCE CHARGE	+ .00
NEW BALANCE	= $ 173.79

* SEND INQUIRIES TO:
CARD CENTER
P.O. BOX 2321
ORLANDO, FL 32802-2321

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name Tracy L. Smith Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
00001.	000.99.1840.	0000.000	$ (379.00)	Credit for returned airline ticket
001.9001.	605.99.6758.	0000.200	$ 10.44	legislative meeting, Naples, dinner
00001.	605.99.1861.	0000.200 95RA100	$ 14.35	Gov. relations rate filing meeting
			$	with legislative aide, Deland, Lunch
00001.	605.99.6758.	0000.195	$ 528.00	Am. Water Resources Assoc. meeting
			$	in Key West, Airfare
			$	
			$	
			$	
			$	
			$	
			$	
TOTAL			$ 552.79	

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Tracy L Smith Date: Aug 2, 1995

(Approval of next level of supervision required)

Approval: [signature] Date: 8/2/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

Approved by: Manual Check #: Date:

Vendor #: 3561 Vendor Name: M/C

Inv Date: 8.3.95 Inv #: 5349504616142134 7 Inv $: 176.32

Due Date: 8.16.95 Discount: Terms:

Month/Yr: 8-95 Purchase Order #:

Description: K. Shaffer

Units: Job Code:

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1161.0000.200	95RA100	176.32

Voucher Prepared by:

			$	
			$	
			$	
			$	
TOTAL			$ 176.32	

Inadvertent personal charges in the amount of $ -0- are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

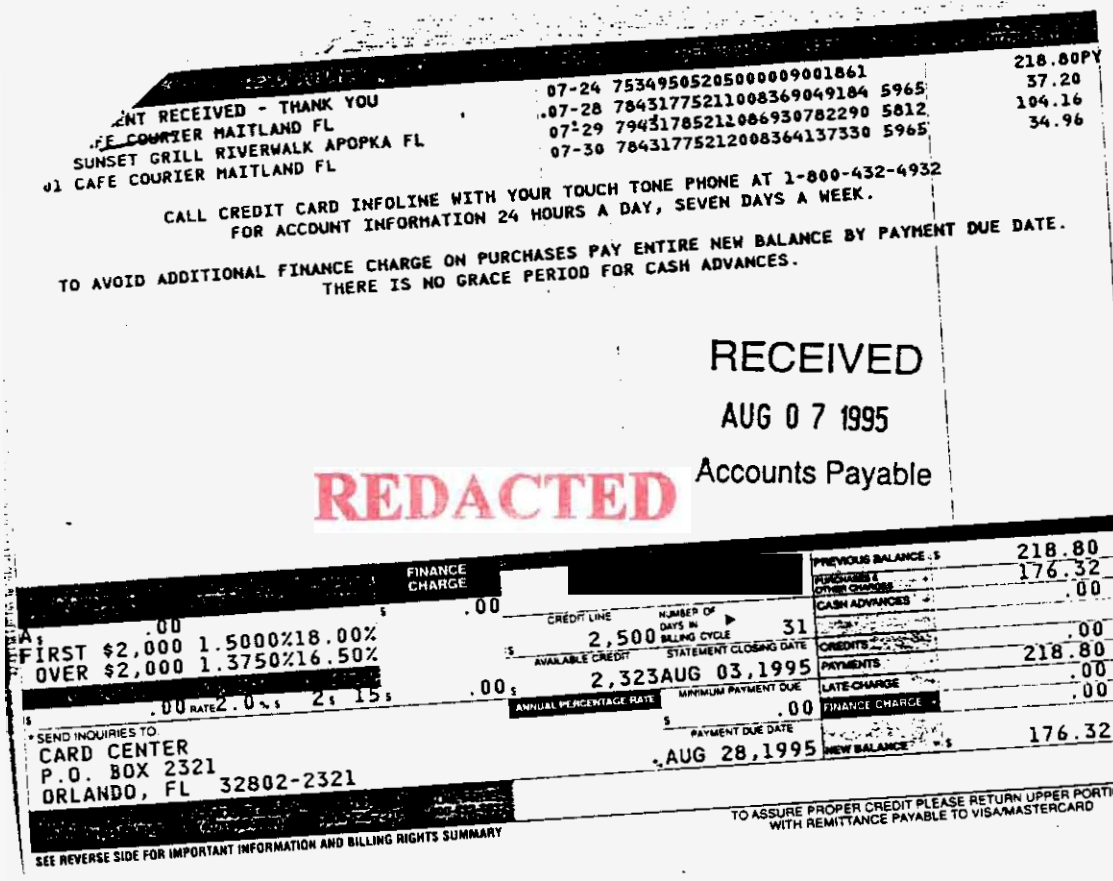
Employee Signature: K. L. Shaffer Date: 8/9/95

(Approval of next level of supervision required)

Approval: R. Bruno Date: 8/10/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY:



ENT RECEIVED - THANK YOU
FE COURIER MAITLAND FL
SUNSET GRILL RIVERWALK APOPKA FL
01 CAFE COURIER MAITLAND FL

07-24 75349505205000009001861 218.80PY
07-28 78431775211008369049184 5965 37.20
07-29 79431785211086930782290 5812 104.16
07-30 78431775212008364137330 5965 34.96

CALL CREDIT CARD INFOLINE WITH YOUR TOUCH TONE PHONE AT 1-800-432-4932
FOR ACCOUNT INFORMATION 24 HOURS A DAY, SEVEN DAYS A WEEK.

TO AVOID ADDITIONAL FINANCE CHARGE ON PURCHASES PAY ENTIRE NEW BALANCE BY PAYMENT DUE DATE.
THERE IS NO GRACE PERIOD FOR CASH ADVANCES.

RECEIVED
AUG 0 7 1995
Accounts Payable

REDACTED

PREVIOUS BALANCE	218.80
PURCHASES & OTHER CHARGES	176.32
CASH ADVANCES	.00
	.00
CREDITS	218.80
PAYMENTS	.00
LATE CHARGE	.00
FINANCE CHARGE	
NEW BALANCE	176.32

FINANCE CHARGE: $ .00
A $ .00
FIRST $2,000 1.5000%18.00%
OVER $2,000 1.3750%16.50%
.00 RATE 2.0 % $ 2 15 $ .00

CREDIT LINE: 2,500
AVAILABLE CREDIT: 2,323
NUMBER OF DAYS IN BILLING CYCLE: 31
STATEMENT CLOSING DATE: AUG 03,1995
ANNUAL PERCENTAGE RATE
MINIMUM PAYMENT DUE: $ .00
PAYMENT DUE DATE: AUG 28,1995

* SEND INQUIRIES TO:
CARD CENTER
P.O. BOX 2321
ORLANDO, FL 32802-2321

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

Vendor Name: M/C

Inv #: 534950466142134? Inv $: 688.29 677.29

Discount: Terms:

Month: 4.95

Purchase Order #: —

Description: K. Shafter

Units: Job Code:

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000162099.1861.0000.200	95RA100	688.29 677.29

Voucher Prepared by:

	APOPKA FL	08-12 79431785225066931564139	5812 89.44
	WALK APOPKA FL	08-13 79431785226086933579878	5812 58.95
	APOPKA FL	08-14 88415755237078973951054	5812 33.13
	MAITLAND FL	08-18 78431776232008369072397	5965 61.99
	URIER MAITLAND FL	08-19 78431775232008365175160	5965 72.76
	ET GRILL RIVERWALK APOPKA FL	08-19 79431785232086932646829	5812 75.70
	CAFE COURIER MAITLAND FL	08-17 78431775230008364866266	5965 94.86
-21	CAFE COURIER MAITLAND FL	08-17 78431775230008364866118	5965 110.53
08-22	PAYMENT RECEIVED - THANK YOU	08-22 75349505254000009001221	176.32PY
08-22	SUNSET GRILL RIVERWALK APOPKA FL	08-20 79431785233086933601848	5812 90.93

CALL CREDIT CARD INFOLINE WITH YOUR TOUCH TONE PHONE AT 1-800-432-4932
FOR ACCOUNT INFORMATION 24 HOURS A DAY, SEVEN DAYS A WEEK.

TO AVOID ADDITIONAL FINANCE CHARGE ON PURCHASES PAY ENTIRE NEW BALANCE BY PAYMENT DUE DATE.
THERE IS NO GRACE PERIOD FOR CASH ADVANCES.

RECEIVED
SEP 0 8 1995
Accounts Payable

REDACTED

FINANCE CHARGE				
A $ .00	$ .00		PREVIOUS BALANCE $	176.32
FIRST $2,000 1.5000%18.00%			PURCHASES	688.29
OVER $2,000 1.3750%16.50%			CASH ADVANCES	.00
			OTHER CHARGES	
$ .00 RATE 2.0 % $ 2.15 $ .00	$ 1,811	SEP 04,1995	CREDITS	.00
			PAYMENTS	176.32
			LATE CHARGE	.00
			FINANCE CHARGE	.00
			NEW BALANCE $	688.29

CREDIT LINE $ 2,500 | NUMBER OF DAYS IN BILLING CYCLE 32 | AVAILABLE CREDIT | STATEMENT CLOSING DATE | ANNUAL PERCENTAGE RATE | MINIMUM PAYMENT DUE $ .00 | PAYMENT DUE DATE *SEP 29,1995

* SEND INQUIRIES TO:
CARD CENTER
P.O. BOX 2321
ORLANDO, FL 32802-2321

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

Accounts Payable Voucher

roved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1081 Vendor Name: Matt Feil

Inv Date: 9.12.95 Inv #: _____ Inv $: 14.68

Due Date: 9.20.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.591.99.1861.0000.200	95RA100	9.43
90001.591.99.6508.0000.160		5.25

Voucher Prepared by: [signature]

SSU
Travel Expense and
Employee Reimbursement Report

Page ____ of ____

Employee Name Matt Feil
Employee No.
Date 9-12-95

Plant/Location Arapko
Mailing Address 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
			RECEIPTS REQUIRED													
8/29	Tolls (Deep Creek)	2						5.25	5.25	900001	5911	99	16508	00000	1600	
9/7	Dinner re: Rate Case	2					6.28		6.28	000001	5911	99	18161	00002	00	9SRA100
9/13	Food	2					3.15		3.15	001001	5911	99	18161	0000	200	
	Totals								14.68							Total Travel Expense A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

RECEIVED SEP 18 1995 Accounts Payable

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature 9-14-95 Date

Supervisor Signature 9-15-95 Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

14.68	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
14.68	Owed Employee
	Owed Company

L(7/92) Original . ...unting Office

APPENDIX DR 305.B
PAGE 276 OF 2226

WELCOME TO BURGER KING
HAVE A NICE DAY!!

STORE # 5767

DRW #13 9/13/95 16:26

1	DIET COKE	0.99
2	CHEZBURGER	1.98
	SUB-TOTAL	2.97

SALE #162640

YOUR ORDER # IS 40

TAX	0.18
CAR TOTAL	3.15
CASH TENDERED	3.15
CHANGE	0.00

THANK YOU!
PLEASE STOP IN AGAIN!

WED SEP 13 1995 16:26:27

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 8740 Vendor Name: Donna Hendl

Inv Date: 9.12.95 Inv #: 301 Inv $: 20.61

Due Date: 9.20.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.591.99.1861.0000.160	95RA100	13.92
↓ .200	95RA100	6.69

Voucher Prepared by: _____

APPENDIX DR305-B

PAGE 278 OF 2776

SSU

Travel Expense and Employee Reimbursement Report

Page ____ of ____

Employee Name: Donna Henry
Employee No.: 301
Date: 9-12-95

Plant/Location: Apopka
Mailing Address: 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals (RECEIPTS REQUIRED)	Lodging (RECEIPTS REQUIRED)	Meals (inc tips) (RECEIPTS REQUIRED)	Other (RECEIPTS REQUIRED)	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
* 8/24	Milege to Fed Ex-Longwood	2	14.2	4.26					4.26	00000	11	5911	99	18161	00000	11000	95RA101C
* 8/28	Kinko's - Alt. Spgs	2	9	2.70					2.70								
* 8/30	Kinko's - Alt. Spgs	2	9	2.70					2.70								
* 9/5	Fed Ex - Longwood		14.2	4.26					4.26				↓				↓
8/28	Dinner while working for Rate Case	2					6.69		6.69	00000	11	5911	99	18161	00000	00000	95RA101C
	Totals								20.61	Total Travel Expense A							

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies										
	Telephone										
	Postage										
	Other (Describe)										

RECEIVED SEP 18 1995

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Donna Henry 9/12/95
Employee Signature Date

B P Cox 9/15/95
Supervisor Signature Date

Accounts Payable
Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

20.61	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's
	Less Advance
20.61	Owed Employee
	Owed Company

TVL(7/92) * After hours

Original - Accounting Office

APPENDIX DR 365-B
PAGE 279 OF 2726

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3765 Vendor Name: Dan Rhoads - Petty Cash

Inv Date: 10.4.95 Inv #: _____ Inv $: 458.72

Due Date: 10.11.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: _____

Description: Petty Cash

Units: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.565.99.6758.0000.215		4.71
90001.500.99.6758.0000.200		210.00
00001.591.99.1861.0000.200	95RA100	16.00
90001.515.99.6758.0000.185		28.00
90001.600.99.6758.0000.205		18.00
90001.591.99.6758.0000.250		4.06
90001.185.99.6508.0000.160		23.96
90001.590.99.6758.0000.185		25.00
90001.515.99.6758.0000.205		25.00
90001.600.99.6758.0000.185		10.75
90001.565.99.6508.0000.160		35.10
90001.591.99.6208.0000.135		1.10
00001.666.99.4260.2000.000		28.54 OK
323.175.01.6204.0000.125		28.50

3765

SOUTHERN STATES ...ITIES, INC.
PETTY CASH VOUCHER

DATE	VENDOR	PLANT	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	FOR GENERAL OFFICE USE ONLY: GENERAL LEDGER ACCOUNT NO.
				BEGINNING BALANCE IN FUND	$41.28	
9/30/95	Albertson's	90001	Soap & Brush - Lunch Rm.	Arlene Gethleman	4.71	001.900N.365.99.6758.0000.215
10/2/95	WALMART	90001	Supplies for Exec. Planning Mtg	Vicki Starzyk	.73	001.90001.500.99.6758.0000.200
10/2/95	Discount Party Store	90001	Supplies for Exec. Planning Mtg	Vicki Starzyk	23.44	001.90001.500.99.6758.0000.200
10/2/95	Goodings	90001	Supplies for Exec. Plan. Mtg	Vicki Starzyk	18.60	001.90001.500.99.6758.0000.200
10/2/95	Publix	90001	Food for Exec. Planning Mtg	Vicki Starzyk	47.36	001.90001.500.99.6758.0000.200
10/3/95	Nicki "D"'s	90001	Food for Exec. Planning Mtg.	Vicki Starzyk	100.00	001.90001.500.99.6758.0000.200 (95RA100)
9/29	China Star	90001	Luncheon Mtg. Donna	Donna Henry	16.00	001.00001.591.99.1861.0000.200
9/19	Taxi Service	90001	Transportation from Airport	Morris Bencini	10.00	001.90001.515.99.6758.0000.195
9/20	Orl. Int. Airport	90001	Tolls & Parking	Morris Bencini	16.00	001.90001.515.99.6758.0000.195
9/20	Target	90001	J. Achievement Supplies	R. Harwell	8.54	001.00001.000.99.4260.9000.000
9/18	Central A. Human Resource Ass.	90001	Dinner	C. Chesko	18.00	001.90001.99.6758.0000.205
9/14/95	Signature Plaz.	90001	Parking Fee	Lisa Killer	2.00	001.90001.99.6758.0000.195
9/13/95	Albertsons	90001	Wooten's Property Dispute	D. Henry	4.06	001.90001.591.99.6758.0000.250
9/12/95	7-Eleven	90001	GAS for Vehicle #1	M. Dorsey	15.01	001.90001.590.99.6508.0000.160 (185)
8/29	Chamber of Comm.	90001	Luncheon	JoAnn Harris	20.00	001.00001.000.99.4260.9000.000
8/29	US Post Office	90001	Stamps	Marilyn Dorsey	25.00	001.90001.590.99.6758.0000.185
				FUND REIMBURSEMENT		
				ENDING FUND BALANCE		

Deidra Rhoads
Prepared By

10/4/95
Date

Approved By

Date

RECEIVED
OCT 04 1995
Accounts Payable

APPENDIX DR 30S.B
PAGE 181 OF 2226

00001. 591. 99. 1861:0000.200
95 RA100

Food - Rate Case Discovery

SERVER	TABLE	GUESTS	CHECK NUMBER
(MJP/DLH)			907-46

D. Stevens

(2) m. spk 13.90

6% Tax 0.84

14.74

tip 1.26

16.00

TAX

TOTAL

ARC 362G

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3765 Vendor Name: Diedra Rhoads - Petty Cash

Inv Date: 10.31.95 Inv #: _____ Inv $: 228.74

Due Date: 11.1.95 Discount: _____ Terms: _____

Month/Yr: 1095 Purchase Order #: —

Description: Petty Cash

Units: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.591.99.1861.0000.200	95RA100	85.59
554.185.01.6206.0000.125		14.37
90001.590.99.6758.0000.185		15.00
↓ .600 ↓		15.00
90001.591.99.6208.0000.135		3.00
00001.650.99.1740.0000.200		10.45
↓ .185		10.75
001.185.99.6508.0000.160		20.13
00001.000.99.4260.2000.000		5.07
90001.605.99.6758.0000.A5		2.00
90001.515.99.6758.0000.210		22.74
90001.605.99.6758.0000.200		8.31
90001.565.99.6758.0000.250		8.40
90001.515.99.6758.0000.200		5.98

Form PC

RECEIVED
OCT 3 1 1995
Accounts Payable

SOUTHERN STATES UTILITIES, INC.
PETTY CASH VOUCHER
Deidra Rhoads - 3765

DATE	VENDOR	ACCOUNT	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	FOR GENERAL OFFICE USE ONLY: GENERAL LEDGER ACCOUNT NO.
				BEGINNING BALANCE IN FUND	$271.21	
10/30	Goodings	00001	Food-Use+Useful Mtg.	Donna Henry	28.35 ✓	(95RA100) 00001.591.99.1861.0000.200
10/30	Subway	00001	Food-Use+Useful mtg.	Donna Henry	57.24 ✓	(95RA100) 00001.591.99.1861.0000.200
10/30	Orlando Paving	00554	Asphalt-Repair	Fred Koontz	16.37 ✓	00554.185.99.6206.0000.125
10/26	Post Office	90001	Postage	Marilyn Dorsey	15.00 ✓	90001.590.99.6758.0000.185
10/23	FPSC	90001	Copies of ORders	Donna Henry	3.00 ✓	90001.591.99.6208.0000.135
10/19	Goodings	00001	Food-00U Pre-Closing Mtg.	Joyce Helcher	10.45 ✓	00001.650.99.1740.0000.200
10/20	Mobil	90001	GAS	Deidra Rhoads	10.13 ✓	90001.515.99.6508.0000.160
10/20	Albertsons	90001	Food-Budget Training Mtg	Deidra Rhoads	5.98 ✓	90001.515.99.6758.0000.200
10/17	7-11	90001	GAS	Steve Gallis	10.00 ✓	90001.565.99.6758.0000.160
10/19	Walgreens	00001	Candy - J. Ack. Rel/ASS	Roula Harwell	2.96 ✓	00001.000.99.4260.9000.000
10/12	Walgreens	00001	Candy - J. Ack. Class (Springlia)	Roula Harwell	2.11 ✓	00001.00.99.4260.9000.000
10/14	U.S. Post Office	00001	Postage Re: Sale to Links Properties	Joyce Helcher	10.75 ✓	00001.650.99.1740.0000.185
10/6	Orlando Centerplex	90001	PARKING - ENVIRONMENTAL Exp.	Joanne Harris	2.00 ✓	90001.605.99.6758.0000.195
10/10/95	AAA Sew-Vac.	90001	Repairs RPS Vacuum	Kathleen Rihn	22.74 ✓	90001.515.99.6758.0000.210
10/6/95	Boston Chicken	90001	Lunch - ENVIRONMENTAL Exp.	Joanne Harris	8.31 ✓	90001.605.99.6758.0000.200
10/04/95	U.S. Post Office	90001	Postage - Human Resources	Steve Gallis	15.00 ✓	90001.600.99.6758.0000.185
10/05/95	Fla. Marking Products	90001	New door sign	John Hilton	8.40 ✓	90001.565.99.6758.0100.250
				FUND REIMBURSEMENT	$228.79	
				ENDING FUND BALANCE	$500.00	

Deidra Rhoads — Prepared By — 10/31/95 Date

V H Clark — Approved By — 10/31/95 Date

APPENDIX DR305-B
PAGE 154 OF 1116

.00 CHANGE

0000.591.99.1861.0000.200
95RA100
95 Rate Case - Used+Useful
Mtg.

SAVE MORE WITH
DOUBLE COUPONS....
ONLY AT GOODING'S!

Donna Henry

GOODING'S SUPERMARKETS
2231 E. SERAN BLVD
10/30/95 11 12AM STORE 0019
CUST 03 REG 12 OPR 113

RUF POT CHIP	1.99*NX
COKE CLASSIC 2LT	1.09*T
DIET COKE	1.09*T
COKE CLASSIC 2LT	1.09*T
PRODUCE	19.99*NX
DIX PARTY CUP 16	1.19 T
SPRWARE DINR PLT	1.09 T
TOTAL *	28.35
TOTAL *	28.35
CASH TEND	40.00
SUBTOTAL	27.99
TAX PAID	.36

11.65 CHANGE

ORDER SUMMARY
7 TOT ITEMS 27.99

SAVE MORE WITH
DOUBLE COUPONS....
ONLY AT GOODING'S!

Donna Henry

SUBWAY
SANDWICHES & SALADS

10-30-95 339001
REG 11:18 CLERK 1 8

6 X @1.39
PARTY PLATTER
I $8.34
ITEM CORRECT .....
6 X @1.39
PARTY PLATTER
I $8.34
SUBTOTAL $0.00
6 X @9.00
PARTY SUB I $54.00
SUBTOTAL $57.24

TAX COLLECTED 1 $3.24
SUBTOTAL $57.24
CASH $60.00
CHANGE $2.76

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1457 Vendor Name: Jan Spy - Kathy Cash

Inv Date: 10.9.95 Inv #: _____ Inv $: 136.79

Due Date: 10.18.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: _____

Description: Kathy Cash

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.625.99.1861.0000.135	95RA100	2.85 ✓
00001.515.99.1861.0000.200	95RA100	30.00 ✓
00001.570.99.1059.2000.140		67.28
.175		21.39
.200		15.27

Voucher Prepared by: _____

SOUTHERN STATES UTILITIES, INC.
PETTY CASH VOUCHER
Page 1 of 1

145

Date	Vendor	Plant	Material/Supplies/Service Purchased and Intended Use	Beginning Balance	Amount	General Ledger Account Number
	Beginning Balance			$193.52		
9/18/95	*Check Received from A/P*			500.00	306.48	
9/18/95	Seminole County Board of Commissioners	90001	Copies of Seminole County "Code" for Rate Case (Fernando Platin)	497.15	2.85	90001.625.99.1861.0000.000 W.O. #95RA100
9/20/95	Papa Johns Pizza	90001	Lunch for employees folding Customer Notices for Rate Case	467.15	30.00	90001.515.99.1861.0000.200 W.O. #95RA100
9/27/95	Office Depot	90001	Transparencies & frames	432.95	34.20	90001.570.99.1059.2000.140
9/28/95	Radio Shack	90001	Antenna for cell phone	411.56	21.39	90001.570.99.1059.2000.175
10/2/95	Marilu Salmon	989	Lunch - FDOT Meeting in Sugar Mill Woods	407.96	3.60	90001.570.99.1059.2000.200
10/2/95	Dunkin Donuts	90001	Food for Safety Meeting	396.29	11.67	90001.570.99.1059.2000.200
10/6/95	Walmart	90001	Typewriter ribbons	363.21	33.08	90001.570.99.1059.2000.140
				363.21		
				363.21		
				363.21		
				363.21		
				363.21		
				363.21		
				363.21		
				Total Reimbursement	136.79	
				Ending Fund Balance	363.21	

Prepared By — 10/9/95 *Date*

Approved By — 10/9/95 *Date*

RECEIVED
OCT 11 1995
SSU SERVICES
ACCOUNTS PAYABLE

APPENDIX DR 305-B
PAGE 287 OF 2226

PETTY CASH

9

NUMBER

DATE 9/18/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Copies of Seminole County Code for Sale Case		
# 0001 625.99.1861.0000.		
CHARGE TO ACCOUNT NO. # 95 RA100 TOTAL	2	85

Received By Fernando Soto Jr. Approved By Jas Sprey

9672

Nº 16649

SEMINOLE COUNTY, FLORIDA

Date 9-5 19 95

Received from Southern States Utilities

Address

Description Copies

Account Number	Amount	Description
--- --- -- -- --	2.85	Copies
--- --- -- -- --	--	
--- --- -- -- --	--	
--- --- -- -- --	--	
--- --- -- -- --	--	
--- --- -- -- --	--	

Total Amount 2.85

Board of County Commissioners

Check No. _____ Cash ✓ By Carolyn Cohen

CHARG

Received By

PETTY CASH

NUMBER

DATE 9/20/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Pizza for Employees (13)	~~30~~	~~00~~
Folding Customer Notices	25	25
Poke Case # 95PA100	4	75 tip
CHARGE TO ACCOUNT TOTAL	30	00

Received By _____ Approved By Carol Marshall

9672

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3561 Vendor Name: M/C

Inv Date: 10.5.95 Inv #: 5410573301234372 Inv $: 413.78

Due Date: 10.18.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: —

Description: K. Shaffer

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1740.0000.200	—	42.84
00001.620-99.1861.0000.200	95RA100	370.94

Voucher Prepared by: _____

POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER		AMOUNT CR - CREDIT PY - PAYMEN
09-21	CAFE COURIER MAITLAND FL	09-19	78431775263008364459567	5965	121.67
09-22	CAFE COURIER MAITLAND FL	09-20	78431775264008364504460	5965	137.40
09-25	PAYMENT RECEIVED - THANK YOU	09-25	75349505268000009007466		677.29F
09-25	CAFE COURIER MAITLAND FL	09-22	78431775267008364691728	5965	128.65
09-27	SUNSET GRILL CREDIT ADJ ORLANDO FL		75349505270270522222225		11.00C
10-02	B. T. BONES ORLANDO FL	09-29	70431785274086933126795	5812	42.84

ENJOY YOUR NEW CREDIT CARD. WE APPRECIATE YOUR LOYALTY!

RECEIVED
OCT 11 1995
Accounts Payable

REDACTED

BALANCE USED FOR COMPUTING FINANCE CHARGE — AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	CORRESPONDING ANNUAL PERCENTAGE RATE	FINANCE CHARGE
PURCHASES $ .00	MAY		
CASH ADVANCES $ .00	VARY		
TOTAL $ .00			
.00004287	%15.65		$ .00

NEW CASH ADVANCES	CASH ADVANCE	MINIMUM	MAXIMUM
$ .00	RATE 2.0 %	$ 2	$ 15 $ .00

ACCOUNT NUMBER [redacted]

CREDIT LINE	NUMBER OF DAYS IN BILLING CYCLE
$ 2,500	31
AVAILABLE CREDIT	CLOSING DATE
$ 2,069	OCT 05 1995
ANNUAL PERCENTAGE RATE	MINIMUM PAYMENT DUE
%	$ .00
	PAYMENT DUE DATE
	OCT 30 1995

ACCOUNT SUMMARY		
PREVIOUS BALANCE	$	688.29
PURCHASES AND OTHER CHARGES	+	430.56
CASH ADVANCES	+	.00
CREDITS	-	11.00
PAYMENTS	-	677.29
LATE CHARGE	+	.00
FINANCE CHARGE	+	.00
NEW BALANCE	= $	430.56

SEND INQUIRIES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

CUSTOMER SERVICE TELEPHONE NUMBER: ORLANDO, FLORIDA (407) 858-8850 | TDD 1-800-528-7217 | TOLL FREE 1-800-432-4932

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA MASTERCARD

CORPORATE CHARGE CARD EXPENSES DETAIL

[redacted] Judy L. Sweat

Pg. 1 of 1

TURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE THIN SIX DAYS OF RECEIPT OF BILL.

ase furnish the account distribution. Also, note the business purpose and names of those attending.

General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
570.99.1861.	000015	$ 97.90	Sunny Hills Rate Case Hearing
		$	Hotel expense
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$ 97.90	

RECEIVED
OCT 16 1995
Accounts Payable

t personal charges in the amount of $ _____ are included on this statement. My personal _____ payable to Southern States Utilities for that amount is attached.

Signature: Judy L. Sweat Date: 10-12-95

of next level of supervision required)

Karla Olson Teasley Date: 10/13/95

Return original to Accounts Payable. Retain pink copy for files.

NTING USE ONLY:

[redacted]

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 35561 Vendor Name: M/C

Inv Date: 11.2.95 Inv #: 5410573301141932 Inv $: 856.32

Due Date: 11.22.95 Discount: _____ Terms: _____

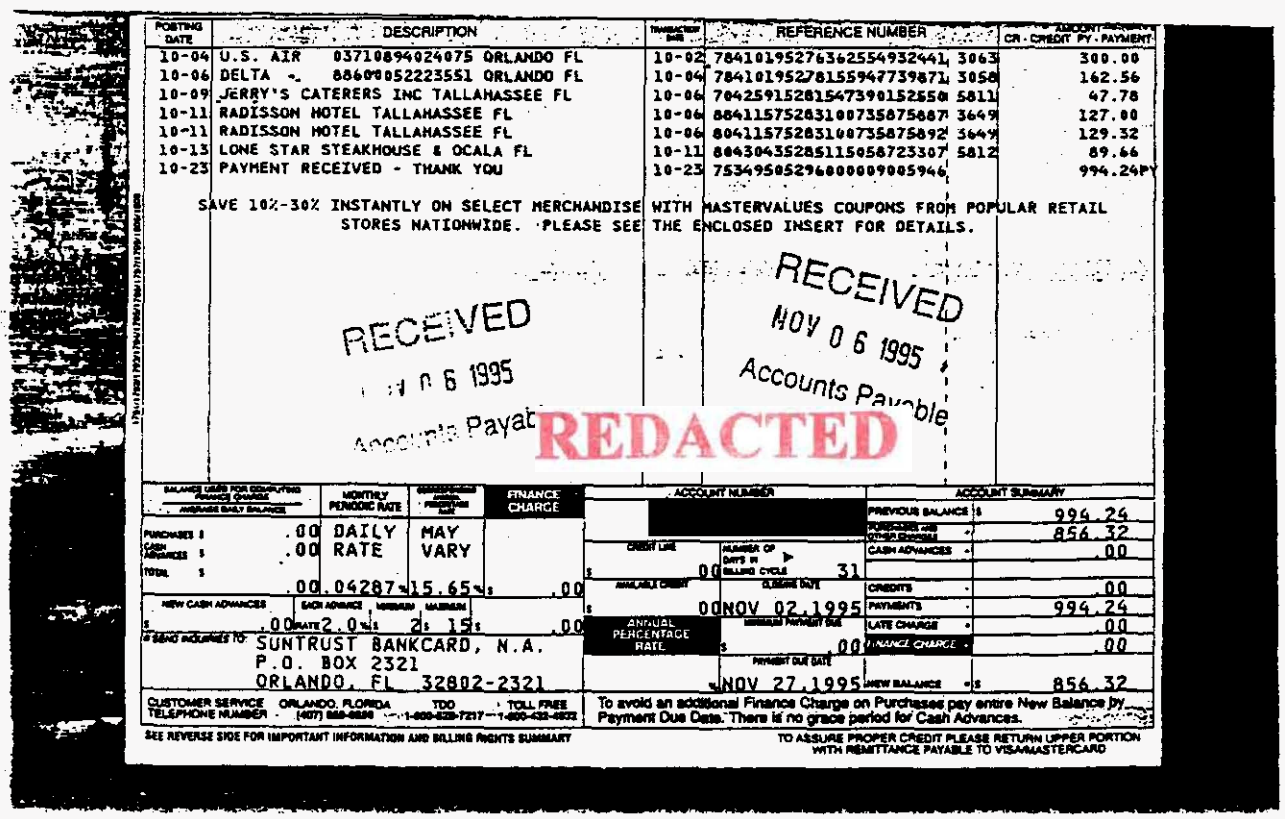
Month/Yr: 11.95 Purchase Order #: _____

Description: F. Ludsen

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.615.99.1861.0000.195	95RA100	589.06
.175	95RA100	2.82
.200	95RA100	137.44
00001.605.99.1861.0000.195	95RA100	127.00

Voucher Prepared by: _____



POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER	CR - CREDIT DR - PAYMENT
10-04	U.S. AIR 0371089402407S ORLANDO FL	10-02	78410195276362554932441 3063	300.00
10-06	DELTA 886090052223551 ORLANDO FL	10-04	78410195278155947739871 3058	162.56
10-09	JERRY'S CATERERS INC TALLAHASSEE FL	10-06	70425915281547390152558 5811	47.78
10-11	RADISSON HOTEL TALLAHASSEE FL	10-06	88411575283100735875687 3649	127.00
10-11	RADISSON HOTEL TALLAHASSEE FL	10-06	80411575283100735875892 3649	129.32
10-13	LONE STAR STEAKHOUSE & OCALA FL	10-11	88430435285115058723307 5812	89.66
10-23	PAYMENT RECEIVED - THANK YOU	10-23	75349505296000009005946	994.24CR

SAVE 10%-30% INSTANTLY ON SELECT MERCHANDISE WITH MASTERVALUES COUPONS FROM POPULAR RETAIL STORES NATIONWIDE. PLEASE SEE THE ENCLOSED INSERT FOR DETAILS.

RECEIVED NOV 06 1995 Accounts Payable

RECEIVED NOV 06 1995 Accounts Payable

REDACTED

BALANCE USED FOR COMPUTING FINANCE CHARGE — AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	FINANCE CHARGE
PURCHASES $ .00	DAILY RATE	MAY VARY	
CASH ADVANCES $ .00			
TOTAL $ .00	.04287%	15.65%	$ .00

NEW CASH ADVANCES	EACH ADVANCE	MINIMUM	MAXIMUM	
$ .00	RATE 2.0%	$ 2	$ 15	$ .00

If BAND INCLUDES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

ACCOUNT NUMBER [redacted]

CREDIT LINE $ 00 | NUMBER OF DAYS IN BILLING CYCLE 31

AVAILABLE CREDIT $ 00 | CLOSING DATE NOV 02 1995

MINIMUM PAYMENT DUE $ 00 | PAYMENT DUE DATE NOV 27 1995

ACCOUNT SUMMARY	
PREVIOUS BALANCE	$ 994.24
PURCHASES AND OTHER CHARGES	+ 856.32
CASH ADVANCES	+ .00
CREDITS	- .00
PAYMENTS	- 994.24
LATE CHARGE	+ .00
FINANCE CHARGE	+ .00
NEW BALANCE	= $ 856.32

CUSTOMER SERVICE TELEPHONE NUMBER — ORLANDO, FLORIDA (407) 888-8888 — TDD 1-800-329-7217 — TOLL FREE 1-800-432-4932

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name FORREST HUDSON Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also. note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
96001.615.	99.186[illegible].0000.195	95RA100	$ 300.00	PLANE TICKET TO TALLAHASSEE FOR INTERIM RATE AGENDA (950495-WS)
96001.615.	99.186[illegible].0000.195	95RA100	$ 162.56	AIR FREIGHT AGENDA RELATING TO INTERIM RULES (950495-WS)
96001.615.	99.186[illegible].0000.200	95RA100	$ 77.78	DINNER (INTERIM AGENDA/DOCKET 950495-WS) BRAINARD STRONG + FORREST HUDSON
96001.615.	99.186[illegible].0000.195	95RA100	$ 129.32	HOTEL ROOM / TALLAHASSEE FOR INTERIM RATE AGENDA
96001.615.	99.186[illegible].0000.200	95RA100	$ 89.66	DINNER (BRAINARD STRONG, DAVID DENNY, JOHN SWEAT & FORREST HUDSON) CUSTOMER SERVICE HEARING IN OCALA / DOCKET 950495-WS.
* 96001.615.	99.186[illegible].0000.195	95RA100	$ 127.00	HOTEL ROOM (FDA BUDGETS) TALLAHASSEE FOR INTERIM RATE AGENDA
			$	
			$	RECEIVED
			$	NOV 15 1995
			$	Accounts Payable
			$	
			$	
TOTAL			$ 856.32	

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Forrest Hudson Date: 11/13/95

(Approval of next level of supervision required)

Approval: [signature] Date: 11/14/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

* PLEASE NOTE THAT THIS SHOULD BE CHARGED TO IDA PLANTS RESPONSIBILITY CENTER

VISA MasterCard

STATEMENT

THE ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE REMITTANCE ENVELOPE.

ISSUED BY: SUNTRUST BANKCARD, N.A.
CUSTOMER OF: SUNTRUST BANK

SUNTRUST BANKCARD, N.A.
PO BOX 3513
ORLANDO FL 32802

REDACTED

ACCOUNT NUMBER [redacted]

PAYMENT DUE DATE
NOV 27,1995
AMOUNT DUE
NEW BALANCE $ 856.32
OR
MINIMUM PAYMENT $ .00

AMOUNT ENCLOSED
$
PLEASE MAKE CHECK PAYABLE TO MASTERCARD/VISA

P907537
SSU SERVICES
FORREST LUDSEN
1000 COLOR PLACE
ATTN: GINGER CLARK
APOPKA FL 32703-7797

1797 5410573301141932

DETACH HERE

POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER	AMOUNT OR - CREDIT PY - PAYMENT
10-04	U.S. AIR 03710894024075 ORLANDO FL	10-02	78410195276362554932441 3063	300.00
10-06	DELTA 886000522235S1 ORLANDO FL	10-04	78410195278155947739871 3058	162.56
10-09	JERRY'S CATERERS INC TALLAHASSEE FL	10-04	70425915281547390152558 5811	47.78
10-11	RADISSON HOTEL TALLAHASSEE FL	10-06	88411575283100735875887 3649	127.00
10-11	RADISSON HOTEL TALLAHASSEE FL	10-06	80411575283100735875892 3649	129.32
10-13	LONE STAR STEAKHOUSE & OCALA FL	10-11	80430435285115058723307 5812	89.66
10-23	PAYMENT RECEIVED - THANK YOU	10-23	75349505296000009005946	994.24P

SAVE 10%-30% INSTANTLY ON SELECT MERCHANDISE WITH MASTERVALUES COUPONS FROM POPULAR RETAIL STORES NATIONWIDE. PLEASE SEE THE ENCLOSED INSERT FOR DETAILS.

RECEIVED
NOV 06 1995
Accounts Payable

RECEIVED
NOV 06 1995
Accounts Payable

BALANCE USED FOR COMPUTING FINANCE CHARGE (AVERAGE DAILY BALANCE)	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	FINANCE CHARGE
PURCHASES $ .00	DAILY	MAY	
CASH ADVANCES $ .00	RATE	VARY	
TOTAL $ .00	.04287	15.65%	.00

NEW CASH ADVANCES	CASH ADVANCE MINIMUM	MERCHANDISE MINIMUM
$ .00	RATE 2.0%	2% 15 $ .00

SEND INQUIRIES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

CUSTOMER SERVICE TELEPHONE NUMBER: ORLANDO, FLORIDA (407) 539-6000 | TDD 1-800-539-7217 | TOLL FREE 1-800-432-4832

ACCOUNT NUMBER [redacted]
CREDIT LINE $ 00
NUMBER OF DAYS IN BILLING CYCLE 31
AVAILABLE CREDIT $ 00
CLOSING DATE NOV 02,1995
ANNUAL PERCENTAGE RATE %
MINIMUM PAYMENT DUE $ 00
PAYMENT DUE DATE NOV 27,1995

ACCOUNT SUMMARY

PREVIOUS BALANCE $	994.24
PURCHASES AND OTHER CHARGES +	856.32
CASH ADVANCES +	.00
CREDITS -	.00
PAYMENTS -	994.24
LATE CHARGE +	.00
FINANCE CHARGE +	.00
NEW BALANCE = $	856.32

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

Phyllis,
please determine if the $127.00 charge for the Radisson is Briggs or if it's a duplicate charge. If Briggs - charge to his responsibility center and notify. If duplicate - request a credit. (Briggs room should not be charged to me - call Radisson)

Jim 11/8/95

Radisson Hotel
Tallahassee
415 North Monroe
Tallahassee, Florida 32301
(904) 224-6000 • (800) 333-3333

MR LUDSON

Statement Date
10-06-95
Folio Number
52700 (708)
IN-N/A

Date	Reference	Description	Charges	Credits
10-05-95	LD0701	LONG DISTANCE 407-323-8780	2.82	
10-05-95	R#708	ROOM CHARGE	115.00	
10-05-95	RT708	ROOM TAX	11.50	

DKT 950495-WS
Intervenor Rule Agenda Conference

*** PRE-CHECKOUT FOLIO. TOTAL SUBJECT TO AMENDMENT ***
"A WELCOME CHANGE" THE RADISSON HOTEL TALLAHASSEE

I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I also agree that all charges contained in this account are correct and any disputes or requests for copies of charges must be made within five days after my departure.

BALANCE DUE
129.32

SIGNATURE

Orange Travel

14 E. Washington Street • Suite 602 • Orlando, FL 32801 • 407-425-9580 / 800-525-9580 / FAX 407-425-4095

SALES AGT: KA/FEWZGT

3889

LUDSEN/FORREST

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA FL 32703

INVOICE

CUSTOMER COPY

DATE: OCT 2 1995

SOUTHERN

AIRLINE	FLT	CL	DATE	FROM	TO	LV	AR	ST
USAIR	3374	H	5OCT	ORLANDO FLA	TALLAHASSEE	745P	855P	OK
SEAT 9E			THU	DH8 NONSTOP				

OPERATED BY ** USAIR EXPRESS **

CAR 5OCT NATIONAL CONFO-1123073254COUNT
INTERMEDIATE CAR TALLAHASSEE
AUTOMATIC AIR RETURN 06OCT 1945
RATE GUARANTEED-*ZL*USD32.39DY-UNL MI
226.74WY-UNL MI-ALWE
RESERVED FOR-ARMSTRONG BRIAN P

USAIR	3074	H	6OCT	TALLAHASSEE	ORLANDO FLA	625P	730P	OK
SEAT 9E			FRI	DH8 NONSTOP				

OPERATED BY ** USAIR EXPRESS **

AIR FARE 267.28 TAX 32.72 TOTAL 300.00

INVOICE NUMBER 3889 TOTAL INVOICE $300.00

PAYMENT - CA53495 [redacted] EXP 0797

LUDSEN/FORREST TICKET 0371089402407

OUR TOLL FREE NUMBER IS 1-800-525-9580
FOR AFTER HOURS SERVICE CALL 1-800-562-2072
YOUR I.D. CODE IS OTO
.....WE VALUE YOUR BUSINESS

REDACTED

DKT 950495-WS
Factoring Rule Agenda Conference

CONSIGNEE NAME: s/ Tony Isaacs KEN Hoffman
ACCOUNT #:
STREET: 1000 Colour Place
TELEPHONE NO.(S):
CITY: Tallahassee STATE: FL ZIP:
RECEIVED IN GOOD ORDER EXCEPT AS NOTED
SIGNATURE: DATE: TIME:
INSTRUCTIONS TO CARRIER: s/ Hold at counter
ACCOUNT #:
SHIPPER NAME: s/ Tony Isaacs
TELEPHONE NO.(S): 850-0058
STREET: 1000 Colour Place
DECLARE VALUE -SEE BACK- $ 750
CITY: Apopka STATE: FL ZIP: 327
(SUBJECT TO CONDITIONS OF CONTRACT ON REVERSE)
SHIPPER MUST INITIAL ONE OF THE ITEMS BELOW
☐ Contains Dangerous Goods Described Below ☐ Contains No Dangerous Goods
Cargo items tendered for air transportation are subject to aviation security controls by air carriers and, when appropriate, other government regulations. Copies of all relevant shipping documents showing the cargo's consignee, consignor, description, and other relevant data will be retained on file until the cargo completes its air transportation. Additionally, the shipper certifies that this shipment does not contain any unauthorized explosive or destructive devices.
CONTENTS: P/M
SHIPPER SIGNATURE: Tony Isaacs
SHIPPER IDENTIFICATION:

RATE A O-50: PIECES 3 / WEIGHT 93
RATE B 51-70: PIECES / WEIGHT
TOTAL: PIECES / WEIGHT

s/ 886 MCO 5222 3555 DASH

DASH®
Comair
A DELTA CONNECTION
P.O. BOX 75021
CINCINNATI, OHIO 45275

EXECUTED AT / BY DATE / TIME: 001 -355

CARRIER: OH FLIGHT: 3604 DESTINATION: TLH
1/ DL

FINAL DESTINATION (SPELLED OUT): TALLAHASSEE, FL
INTERLINE TAG #:

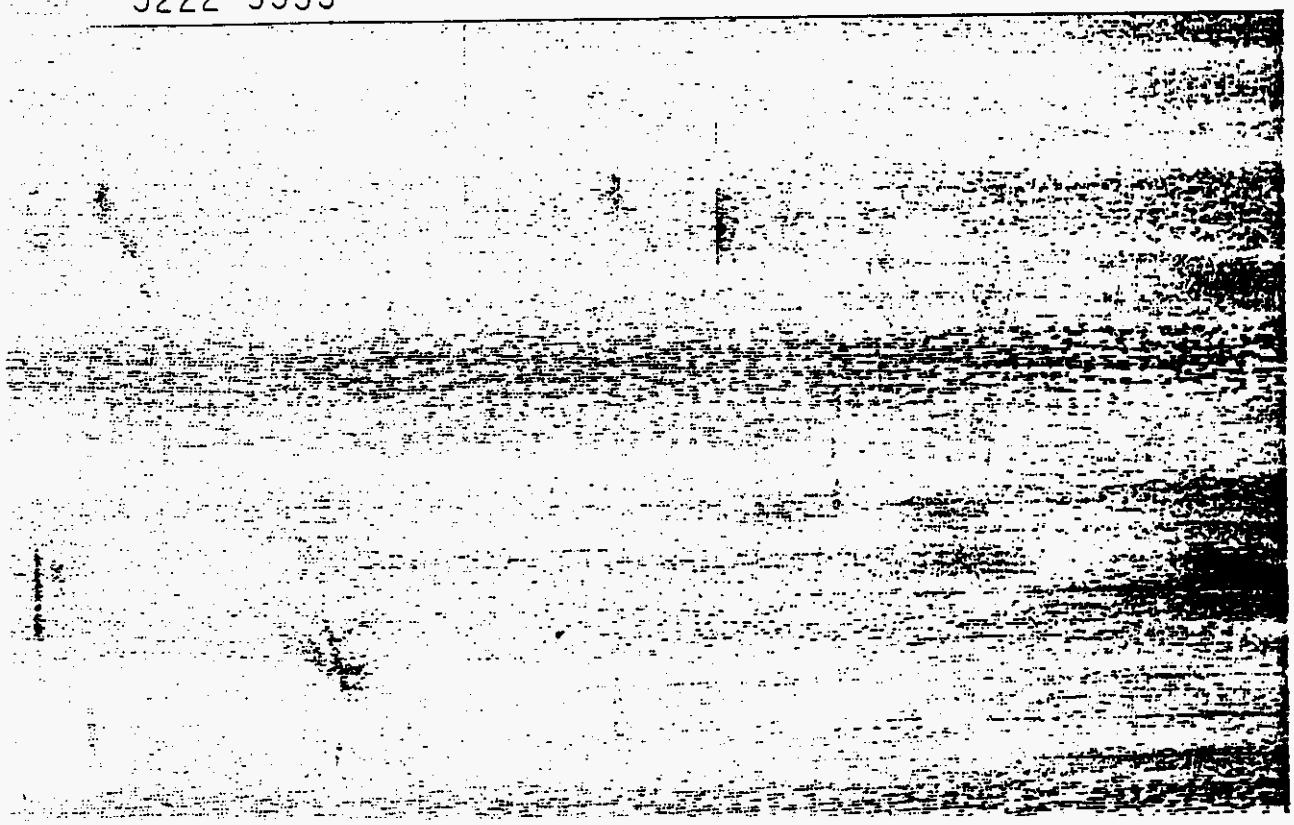
FORM OF PAYMENT (PREPAID ONLY)
CASH/CK ☐
C.R. CARD ☒
CARGO BILLING ☐
GBL ☐
PTA ☐

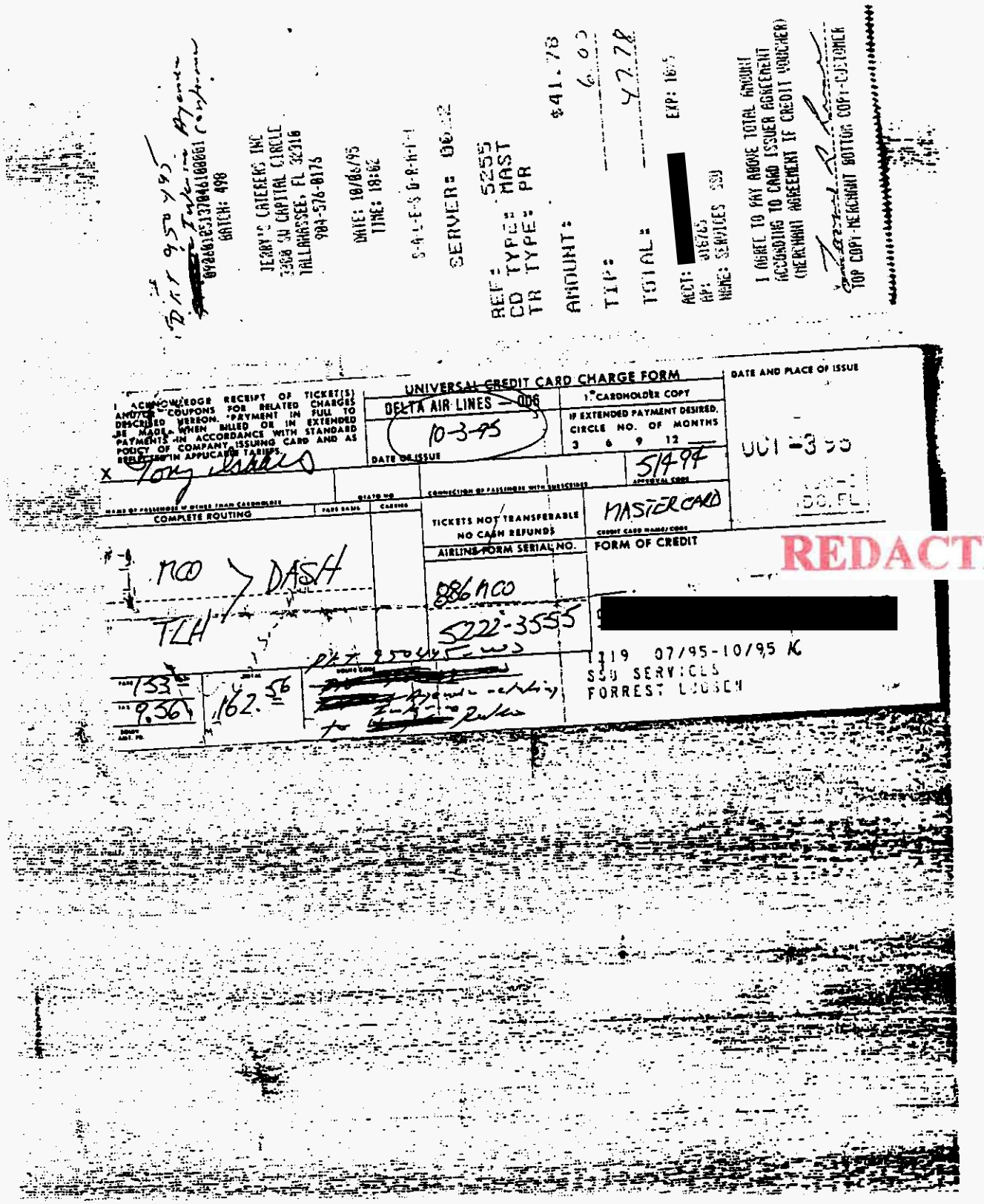
CHECK SERVICE DESIRED
PICK UP ☐ DELIVERY ☐
HOLD AT AIRPORT ☒
FOR EXPEDITED PICK-UP AND DELIVERY SERVICE CALL TOLL FREE 800-638-7333

FIRST CONN	A	3RD CHARGE s/
	A	2ND CHARGE
	A	1ST CHARGE 152.50
	F	OTHER
	I	TAX 9.56
	B	PICK-UP/HOLD, ADVANCED
	C	DELIVER
	R	TOTAL 162.56

5222 3555

1. SHIPPER'S RECEIPT





Pay 95 Travel Agency
[redacted]
BATCH: 490

JERRY'S CATERERS INC
3360 W CAPITAL CIRCLE
TALLAHASSEE, FL 32316
904-576-0175

DATE: 10/06/95
TIME: 18:02

S-4-E-S 0-R-H-I

SERVER: 06

REF: 5255
CD TYPE: MAST
TR TYPE: PR

AMOUNT: $41.78
6.00
TIP: 47.78
TOTAL:

ACCT: [redacted] EXP: 1[illegible]
AP: 016763
NAME: SERVICES

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

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

I ACKNOWLEDGE RECEIPT OF TICKET(S) AND/OR COUPONS FOR RELATED CHARGES DESCRIBED HEREON. PAYMENT IN FULL TO BE MADE WHEN BILLED OR IN EXTENDED PAYMENTS IN ACCORDANCE WITH STANDARD POLICY OF COMPANY ISSUING CARD AND AS REFLECTED IN APPLICABLE TARIFFS.

X Tony Stalls

UNIVERSAL CREDIT CARD CHARGE FORM

DELTA AIR LINES 006

DATE OF ISSUE: 10-3-95

1. CARDHOLDER COPY

IF EXTENDED PAYMENT DESIRED, CIRCLE NO. OF MONTHS: 3 6 9 12

DATE AND PLACE OF ISSUE: OCT 3 95

APPROVAL CODE: 51494

CONNECTION OF PASSENGER WITH THIS TICKET

NAME OF PASSENGER IF OTHER THAN CARDHOLDER

COMPLETE ROUTING

TICKETS NOT TRANSFERABLE
NO CASH REFUNDS

CREDIT CARD NAME/CODE: MASTERCARD

AIRLINE FORM SERIAL NO.: 886 NCO

FORM OF CREDIT: [redacted]

TLH NCO > DFW

5222-3555

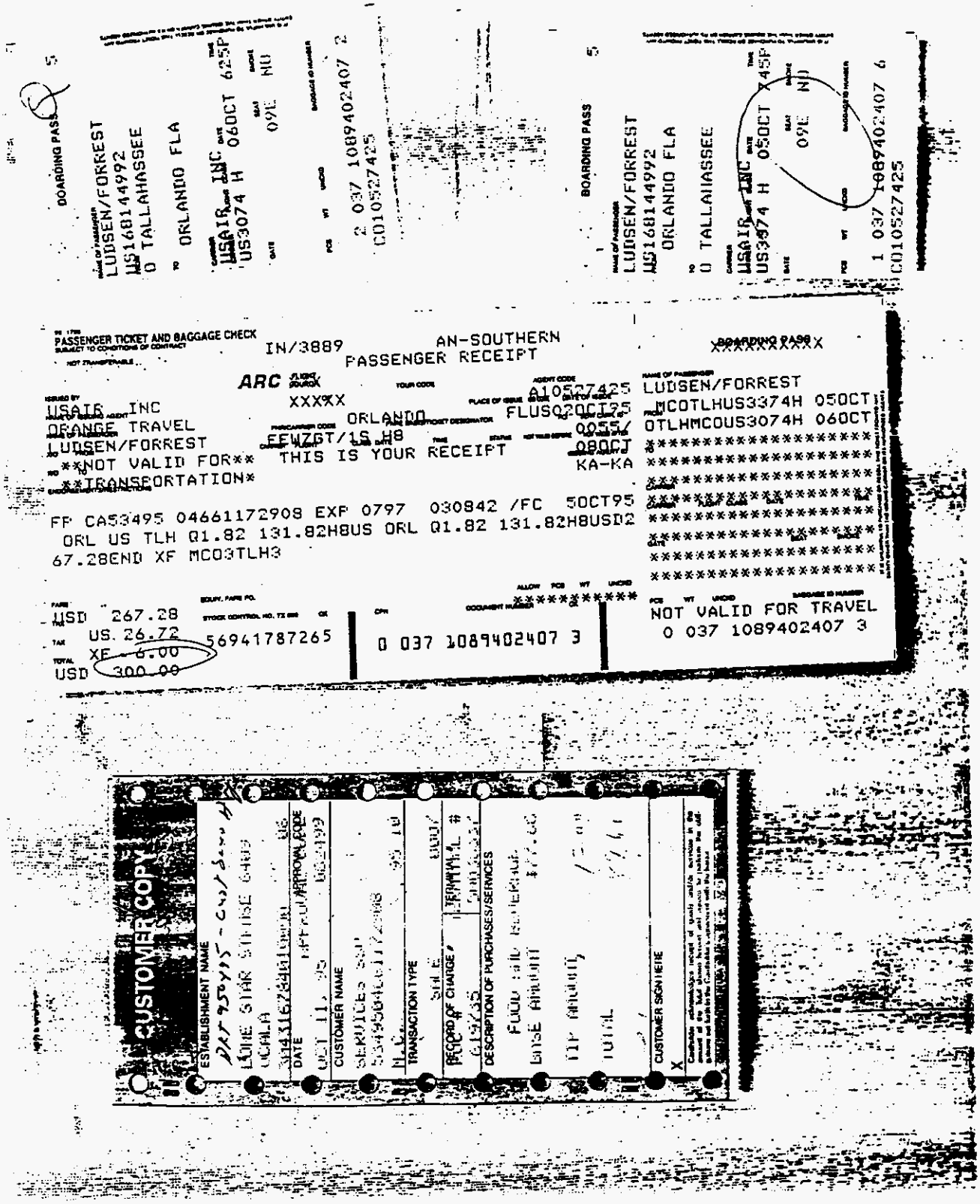
PAX 850445 ews

119 07/95-10/95 K
SSU SERVICES
FORREST LOUDEN

153.16
9.36
162.56

[redacted]

REDACTED



BOARDING PASS
LUDSEN/FORREST
US168144992
O TALLAHASSEE
ORLANDO FLA
USAIR INC 06OCT 625P
US3074 H
09E NU
2 037 1089402407 2
C01052742S

BOARDING PASS
LUDSEN/FORREST
US168144992
ORLANDO FLA
O TALLAHASSEE
USAIR INC 05OCT 745P
US3074 H
09E NU
1 037 1089402407 6
C01052742S

PASSENGER TICKET AND BAGGAGE CHECK
SUBJECT TO CONDITIONS OF CONTRACT
NOT TRANSFERABLE

IN/3889 AN-SOUTHERN
PASSENGER RECEIPT

ARC XXXXX
A10527425
ORLANDO FLUSQ20CI25
FEWZPT/1S H8 0055Z
THIS IS YOUR RECEIPT 08OCT
KA-KA

ISSUED BY
USAIR INC
ORANGE TRAVEL
LUDSEN/FORREST
NOT VALID FOR
**TRANSPORTATION*

BOARDING PASS
XXXXXXXXXX
LUDSEN/FORREST
MCOTLHUS3374H 05OCT
OTLHMCOUS3074H 06OCT
****
****
****
****
****
****
****
****
****
NOT VALID FOR TRAVEL
0 037 1089402407 3

FP CA53495 04661172908 EXP 0797 030842 /FC 5OCT95
ORL US TLH Q1.82 131.82H8US ORL Q1.82 131.82H8USD2
67.28END XF MCO3TLH3

USD 267.28
US 26.72
XF 6.00
USD 300.00

56941787265

0 037 1089402407 3

CUSTOMER COPY
ESTABLISHMENT NAME
LODE STAR SHOPPE
ORLANDO FL
DATE
CUSTOMER NAME
TRANSACTION TYPE
SALE
RECORD OF CHARGE
TERMINAL #
DESCRIPTION OF PURCHASES/SERVICES
CUSTOMER SIGNATURE
X

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 35601 Vendor Name: MIC

Inv Date: 11.2.95 Inv #: SH1057330115D826 Inv $: 212.86

Due Date: 11.22.95 Discount: _____ Terms: _____

Month/Yr: 11.95 Purchase Order #: _____

Description: G Morse

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.6254A.1861.0000.140	95RA100	58.75
.200		122.31
.195		31.80

Voucher Prepared by: _____

AU

POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER		AMOUNT CR - CREDIT DR - PAYMENT
10-11	WAL-MART 1374000001374 ALTAMONTE SPR FL	10-09	70414465283323336463080	5310	52.30
10-13	PAPA JOES PIZZA OF DEL DELTONA FL	10-11	80433425285980200485602	5812	14.42
10-16	ALBERTSON S #4359 59M APOPKA FL	10-13	81453855284161013140994	5411	6.45
10-16	RED LOBSTER 00000711 DAYTONA BEACH FL	10-12	70410195286148482472302	5812	20.70
10-17	CRACKER BARREL # 190 SANFORD FL	10-12	79425855289 4e1281900815	5812	17.86
10-17	DINNER BELL REST DUNNELLON FL	10-14	85349505290042733031603	5812	55.00
10-23	PAYMENT RECEIVED - THANK YOU	10-23	75349585296000009005946		259.18
10-26	DAMON'S CLUBHOUSE FRUITLAND PK FL	10-24	70431785298086930098965	5812	16.36
10-27	RED LOBSTER 00004804 LEESBURG FL	10-25	70410195299148487943773	5812	29.77

SAVE 10%-30% INSTANTLY ON SELECT MERCHANDISE WITH MASTERVALUES COUPONS FROM POPULAR RETAIL STORES NATIONWIDE. PLEASE SEE THE ENCLOSED INSERT FOR DETAILS.

RECEIVED
NOV 06 1995
Accounts Payable

REDACTED

BALANCE USED FOR COMPUTING FINANCE CHARGE — AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	FINANCE CHARGE
PURCHASES $ .00	DAILY	MAY	
CASH ADVANCES $ .00	RATE	VARY	
TOTAL $ .00	.04287	15.65%	$ .00

NEW CASH ADVANCES	CASH ADVANCE FEE RATE	MINIMUM	MAXIMUM
$ .00	2.0%	$ 2.15	$ .00

ACCOUNT NUMBER: [redacted]

CREDIT LINE: $ 00 — AVAILABLE CREDIT: $ 00 — NUMBER OF DAYS IN BILLING CYCLE: 31 — CLOSING DATE: NOV 02 1995 — MINIMUM PAYMENT DUE: $ 00 — PAYMENT DUE DATE: NOV 27 1995

ACCOUNT SUMMARY

PREVIOUS BALANCE	$ 259.18
PURCHASES AND OTHER CHARGES	+ 212.86
CASH ADVANCES	+ .00
CREDITS	- .00
PAYMENTS	- 259.18
LATE CHARGE	+ .00
FINANCE CHARGE	+ .00
NEW BALANCE	= $ 212.86

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

SEND INQUIRIES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

CUSTOMER SERVICE TELEPHONE NUMBER — ORLANDO, FLORIDA (407) 648-8650 — TDD 1-800-438-7217 — TOLL FREE 1-800-432-4932

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name GARY Morse - Facilities Analysis Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
625	99.1861.0000	~~.000~~ .140	$52.30	Purchase Small Camera - WalMart
625	99.1861.0000	.200	$14.42	Food - Papa Joes Pizza
"	"	.140	$6.45	Film - Albertsons
"	"	.200	$20.70	Food - Red Lobster
"	"	.200	$17.86	Food - Cracker Barrel
"	"	~~.200~~ .195	$23.20 $31.80	Hotel + Food Dinner Bell in Dunnellon
"	"	.200	$16.36	Food - Damon's Clubhouse
"	"	.200	$29.77	Food - Red Lobster
			$	
			$	
			$	
			$	
TOTAL			$212.86	

RECEIVED
NOV 10 1995
Accounts Payable

Inadvertent personal charges in the amount of $ 0.00 are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Gary S. Morse Date: 11/7/95

(Approval of next level of supervision required)

Approval: Charles M. Rust Date: Wed 08 Nov 1995

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

APPENDIX DR305B

PAGE 3of4 OF 2226

STATEMENT

THE ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE REMITTANCE ENVELOPE.

ISSUED BY: SUNTRUST BANKCARD, N.A.
CUSTOMER OF: SUNTRUST BANK

SUNTRUST BANKCARD, N.A.
PO BOX 3513
ORLANDO FL 32802

REDACTED

ACCOUNT NUMBER [redacted]

PAYMENT DUE DATE
NOV 27,1995
AMOUNT DUE
NEW BALANCE $ 212.86
OR
MINIMUM PAYMENT $ .00

AMOUNT ENCLOSED
$

PLEASE MAKE CHECK PAYABLE TO MASTERCARD/VISA

P007533
SSU SERVICES
GARY S MORSE
1000 COLOR PLACE
ATTN GINGER CLARD
APOPKA FL 32703-7797

1797 5410573301150826

DETACH HERE

POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER	MCC	AMOUNT OR - CREDIT PY - PAYMENT
10-11	WAL-MART 137400001374 ALTAMONTE SPR FL	10-09	70414465283323334643086	5310	52.30
10-13	PAPA JOES PIZZA OF DEL DELTONA FL	10-11	88433425285980200485602	5812	14.42
10-16	ALBERTSON S 84359 S9H APOPKA FL	10-13	81453855288414101314099	5411	6.45
10-16	RED LOBSTER 00000711 DAYTONA BEACH FL	10-12	70418195286148482472302	5812	20.70
10-17	CRACKER BARREL # 190 SANFORD FL	10-12	79425855289461281900815	5812	17.86
10-17	DINNER BELL REST DUNNELLON FL	10-16	85349585290042733031603	5812	55.00
10-23	PAYMENT RECEIVED - THANK YOU	10-23	75349585296000009005944		259.18P
10-26	DAMON'S CLUBHOUSE FRUITLAND PK FL	10-24	70431785298086938098965	5812	16.36
10-27	RED LOBSTER 00004804 LEESBURG FL	10-25	70418195299148487943773	5812	29.77

SAVE 10%-30% INSTANTLY ON SELECT MERCHANDISE WITH MASTERVALUES COUPONS FROM POPULAR RETAIL STORES NATIONWIDE. PLEASE SEE THE ENCLOSED INSERT FOR DETAILS.

RECEIVED
NOV 06 1995
Accounts Payable

BALANCE USED FOR COMPUTING FINANCE CHARGE — AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	FINANCE CHARGE
PURCHASES $ .00	DAILY	MAY	
CASH ADVANCES $ .00	RATE	VARY	
TOTAL $ .00	.04287%	15.65%	$ .00

NEW CASH ADVANCES	EACH ADVANCE	MINIMUM	MAXIMUM	
$ .00	RATE 2.0%	$ 2	$ 15	$ .00

ACCOUNT NUMBER [redacted]

CREDIT LINE $ 00 — NUMBER OF DAYS IN BILLING CYCLE 31
AVAILABLE CREDIT $ 00 — CLOSING DATE NOV 02 1995
MINIMUM PAYMENT DUE $ 00
PAYMENT DUE DATE NOV 27 1995

ACCOUNT SUMMARY

PREVIOUS BALANCE	$ 259.18
PURCHASES AND OTHER CHARGES	+ 212.86
CASH ADVANCES	+ .00
CREDITS	- .00
PAYMENTS	- 259.18
LATE CHARGE	+ .00
FINANCE CHARGE	+ .00
NEW BALANCE	= $ 212.86

SEND INQUIRIES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

CUSTOMER SERVICE TELEPHONE NUMBER — ORLANDO, FLORIDA (407) 539-6600 — TDD 1-800-539-7217 — TOLL FREE 1-800-432-4832

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

Charles M. Bliss 11/08/95

REDACTED

[redacted]
EATONE 94037 Term # 351181
U S. CENTRAL BLVD.
PWA, FL 33781
) 899-9757

F, Im
Devel

Purchase $6.47

TERCARD/VICA # 5349504661288648
h # 839045 Payment From Credit
e # 22 Cashier # 117
10/95 14:09 Ref # 0010010020

hank you for shopping at Albertsons.
Have a nice day.

nature G. Mora

[redacted]

WAL★MART

WE SELL
FOR LESS
STORE #1374
STORE #1374 ALTAMONTE SPRINGS, FLORIDA

ST# 1374 OP# 00000290 TE# 28 TR# 01243
CAMERA 004177840317 W 48.87 J
SUBTOTAL 48.87
SALES TAX 1 3.43
TOTAL 52.30
MCARD TEND 52.30

ACCOUNT [redacted]
APPROVAL #078090
TRANS ID -
VALIDATION -
PAYMENT SERVICE - N
CHANGE DUE 0.00

TC# 8858769003046J3
* SAVE RECEIPT FOR REFUNDS/EXCHANGES *
* OF WARRANTY ITEMS PURCHASED *
THANK YOU
FOR SHOPPING WITH US
10/09/95 09:12:11

CUSTOMER COPY

RED LOBSTER
LEESBURG FL 34788
[redacted] TERMINAL 0080

WED 10/25/95 12:09 P.M.
MC 5349504661288648 EXP. 12/95 CLS 125

INV. 195488
SALE AUTH. CODE 921354 REF 004

THANK YOU SERVICER 550

FOOD, BEV, TAX$ 25.77
TIP $ 4.00
TOTAL $ 29.77

X G. Mora
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

BOTTOM COPY FOR GUEST

FAMA JOES PIZZA OF DELTONA
1332 NEWMANS AVE
DELTONA, FL 32725
407-574-4200

"THANK YOU"

543342010019215 0002
DATE 10/11/95 TIME 12:21 PM

ITEM: 001 MC SALE SVR: 05
ACCT: 5349504661288648 EXP: 9510
RESP: AUTH/TXT 969360

FOOD: $ 12.62
GRATUITY: $ 2.80
TOTAL: $ 15.42

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

X G. Mora

SERVICES 550

COPY-MERCHANT BOTTOM COPY-CUSTOMER

[illegible]

[illegible]

[illegible]

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3561 Vendor Name: N/C

Inv Date: 11.3.95 Inv #: 5H10573300897480 Inv $: 135.06

Due Date: 11.22.95 Discount: _____ Terms: _____

Month/Yr: 11.95 Purchase Order #: —

Description: M. Exil

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.591.99.1861.0000.200	95RA100	26.16 ✓
↓ .195	95RA100	33.55 ✓
00001.591.99.1240.0000.195		33.55
00001.000.99.1840.0000.000		41.80

Voucher Prepared by: _____

POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER	AMOUNT CR - CREDIT PY - PAYMENT
10-06	OUTBACK STKHSE 1025 TAMPA FL	10-03	80411575278900527853206,5812	26.16
10-12	DAYS INNS/TALLAHASSEE TALLAHASSEE FL		70431775284010740000059,3510	83.60CR
10-12	DAYS INNS/TALLAHASSEE TALLAHASSEE FL	10-10	79431775284010740000019,3510	41.80
10-12	DAYS INNS/TALLAHASSEE TALLAHASSEE FL	10-10	78431775284010740000037,3510	41.80
10-12	DAYS INNS/TALLAHASSEE TALLAHASSEE FL	10-10	78431775284010740000094,3510	41.80
10-12	QUALITY INNS TALLAHASSEE FL	10-10	85411575284100736118167,3508	67.10
10-23	PAYMENT RECEIVED - THANK YOU	10-23	75349505296000009065946	461.04PY

SAVE 10%-30% INSTANTLY ON SELECT MERCHANDISE WITH MASTERVALUES COUPONS FROM POPULAR RETAIL STORES NATIONWIDE. PLEASE SEE THE ENCLOSED INSERT FOR DETAILS.

RECEIVED
NOV 14 1995
Accounts Payable

REDACTED

BALANCE USED FOR COMPUTING FINANCE CHARGE — AVERAGE DAILY BALANCE	DAILY PERIODIC RATE	ANNUAL PERCENTAGE RATE	FINANCE CHARGE
PURCHASES $ .00	DAILY	MAY	
CASH ADVANCES $ .00	RATE	VARY	
TOTAL $ .00	.04287 %	15.65 %	$ .00

NEW CASH ADVANCES	EACH ADVANCE	MINIMUM	MAXIMUM	
$ .00	RATE 2.0 %	$ 2	$ 15	$ .00

ACCOUNT NUMBER [redacted]

CREDIT LINE $ 00 | NUMBER OF DAYS IN BILLING CYCLE 29

AVAILABLE CREDIT $ 00 | CLOSING DATE NOV 03,1995

ANNUAL PERCENTAGE RATE | MINIMUM PAYMENT DUE $ .00

PAYMENT DUE DATE NOV 28,1995

ACCOUNT SUMMARY	
PREVIOUS BALANCE $	461.04
PURCHASES AND OTHER CHARGES +	218.66
CASH ADVANCES +	.00
CREDITS -	83.60
PAYMENTS -	461.04
LATE CHARGE +	.00
FINANCE CHARGE +	.00
NEW BALANCE = $	135.06

SEND INQUIRIES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

CUSTOMER SERVICE TELEPHONE NUMBER ORLANDO, FLORIDA (407) 886-8888 | TDD 1-800-628-7217 | TOLL FREE 1-800-432-4832

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA MASTERCARD

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name Matthew J. Feil Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
00001.591	.99.1861.0000.200	95RA100	$ 26.16	Dinner following Temple Terrace Service Hrg. (MF/JS)
00001.591	.99.1861.0000.195	95RA100	$ 33.55)	Total 67.10 1/2 to Rate Case and 1/2 to OOU for
00001.591	.99.1740.0000.195		$ 33.55)	attendance at Agenda Conference
			$ 41.80	Days Inn (Hotel) - incorrect charge - Travel Agency
			$	has contacted hotel to have this corrected. Should
			$	appear on next bill.
			$	
			$	
			$	
			$	
			$	
			$	
TOTAL			$ 135.06	

RECEIVED
NOV 17 1995
Accounts Payable

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: _____ Date: 11-17-95

(Approval of next level of supervision required)

Approval: _____ Date: _____

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____



VISA MasterCard

STATEMENT

IN THE WINDOW OF THE REMITTANCE ENVELOPE

ISSUED BY: SUNTRUST BANKCARD, N.A.
CUSTOMER OF: SUNTRUST BANK

SUNTRUST BANKCARD, N.A.
PO BOX 3513
ORLANDO FL 32802

REDACTED

ACCOUNT NUMBER [redacted]

RECEIVED
NOV 15 1995
LEGAL DEPT

PAYMENT DUE DATE
NOV 28,1995
NEW BALANCE / AMOUNT DUE
135.06
MINIMUM PAYMENT OR
.00

AMOUNT ENCLOSED
$

PLEASE MAKE CHECK PAYABLE TO MASTERCARD/VISA

P007292
S S U SERVICES INC
MATTHEW J FEIL
1000 COLOR PL
ATTN VIRGINIA CLARK
APOPKA FL 32703-7797

1797 5410573300897492

DETACH HERE

POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER	AMOUNT CR - CREDIT PY - PAYMENT
10-06	OUTBACK STKHSE 1023 TAMPA FL	10-03	80411575278900527853206	5812 26.16
10-12	DAYS INNS/TALLAHASSEE TALLAHASSEE FL		70431775284010740000059	3510 83.60CR
10-12	DAYS INNS/TALLAHASSEE TALLAHASSEE FL	10-10	79431775284010740000019	3510 41.80
10-12	DAYS INNS/TALLAHASSEE TALLAHASSEE FL	10-10	78431775284010740000037	3510 41.80
10-12	DAYS INNS/TALLAHASSEE TALLAHASSEE FL	10-10	78431775284010740000094	3510 41.80
10-12	QUALITY INNS TALLAHASSEE FL	10-10	85411575284100736118167	3508 67.10
10-23	PAYMENT RECEIVED - THANK YOU	10-23	75349505296000009005946	461.04PY

SAVE 10%-30% INSTANTLY ON SELECT MERCHANDISE WITH MASTERVALUES COUPONS FROM POPULAR RETAIL STORES NATIONWIDE. PLEASE SEE THE ENCLOSED INSERT FOR DETAILS.

RECEIVED
NOV 14 1995
Accounts Payable

BALANCE USED FOR COMPUTING FINANCE CHARGE — AVERAGE DAILY BALANCE	DAILY PERIODIC RATE	ANNUAL PERCENTAGE RATE	FINANCE CHARGE
PURCHASES $ .00	DAILY	MAY	
CASH ADVANCES $ .00	RATE	VARY	
TOTAL $ .00	.04287 %	15.65 %	$ .00

NEW CASH ADVANCES	EACH ADVANCE	MINIMUM	MAXIMUM	
$ .00	RATE 2.0 %	$ 2	$ 15	$ .00

* SEND INQUIRIES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

CUSTOMER SERVICE TELEPHONE NUMBER	ORLANDO, FLORIDA (407) 539-6550	TDD 1-800-539-7217	TOLL FREE 1-800-432-4932

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

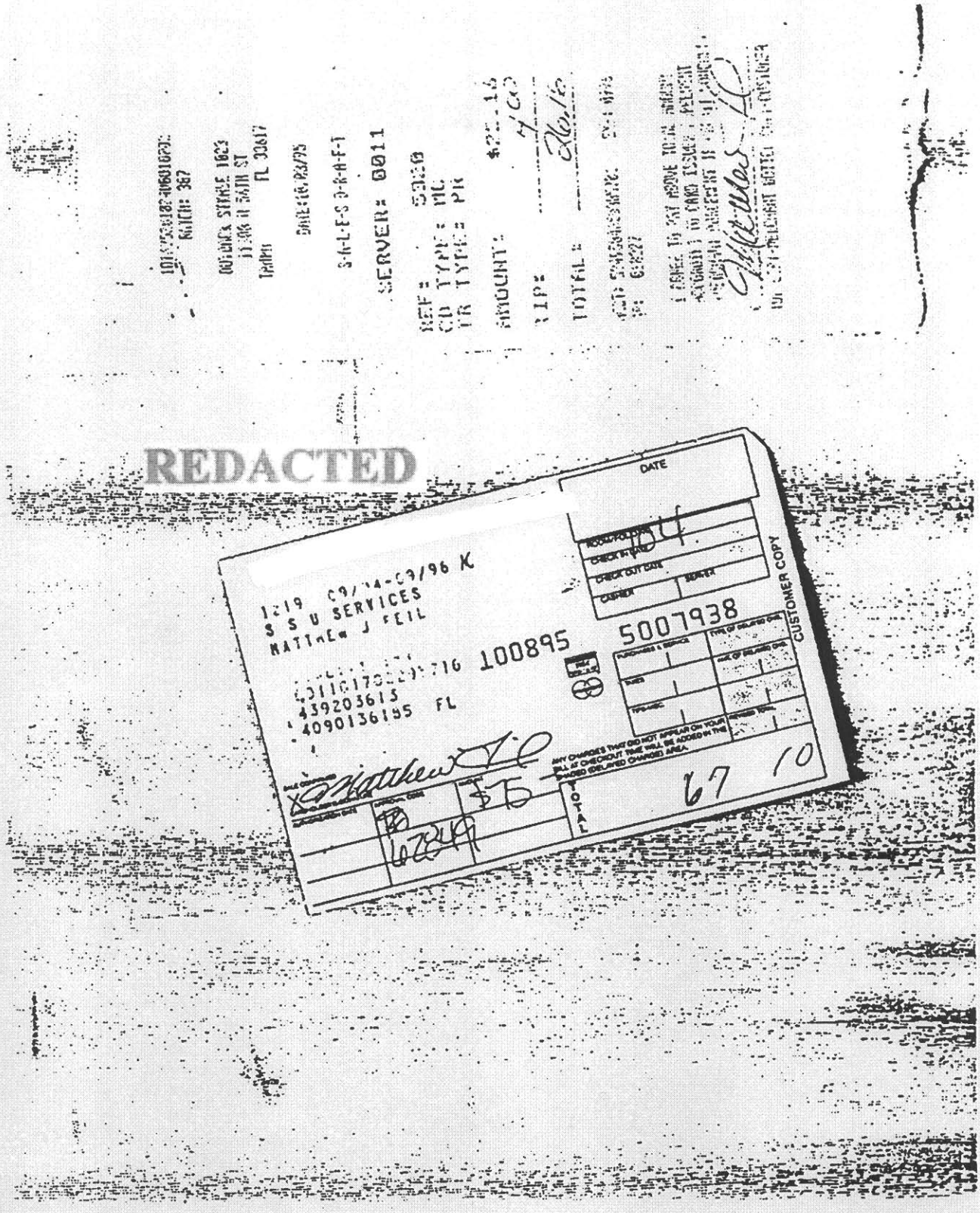
ACCOUNT NUMBER [redacted]

CREDIT LINE $ 00
NUMBER OF DAYS IN BILLING CYCLE 29
AVAILABLE CREDIT $ 00
CLOSING DATE NOV 03,1995
MINIMUM PAYMENT DUE $ .00
PAYMENT DUE DATE NOV 28,1995

ACCOUNT SUMMARY	
PREVIOUS BALANCE	$ 461.04
PURCHASES AND OTHER CHARGES	+ 218.66
CASH ADVANCES	+ .00
CREDITS	- 83.60
PAYMENTS	- 461.04
LATE CHARGE	+ .00
FINANCE CHARGE	+ .00
NEW BALANCE	= $ 135.06

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD


SERVER: 0011
REDACTED
DATE
CUSTOMER COPY
1219 09/14-09/96 K
S S U SERVICES
MATTHEW J FEIL
100895
5007938
439203615
4090136195 FL
$5
67 10

Date 10/10/95
Time 09:05
Page 1

QUALITY INN & SUITES
2020 APALACHEE PARKWAY
TALLAHASSEE, FL 32301
FAX # (904) 878-9964
(904) 877-4437

Acct# P2S706-00
Room# 104

Rate Code
Group
Room Type SK
Room Rate 61.00

Arrive OCT 09 95 21:49
Depart OCT 10 95 09:05

FEIL/MATTHEW

REDACTED

Payment BC [redacted] Exp: 09/96

Date	Description	Reference	Room	Charges	Credits
OCT 09	ROOM CHARGE			61.00	
OCT 09	STATE TAX			4.27	
OCT 09	BED TAX			1.83	
OCT 10	MASTERCARD/VISA	CHECKED-OUT			67.10
		Balance Due:		.00	

Direct Bill Signature: _____

I agree that my liability for this bill is not waived.

1/2 - 95 Rate Case 33.55
1/2 - 00u 33.55

GUEST COPY

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 35161 Vendor Name: M/C

Inv Date: 6-2-95 Inv #: 53495046661351205 Inv $: 824.73

Due Date: 6-21-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: S. Vierima

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
20001.000.99.2330.1000.000		501.20
90001.505.99.6508.0000.160		92.31
90001.505.99.6158.0000.200		86.11
↓ .190		90.00
20001.505.99.1861.0000.256 .195	95RA100	54.45

Voucher Prepared by: _____

REDACTED

TOWNSEND'S PLANTATION
604 E MAIN STREET
APOPKA, FL 32703
(407) 880-1313
THANK YOU

S S

MERCHANT: 2308962001701
BATCH # : 019 REF # : 002
DATE : 05/12/95 20:11
ACCT NO.: [redacted]
TYPE : MASTERCARD 04/97
AUTH NO.: 021798
SERVER : 0014
SALE $ 138.02

QTY	CLASS	DESCRIPTION	AMOUNT
DATE	SERVER	SUB TOTAL	138 02
AUTHORIZATION	CLERK	TAX	
FOLIO/CHECK NO.		TIPS/MISC.	20 00
SALES DRAFT		TOTAL	158 02

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereof and agrees to perform the obligations set forth in the cardholder's agreement with the issuer.

SALE ACKNOWLEDGED AND DRAFT ACCEPTED

X [signature]
CARDHOLDER SIGNATURE

ReGenesis® recycled paper

CUSTOMER COPY

APPENDIX DR305-B
PAGE 135 OF 226

05-04	RED HOT & BLUE ALTAMONTE SPR FL	05-02 8041734512367123063681 1	5812 16.
05-04	EMBASSY SUITES 9504 ALTAMONTE SP FL	05-02 7842574512335528024036 0	3695 152.
05-08	JIFFY LUBE ALTAMONTE SP FL	05-06 7043562512744225700011 1	7538 48.
05-10	AMERICAN WATERWORKS DENVER CO	05-09 7814126512998004527801 1	5969 90.
05-10	STEAK AND ALE 00018157 ALTAMONTE SPG FL	05-08 7041019512930810150000 5	5812 173.
05-15	TOWNSEND'S PLANTATION APOPKA FL	05-12 7048541513418692963849 5	5812 158.
05-18	HOST INTL INC 00007419 ORLANDO FL	05-16 7841019513750706742684 9	5812 54.
05-24	KEN RUMMEL CHEVROLET SANFORD FL	05-20 7022800514347715444749 0	5511 44.
05-25	RED HOT & BLUE ALTAMONTE SPR FL	05-23 8041734514467144066215 6	5812 41.
05-26	IOWA BEEF RANCH ALTAMONTE SP FL	05-24 7043562514544338600005 3	5812 44.
05-30	PAYMENT RECEIVED - THANK YOU	05-30 7534950515000000800574 4	1,339.

PROTECT YOUR ACCOUNT BALANCE IN THE EVENT OF INVOLUNTARY UNEMPLOYMENT, DISABILITY, OR DEATH B
ENROLLING IN THE GROUP CREDIT CARD INSURANCE PROGRAM. PLEASE SEE THE ENCLOSED INSERT FOR DETAI

TO AVOID ADDITIONAL FINANCE CHARGE ON PURCHASES PAY ENTIRE NEW BALANCE BY PAYMENT DUE DATE.
THERE IS NO GRACE PERIOD FOR CASH ADVANCES.

RECEIVED

JUN 0 9 1995

Accounts Payable

REDACTED

	FINANCE CHARGE				
A $ .00	$ .00			PREVIOUS BALANCE	$ 1,339.97
FIRST $2,000 1.5000%18.00%				PURCHASES & OTHER CHARGES	+ 824.73
OVER $2,000 1.3750%16.50%		CREDIT LINE $ 5,000	NUMBER OF DAYS IN BILLING CYCLE 31	CASH ADVANCES	+ .00
		AVAILABLE CREDIT $ 4,175	STATEMENT CLOSING DATE JUN 02,1995	CREDITS	- .00
$ .00 RATE 2.0 % $ 2 $ 15 $	.00 $			PAYMENTS	- 1,339.97
* SEND INQUIRIES TO:		ANNUAL PERCENTAGE RATE	MINIMUM PAYMENT DUE $ .00	LATE CHARGE	+ .00
CARD CENTER				FINANCE CHARGE	+ .00
P.O. BOX 2321			PAYMENT DUE DATE JUN 27,1995	NEW BALANCE	= $ 824.73
ORLANDO, FL 32802-2321					

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

TO ASSURE PROPER CREDIT PLEASE RETURN UPP... ...RTIC
WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

SOUTHERN STATES UTILITIES, INC.

CORPORATE CHARGE CARD EXPENSES DETAIL

Name S. VIERIMA

Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
001.	00001.000.99.2330.	1000.000	$ 16.97	INTERVIEW MEAL - CEO CANDIDATE + S.VIERIMA
001.	00001.000.99.2330.	1000.000	$ 152.43	LODGING - CEO CANDIDATE
90001.	505.99.6508.0000.	160	$ 48.12	OIL CHANGE, SERVICE ~~DUPLICATE KEYS~~ - CO. CAR
90001.	505.99.6758.0000.	190	$ 80.00	ANNUAL ANNUAL DUES
001.	00001.000.99.2330.	1000.000	$ 173.78	DINNER MTG - CEO CANDIDATE + F.RUDISE, B.ARMSTRONG, J.VIERIMA, D.LOCK, R.GAGE, J.KIMBARK
001.	00001.000.99.2330.	1000.000	$ 158.02	DINNER MTG - CEO CANDIDATE + S.VIERIMA, C.SWEAT, K.TEASLEY, M.BENCINI, C.WOOD
001.	00001.505.1861.0000.250			
~~90001.505.99.6758.000.250~~			$ 54.45	WITNESS MEETING - AIRPORT CONF. RM RENT. DOCKET 950495-WS
			$	
90001.	505.99.6508.0000.	160	$ 44.19	DUPLICATE KEYS - CO. CAR
90001.	505.99.6758.0000.	200	$ 41.92	BUSINESS MEAL/MTG - E.RUSSELL (MAP), S.VIERIMA, C.BLISS, D.WESTRICK, C.MARSHALL
90001.	505.99.6758.0000.	200	$ 44.85	" " - E.RUSSELL (MAP), R.TERRERO, J.SWEAT, G.CLARK, S.VIERIMA
			$	
TOTAL			$ 824.73	

Inadvertent personal charges in the amount of $ _____ are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: S. Vierima Date: 6/14/95

(Approval of next level of supervision required)

~~Approval~~ REVIEW: V.L. Clark Date: 6/19/95

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

EMBASSY SUITES®

ORLANDO NORTH
225 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701
TEL 407 834-2400
FAX 407 834-2117

Name & Address

GRAHAM/DAVID
1000 COLOR PLACE

APOPKA FL 32751 US

ICCORP24

Room	329
Arrival Date	1MAY 21:39
Dept. Date	2MAY
Adult/Child	1/0
Room Rate	124.00

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fa to pay for any part or the full amount of such charges.

X
SIGNATURE

2MAY95

DATE	REFERENCE		DESCRIPTION	AMOUNT
1MAY	40603300	22:28	ROOM SERVICE - Dinner	16.03
	1000056	02:12	Guest Suite	124.00
	93000056	02:12	STATE TAX	8.68
	94000056	02:12	CITY TAX	3.72
	Will be settled to MC5349504661351205			152.43
			** Balance **	0

REDACTED

[redacted]
CARD MEMBER ACCOUNT NO.

CARD MEMBER
1219 04/95-04/97 AC
S S U SERVICES
SCOTT W VIEIRA

FOLIO OR CHECK NO.
329/51156

AUTHORIZATION
15648

INITIAL
JR

SHOULD THERE BE A CHARGE THAT DID NOT APPEAR ON YOUR BILL AT CHECK OUT TIME IT WILL APPEAR BELOW IN THE SHADED BOXES.

SERVICE ESTABLISHMENT
EMBASSY SUITES FL

DATE OF CHARGE
050195

TYPE OF CREDIT CARD
☐ AX ☐ MSCD ☐ DSCVR
☐ DC ☐ VISA ☐ OTHER
☐ BC

PURCHASES & SERV.
TAXES
TIPS-MISC.
DOLLAR EQUIVALENT
TOTAL AMOUNT
152 43

CARD MEMBER'S SIGNATURE
X

CARD MEMBER'S COPY

INVOICE NO.
050892

REDACTED

JIFFY LUBE 76
420 SR 434 NORTH
ALTAMONTE SPRINGS, FL. 32714
407-788-2585
THANK YOU
PLEASE COME AGAIN

MERCHANT : 000712180007 001
BATCH # : 929 REF # : 019
DATE : 05/06/95 15:45
ACCT NO. : [redacted]
TYPE : MASTERCARD 04/97
CUSTOMER : S S
AUTH NO. : 032310

SALE $ 48.12

X _____
SIGNATURE

RED HOT AND BLUE
ALTAMONTE SPRINGS
407 788-1109

STATION # 1

TUE, MAY 02, 1995 01:14 PM

CREDIT CARD

ACCT NO: [redacted]
EXP DATE: 9704
TR TYPE: PURCHASE
AMOUNT: $ 14.77
APP CODE: 046382
REC NO: 059

SERVER NO: 6
TICKET NUMBER: 00080
SUB TOTAL = $ 14.77

TIP = $ 2.20

TOTAL = $ 16.97

SIGN _____
S S

SALES DRAFT

STEAK AND ALE #1015
234 W HIGHWAY 436
ALTAMONTE SPG FL 32714
Terminal 720805

30000010157
05/08/95 20:44
S S
MC [redacted] Exp. 04/97
Invoice 24057 H02
Auth.Code 030037
Server # 852

Food/Beverage/Tax $151.78

Tip $ 22.00

Total $ 173.78

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

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

PHONE: _____

APPENDIX DR 365-B
PAGE 311 OF 2226

jiffy lube

Jiffy Lube # 0076
420 S.R. 434 NORTH
ALTAMONTE SPRGS FL 32714

(407) 788-2585

DATE 05/06/95 15:26
INVOICE NO. 00076-761925
TRANSACTION NO. 950506007619 25
EMPLOYEES ACH JS HJW

Scott Vierima
809 Silk Oak Terr.
Lake Mary, FL 32746

(407) 330-0577

YEAR 1995
MAKE CHEVROLET
MODEL LUMINA
ENGINE 3.1L

LICENSE PLATE FL-PQI83T
ALTERNATE ID
MILEAGE 8635

DATE	MILEAGE	SERVICES
05/06/95	8635	FS AF PCV
01/21/95	3739	FS

1. Oil	CHANGED	SIGNATURE SERVICE	1.00	25.99
2. Oil Filter	CHANGED	SIGNATURE SERVICE CHECK	1.00	0.00
3. Chassis	SEALED	OIL FILTER # JL111	1.00	0.00
4. Transmission/Transaxle Fluid Level	OK	PENNZOIL 10/30 MOTOR OIL	4.50	0.00
5. Differential Fluid Level	N/A	AIR FILTER # A1208C	1.00	12.99
Brake Fluid Level	SENSOR OK	PCV VALVE # JV892	1.00	5.99
7. Power Steering Fluid Level	OK	INSPECTED BY KEVIN SWATA	1.00	
8. Windshield Washer Fluid Level	ADDED			
9. Battery Water	SEALED			
10. Air Filter	REPLACED			
11. Wiper Blades	OK			
12. Tire Pressure	F 35 R 35			
13. Interior Floors Vacuumed	COMPLETED			
14. Exterior Windows Washed	COMPLETED			
Breather Element	N/A			
PCV Valve	REPLACED			
Light Check	CHECKED/OK			
Static Sticker	IN WINDOW			

SUBTOTAL	44.97
STATE	3.15
TOTAL	48.12
CCARD	48.12

Recommend next service on AUGUST 04, 1995 or 11635 miles. Thank you for choosing jiffy lube. save $3.00 on your next oil change. See window sticker for details.

MASTERCARD
n
032318 04-97

X [signature]
AUTHORIZED & RECEIVED BY

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

CUSTOMER

© Jiffy Lube International, Inc.,
All Rights Reserved.
FORM 50 - 114 (4)

761925

CHEVROLET

KEN RUMMEL CHEVROLET, INC.

3455 Orlando Drive (Hwy. 17-92)
(407) 321-7800
SANFORD, FLORIDA 32771

PARTS

DUE TO RECENT CHANGES IN GMPD RETURN POLICY, ALL RETURNED PARTS MUST BE IN THEIR ORIGINAL UNOPENED CONTAINERS. PLEASE READ THE INFORMATION ON THE BACK OF THIS INVOICE FOR FURTHER DETAILS.

DATE	INVOICE NUMBER	CUSTOMER NUMBER
05/20/95 11:14	01 A86176	99999

NAME CASH SALES

ADDRESS

QTY.	PART NUMBER/DESCRIPTION	BIN	LIST	NET	AMOUNT
2 02187	26019395 KEY-IGN L 77		19.75	19.75	39.50
2 02187	12502490 KEY ASM-D 77		.90	.90	1.80

Paid Charge Master Card

SOLD BY 05 CUST. P.O. NO.

CASH X CHG. WHSL. RTL X INTL OTR RTN

"AS IS" The only warranties applying to this Part(s) are those which may be offered by the manufacturer. The selling dealer hereby expressly disclaims all warranties, either express or implied, including any implied warranties of merchantability or fitness for a particular purpose, and neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this part(s) and/or service. Buyer shall not be entitled to recover from the selling dealer any consequential damages, damages to property, damages for loss of use, loss of time, loss of profits, or income, or any other incidental damages.

NO RETURNES ON SPECIAL ORDER PARTS OR ELECTRICAL ITEMS.
NO RETURNS AFTER 10 DAYS OR WITHOUT THIS INVOICE.
10% HANDLING CHARGE ON ALL RETURNED PARTS.

RCVD. BY

FORM AAA-3333 (233807) AUTOFORMS, Inc., Chicago, Illinois 7/91

GROSS	41.30
SUB TOTAL	41.30
TAX	2.89
Freight	.00
PAY THIS AMOUNT	44.19

DENNEGANDS BAR & GRILL
ORLANDO INT'L AIRPORT
CHECK: 11068
TABLE: 60/1
SERVER: 4108 David
DATE: MAY16'95 1:01PM
CARD TYPE: Master Card
ACCT #: [redacted]
EXP DATE: 04/97
AUTH CODE: 057330
S S

REDACTED

SUBTOTAL: 47.45
I agree to comply with the card holder agreement.

Tip 7.00

Total 54.45

Signature

APPENDIX DR 305B
PAGE 211 OF 226

LUNCH - E. Russell (MP Pres)
C. Matthews
C. Burns
D. Westreck } SSV
S. Vierra

EXPENSE RECORD

NATURE OF EXPENSE
BUSINESS PURPOSE Business Lunch
NAME E. Russell - MP Pres.
R. Terreo, J. Swent, G. Clark
S. Vierra
NOTES

STOMER COPY

ESTABLISHMENT NAME

IOWA BEEF RANCH
ALTAMONTE SPRINGS, FL
000713102380001 003

DATE: MAY 24, 95
APPROVAL CODE: 003701

CUSTOMER NAME
S S
[redacted]
M.C. 97-04

TRANSACTION TYPE
SALE

RECORD OF CHARGE #: 604363
TERMINAL #: 50000713

DESCRIPTION OF PURCHASES/SERVICES
FOOD AND BEVERAGE
BASE AMOUNT $38.85

TIP AMOUNT 6.00

TOTAL 44.85

CUSTOMER SIGN HERE
X [signature]

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

RED HOT AND BLUE
ALTAMONTE SPRINGS
407 788-1109

STATION # 1

TUE: MAY 23, 1995 01:38 PM

CREDIT CARD

ACCT NO: [redacted]
EXP DATE: 7704
TR TYPE: PURCHASE
AMOUNT: $ 36.92
APP CODE: 003387
REC NO: 612

SERVER NO: 7
TICKET NUMBER: 00006
SUB TOTAL = $ 36.92

TIP = $ 5.00

TOTAL = $ 41.92

SIGN [signature]
S S

REDACTED

APPENDIX DR305B
PAGE 221 OF 226

8/10/1995 14:11:17 Interactive trial balance GLGTBGL2 GLDTBGL2
JOURNALS

Accounting year/period : 1995 03 MAR 3/31/1995 Type : Monetary
001.00001.620.99.1861.0000.100 Deferred Rate Case Costs
Start balance : .00 Posted activity . : 1,287.25
balance : 1,287.25

Journal	Date	Reference	Source	Job code	Amount
17784	3/09/1995	PAYROLL	PY		608.00 ✓
17874	3/22/1995	PAYROLL	PY		679.25 ✓

Options, 5=Display
F3=Exit F5=Fold/unfold F8=Function keys F10=QuikAccess F24=More keys

BOUVERIE, TERESA

8/10/1995 14:11:27 Interactive trial balance GLGTBGL2 GLDTBGL2
JOURNALS

Accounting year/period : 1995 04 APR 4/30/1995 Type : Monetary
001.00001.620.99.1861.0000.100 Deferred Rate Case Costs
Start balance : 1,287.25 Posted activity . : 1,479.63
balance : 2,766.88

Journal	Date	Reference	Source	Job code	Amount
18096	4/06/1995	PAYROLL	PY		745.75
18235	4/19/1995	PAYROLL	PY		733.88

Options, 5=Display
F3=Exit F5=Fold/unfold F8=Function keys F10=QuikAccess F24=More keys

8/10/1995 14:11:34 Interactive trial balance GLGTBGL2 GLDTBGL2
JOURNALS

Accounting year/period : 1995 05 MAY 5/31/1995 Type : Monetary
001.00001.620.99.1861.0000.100 Deferred Rate Case Costs
Start balance : 2,766.88 Posted activity . : 1,273.01
balance : 4,039.89

Journal	Date	Reference	Source	Job code	Amount
18442	5/04/1995	PAYROLL	PY		570.00 ✓
18539	5/18/1995	PAYROLL	PY		703.01 (21.38 + 681.63)

Options, 5=Display
F3=Exit F5=Fold/unfold F8=Function keys F10=QuikAccess F24=More keys

7/21/1995 7:03:10 Interactive trial balance GLGTBGL2 GLDTBGL2
JOURNALS

Accounting year/period : 1995 06 Type : Monetary
001.00001.620.99.1861.0000.100 Deferred Rate Case Costs
art balance : 4,039.89 Posted activity . : 2,014.00
..d balance : 6,053.89 Unposted activity : .00

O	Journal	Date	Reference	Source	Job code	Amount
	18582	5/31/1995	PAYROLL	PY		731.50
	18774	6/14/1995	PAYROLL	PY		555.75
	18870	6/28/1995	PAYROLL	PY		726.75

Options, 5=Display
F3=Exit F5=Fold/unfold F8=Function keys F10=QuikAccess F24=More keys

7/21/1995 7:03:34 Interactive trial balance GLGTXI GLDTXI
JOURNAL DETAILS

Journal number : 18582 PAYROLL 2000 CLOSE TO GENERAL Monetary
Reference : PAYROLL Source : PY Year/period : 1995 06
tercompany table : 001
Credit total : 1,130,897.21 units Total :
Debit total : 1,130,897.21 Total : 83211.50
Locate account . 001.00001.620.99.1861.0000.100 +

Co#.Plant.Rsp.UC.Acct.Sbac.CEC	Job code	Amount
Account Description	Transaction Description	units
project# task/sub-t		
001.02401.330.01.6013.0000.100		63.16
LABOR	PAYROLL 2000 CLOSE TO GENERAL	4.00
001.00106.195.01.6016.0000.100		97.98
LABOR	PAYROLL 2000 CLOSE TO GENERAL	8.00
001.00001.620.99.1861.0000.100		731.50
Deferred Rate Case Costs	PAYROLL 2000 CLOSE TO GENERAL	77.00 +

F3=Exit F4=Prompt F6=Journal Header F8=Function keys F24=More keys

7/21/1995 7:11:38 Interactive trial balance GLGTXI GLDTXI
JOURNAL DETAILS

Journal number : 18774 PAYROLL 2000 CLOSE TO GENERAL Monetary
Reference : PAYROLL Source : PY Year/period : 1995 06
tercompany table : 001
Credit total : 1,145,216.27 units Total :
Debit total : 1,145,216.27 Total : 84506.00
Locate account . 001.00001.620.99.1861.0000.100 +

Co#.Plant.Rsp.UC.Acct.Sbac.CEC	Job code	Amount
Account Description	Transaction Description	units
project# task/sub-t		
001.02401.330.01.6013.0000.100		68.98
LABOR	PAYROLL 2000 CLOSE TO GENERAL	
		8.00
001.00001.620.99.1861.0000.100		555.75
Deferred Rate Case Costs	PAYROLL 2000 CLOSE TO GENERAL	
		58.50
001.00001.000.99.2410.7000.000		1850.98-
MRA/DRA	PAYROLL 2000 CLOSE TO GENERAL	

+

F3=Exit F4=Prompt F6=Journal Header F8=Function keys F24=More keys

```
  7/21/1995  7:22:04      Interactive trial balance       GLGTXI      GLDTXI
                                                          JOURNAL DETAILS
Journal number :    18870 PAYROLL 2000 CLOSE TO GENERAL   Monetary
Reference : PAYROLL     Source : PY          Year/period : 1995 06
  tercompany table : 001
Credit total :          1,155,505.57     units      Total :
Debit  total :          1,155,505.57                Total :          82935.25
Locate account . 001.00001.620.99.1861.0000.100        +
    Co#.Plant.Rsp.UC.Acct.Sbac.CEC        Job code                      Amount
Account Description             Transaction Description              units
          project#   task/sub-t
    001.00001.620.99.1861.0000.100                                      726.75
Deferred Rate Case Costs        PAYROLL 2000 CLOSE TO GENERAL
                                                                         76.50
    001.00001.000.99.2410.7000.000                                     1850.98-
MRA/DRA                         PAYROLL 2000 CLOSE TO GENERAL

    001.00470.125.01.6015.0000.100                                       25.41
LABOR                           PAYROLL 2000 CLOSE TO GENERAL
                                                                          2.50 +


F3=Exit  F4=Prompt  F6=Journal Header  F8=Function keys  F24=More keys
```

```
 3/12/1996 16:37:31     Interactive trial balance      GLGTXI     GLDTXI
                                                       JOURNAL DETAILS
Journal number :   19070 PAYROLL 2000 CLOSE TO GENERAL   Monetary
Reference : PAYROLL    Source : PY          Year/period : 1995 07
Intercompany table : 001
Credit total :          1,203,998.33     units      Total :
Debit  total :          1,203,998.33                Total :          83992.50
Locate account . 001.00001.620.99.1861.0000.100       +
    Co#.Plant.Rsp.UC.Acct.Sbac.CEC        Job code                    Amount
Account Description             Transaction Description             units
          project#   task/sub-t
    001.00001.620.99.1861.0000.100                                    565.25
Deferred Rate Case Costs        PAYROLL 2000 CLOSE TO GENERAL
                                                                       59.00
    001.00001.000.99.2410.7000.000                                   1850.98-
MRA/DRA                         PAYROLL 2000 CLOSE TO GENERAL

    001.00773.195.01.6016.0000.100                                     36.74
LABOR                           PAYROLL 2000 CLOSE TO GENERAL
                                                                        3.00 +


š
F3=Exit  F4=Prompt  F6=Journal Header  F8=Function keys  F24=More keys
```

(14.25 * 551.00)

```
  3/12/1996 16:40:21      Interactive trial balance       GLGTXI     GLDTXI
                                                          JOURNAL DETAILS
Journal number :    19135 PAYROLL 2000 CLOSE TO GENERAL    Monetary
Reference : PAYROLL     Source : PY          Year/period : 1995 07
Intercompany table : 001
Credit total :          1,121,593.06     units      Total :
Debit  total :          1,121,593.06                Total :          79757.00
Locate account . 001.00001.620.99.1861.0000.100        +
    Co#.Plant.Rsp.UC.Acct.Sbac.CEC        Job code                      Amount
Account Description             Transaction Description              units
          project#   task/sub-t
    001.00001.620.99.1861.0000.100                                      130.63
Deferred Rate Case Costs        PAYROLL 2000 CLOSE TO GENERAL
                                                                         13.75
    001.00001.000.99.2410.7000.000                                     1622.14-
MRA/DRA                         PAYROLL 2000 CLOSE TO GENERAL

    001.00470.125.01.6015.0000.100                                      81.33
LABOR                           PAYROLL 2000 CLOSE TO GENERAL
                                                                         8.00 +


%
F3=Exit  F4=Prompt  F6=Journal Header  F8=Function keys  F24=More keys
```

```
  3/12/1996 16:46:14     Interactive trial balance      GLGTXI     GLDTXI
                                                        JOURNAL DETAILS
Journal number :   19311 PAYROLL 2000 CLOSE TO GENERAL   Monetary
Reference : PAYROLL    Source : PY         Year/period : 1995 08
Intercompany table : 001
Credit total :         1,122,614.17     units      Total :
Debit  total :         1,122,614.17                Total :         81054.50
Locate account . 001.00001.620.99.1861.0000.100       +
    Co#.Plant.Rsp.UC.Acct.Sbac.CEC        Job code                    Amount
Account Description           Transaction Description              units
          project#   task/sub-t
    001.00001.620.99.1861.0000.100                                  $ 676.88
Deferred Rate Case Costs      PAYROLL 2000 CLOSE TO GENERAL
                                                                      68.50
    001.00001.000.99.2410.7000.000                                  1622.14-
MRA/DRA                       PAYROLL 2000 CLOSE TO GENERAL

    001.00470.125.01.6015.0000.100                                    15.25
LABOR                         PAYROLL 2000 CLOSE TO GENERAL
                                                                       1.50 +


$
F3=Exit  F4=Prompt  F6=Journal Header  F8=Function keys  F24=More keys
```

($78.38 + $598.50)

```
  3/12/1996 16:46:23      Interactive trial balance       GLGTXI     GLDTXI
                                                          JOURNAL DETAILS
Journal number :   19373 PAYROLL 2000 CLOSE TO GENERAL    Monetary
Reference : PAYROLL     Source : PY          Year/period : 1995 08
Intercompany table : 001
Credit total :          1,122,014.84     units      Total :
Debit  total :          1,122,014.84                Total :          81403.50
Locate account . 001.00001.620.99.1861.0000.100        +
    Co#.Plant.Rsp.UC.Acct.Sbac.CEC        Job code                      Amount
Account Description             Transaction Description             units
          project#   task/sub-t
    001.00001.620.99.1861.0000.100                                     824.13
Deferred Rate Case Costs        PAYROLL 2000 CLOSE TO GENERAL
                                                                        84.00
    001.01427.215.01.6013.0000.100                                       7.15
LABOR                           PAYROLL 2000 CLOSE TO GENERAL
                                                                         .50
    001.00001.000.99.2410.7000.000                                    1622.14-
MRA/DRA                         PAYROLL 2000 CLOSE TO GENERAL
                                                                          +


š
F3=Exit  F4=Prompt  F6=Journal Header  F8=Function keys  F24=More keys
```

```
  3/12/1996 16:42:52      Interactive trial balance       GLGTXI     GLDTXI
                                                          JOURNAL DETAILS
Journal number :   19539 PAYROLL 2000 CLOSE TO GENERAL   Monetary
Reference : PAYROLL    Source : PY          Year/period : 1995 09
Intercompany table : 001
Credit total :          1,116,150.66     units      Total :
Debit  total :          1,116,150.66                Total :          81082.75
Locate account . 001.00001.620.99.1861.0000.100       +
    Co#.Plant.Rsp.UC.Acct.Sbac.CEC        Job code                     Amount
Account Description            Transaction Description              units
          project#   task/sub-t
    001.00001.620.99.1861.0000.100                                     743.38
Deferred Rate Case Costs       PAYROLL 2000 CLOSE TO GENERAL
                                                                        78.25
    001.01427.215.01.6013.0000.100                                       7.15
LABOR                          PAYROLL 2000 CLOSE TO GENERAL
                                                                         .50
    001.00001.000.99.2410.7000.000                                   1622.14-
MRA/DRA                        PAYROLL 2000 CLOSE TO GENERAL
                                                                           +


§
F3=Exit  F4=Prompt  F6=Journal Header  F8=Function keys  F24=More keys
```

APPENDIX _____ PAGE _____ OF _____

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: VBC ENTERED BY: RES

YEAR/PD:	1995-12	SOURCE:	GJ	JOURNAL NUMBER:	210165
COMPANY:	001	BATCH TYPE:	M		
INTERCO. TABLE:	001	REFERENCE CODE:	SJ561 RES	BATCH NUMBER:	8795

DESCRIPTION: RECORD FRINGE BENEFITS AUTO ACCRUAL? ~~YES~~ NO

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1	001.90001.999.99.1059.2000.105	-		355,680.64
2	001.00001.999.01.6041.0000.105	-		725,852.91
3	001.00001.999.02.7041.0000.105	-		566,550.22
4	001.00001.999.03.6041.0000.999	-		24,620.80
5	001.90001.999.99.6047.0000.105	-		362,609.04
6	001.90001.999.99.6048.0000.105	-		1,459,978.23
7	001.00001.665.99.1840.3000.105	-		11,794.94
8	001.00001.000.99.4260.2000.000	-		166.03
9	001.00001.000.99.4260.4000.000	-		421.97
10	001.00001.000.99.4260.5000.000	-		15,997.67
11	001.02601.000.03.4160.0000.000	-		454.47
12	001.02901.000.03.4160.0000.000	-		1,622.48
13	001.00001.620.99.1861.0000.105	95RA100		849.05
14	001.00001.570.99.1830.0000.105	94PN336		51.16

TOTAL NUMBER OF DISTRIBUTIONS: 118

TOTAL DEBITS: 3,716,762.22

TOTAL CREDITS: (3,716,762.22)

TOTAL UNITS (Statistics Only): N/A

APPENDIX DR365-B PAGE 334 OF 2226

APPENDIX _____ PAGE _____ OF _____

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: ENTERED BY: RES

YEAR/PD: 1995-12 SOURCE: GJ JOURNAL NUMBER: 0
COMPANY: 001 BATCH TYPE: M
INTERCO. TABLE: 001 REFERENCE CODE: SJ561 RES BATCH NUMBER: 0
DESCRIPTION: RECORD FRINGE BENEFITS AUTO ACCRUAL? ~~YES~~ NO

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
15	001.00001.570.99.1830.0000.105	94PN337		-
16	001.00001.570.99.1830.0000.105	94PS014		105.28
17	001.00001.580.99.1830.0000.105	94PS014		16.33
18	001.00001.570.99.1830.0000.105	94PS015		777.48
19	001.00001.570.99.1830.0000.105	94PS338		54.53
20	001.00001.580.99.1830.0000.105	94PS338		52.68
21	001.00001.570.99.1830.0000.105	94PW337		50.42
22	001.00001.570.99.1830.0000.105	94PW341		242.85
23	001.00001.570.99.1830.0000.105	95PC715		33.90
24	001.00001.570.99.1830.0000.105	95PC716		3,291.71
25	001.00001.580.99.1830.0000.105	95PC716		54.01
26	001.00001.570.99.1830.0000.105	95PC717		-
27	001.00001.580.99.1830.0000.105	94PC717		-
28	001.00001.570.99.1830.0000.105	95PC719		164.47

TOTAL NUMBER OF DISTRIBUTIONS: _____
TOTAL DEBITS: _____
TOTAL CREDITS: _____
TOTAL UNITS (Statistics Only): N/A

APPENDIX DR 305-B
PAGE 335 OF 2226

APPENDIX _____ PAGE _____ OF _____

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: ENTERED BY: RES

YEAR/PD: 1995-12 SOURCE: GJ JOURNAL NUMBER: 0

COMPANY: 001 BATCH TYPE: M

INTERCO. TABLE: 001 REFERENCE CODE: SJ561 RES BATCH NUMBER: 0

DESCRIPTION: RECORD FRINGE BENEFITS AUTO ACCRUAL? ~~YES~~ NO

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
29	001.00001.570.99.1830.0000.105	95PC720		117.53
30	001.00001.570.99.1830.0000.105	95PC750		2,619.63
31	001.00001.570.99.1830.0000.105	95PN701		206.44
32	001.00001.570.99.1830.0000.105	95PN702		144.05
33	001.00001.570.99.1830.0000.105	95PN703		209.81
34	001.00001.580.99.1830.0000.105	95PN703		122.22
35	001.00001.570.99.1830.0000.105	95PN704		30.60
36	001.00001.570.99.1830.0000.105	95PN706		241.23
37	001.00001.570.99.1830.0000.105	95PN707		41.09
38	001.00001.570.99.1830.0000.105	95PN721		1,355.32
39	001.00001.580.99.1830.0000.105	95PN721		79.92
40	001.00001.570.99.1830.0000.105	95PN740		115.34
41	001.00001.570.99.1830.0000.105	95PN743		445.94
42	001.00001.570.99.1830.0000.105	95PO751		16.53

TOTAL NUMBER OF DISTRIBUTIONS: _____

TOTAL DEBITS: _____

TOTAL CREDITS: _____

TOTAL UNITS (Statistics Only): N/A

APPENDIX DR365.B

PAGE 336 OF 2226

APPENDIX_____

PAGE____ OF ____

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: ENTERED BY: RES

YEAR/PD: 1995-12 SOURCE: GJ JOURNAL NUMBER: 0

COMPANY: 001 BATCH TYPE: M

INTERCO. TABLE: 001 REFERENCE CODE: SJ561 RES BATCH NUMBER: 0

DESCRIPTION: RECORD FRINGE BENEFITS AUTO ACCRUAL? ~~YES~~ NO

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
43	001.00001.570.99.1830.0000.105	95PS708		53.52
44	001.00001.570.99.1830.0000.105	95PS709		14.37
45	001.00001.570.99.1830.0000.105	95PS710		139.61
46	001.00001.570.99.1830.0000.105	95PS712		646.17
47	001.00001.570.99.1830.0000.105	95PS724		21.97
48	001.00001.570.99.1830.0000.105	95PS725		530.35
49	001.00001.570.99.1830.0000.105	95PS726		381.22
50	001.00001.570.99.1830.0000.105	95PS727		29.74
51	001.00001.570.99.1830.0000.105	95PS730		57.47
52	001.00001.570.99.1830.0000.105	95PW722		43.75
53	001.00001.580.99.1830.0000.105	95PW722		3.85
54	001.00001.570.99.1830.0000.105	95PW723		254.89
55	001.00001.580.99.1830.0000.105	95PW723		1.92
56	001.00001.570.99.1830.0000.105	95PW724		-

TOTAL NUMBER OF DISTRIBUTIONS: _____

TOTAL DEBITS: _____

TOTAL CREDITS: _____

TOTAL UNITS (Statistics Only): N/A

****Page 4 of 5****

APPENDIX DR305-B

PAGE 337 OF 2226

APPENDIX ____ PAGE ____ OF ____

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: ENTERED BY: RES

YEAR/PD:	1995-12	SOURCE:	GJ	JOURNAL NUMBER:	0
COMPANY:	001	BATCH TYPE:	M		
INTERCO. TABLE:	001	REFERENCE CODE:	SJ561 RES	BATCH NUMBER:	0
DESCRIPTION:	RECORD FRINGE BENEFITS			AUTO ACCRUAL?	~~YES~~ ND

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
57	001.00001.570.99.1830.0000.105	95PW736		74.56
58	001.00001.570.99.1830.0000.105	95PW737		72.30
59	001.00001.570.99.1830.0000.105	95PW738		91.50
60	001.00001.580.99.1830.0000.105	95PW738		1.92
61	001.90001.999.99.6049.9900.105	-		(3,426,746.36)
62	001.00001.000.99.4081.2999.000	-		(82,213.81)
63	001.90001.999.99.6588.0000.999	-		(30,920.06)
64	001.00001.999.01.6581.0000.999	-		77,576.66
65	001.00001.999.02.7581.0000.999	-		60,550.93
66	001.90001.999.99.6587.0000.999	-		38,754.40
67	001.90001.999.99.6588.0000.999	-		(176,881.99)
68				
69				
70				

TOTAL NUMBER OF DISTRIBUTIONS: _____

TOTAL DEBITS: _____

TOTAL CREDITS: _____

TOTAL UNITS (Statistics Only): N/A

****Page 5 of 5****

APPENDIX DR 305-B
PAGE 338 OF 2226

APPENDIX _____ PAGE ____ OF ____

1/6/96
Prepared by: R. Small
FRINGE.XLS

APPLIED FRINGE CALCULATION
DECEMBER 1995

Per December month-to-date trial balance:

Water O & M		Sewer O & M		Gas O & M		Customer Service		Admin & General		Overhead		Other	
01.6011	205,075.82	02.7011	54,314.75	03.6011	829.43	99.6017	1,502,108.68	99.6018	6,047,962.84	99.1050	343,029.83	1840.3000	35,124.91
01.6012	89,597.94	02.7012	80,051.25	03.6012	0.00					99.1059	716,173.99	4260.2000	494.39
01.6013	886,898.75	02.7013	251,596.27	03.6013	17,725.49							4260.4000	1,256.63
01.6014	73,588.91	02.7014	169,429.00	03.6014	0.00							4260.5000	47,640.47
01.6015	509,273.42	02.7015	1,443,035.02	03.6015	56,369.16							2601.03.4160	1,353.40
01.6016	625,881.91	02.7016	346,509.17	03.6016	27,067.62							2901.03.4160	4,831.68
99.6013	216,050.56											1861.0000.100	8,994.16
99.6016	400,479.88											570.99.1830	37,804.86
												580.99.1830	997.14
												585.99.1830	0.00
	3,006,847.19		2,346,935.46		101,991.70		1,502,108.68		6,047,962.84		1,059,203.82		138,497.64

Calculation of F/B Applied:

		YearToDate Labor Dollars	Actual Fringe Rate 0.2414	Actual Workers Comp Rate 0.0258	Actual Payroll Tax Rate 0.0686	Total Applied
	001.90001.999.99.1059.2000.105	1,059,203.82	255,691.80	27,327.46	72,661.38	355,680.64
	001.00001.999.01.6041.0000.105	3,006,847.19	725,852.91			725,852.91
	001.00001.999.02.7041.0000.105	2,346,935.46	566,550.22			566,550.22
	001.00001.999.03.6041.0000.999	101,991.70	24,620.80			24,620.80
	001.90001.999.99.6047.0000.105	1,502,108.68	362,609.04			362,609.04
	001.90001.999.99.6048.0000.105	6,047,962.84	1,459,978.23			1,459,978.23
	001.00001.665.99.1840.3000.105	35,124.91	8,479.15	906.22	2,409.57	11,794.94
	001.00001.000.99.4260.2000.000	494.39	119.35	12.76	33.92	166.03
	001.00001.000.99.4260.4000.000	1,256.63	303.35	32.42	86.20	421.97
	001.00001.000.99.4260.5000.000	47,640.47	11,500.41	1,229.12	3,268.14	15,997.67
	001.02601.000.03.4160.0000.000	1,353.40	326.71	34.92	92.84	454.47
	001.02901.000.03.4160.0000.000	4,831.68	1,166.37	124.66	331.45	1,622.48
95RA100	001.00001.620.99.1861.0000.105	8,994.16	0.00	232.05	617.00	849.05
94PN336	001.00001.570.99.1830.0000.105	152.37	36.78	3.93	10.45	51.16
94PN337	001.00001.570.99.1830.0000.105	0.00	0.00	0.00	0.00	0.00
94PS014	001.00001.570.99.1830.0000.105	313.52	75.68	8.09	21.51	105.28
94PS014	001.00001.580.99.1830.0000.105	54.59	13.18	1.41	3.74	18.33
94PS015	001.00001.570.99.1830.0000.105	2,315.31	558.92	59.73	158.83	777.48
94PS338	001.00001.570.99.1830.0000.105	162.40	39.20	4.19	11.14	54.53
94PS338	001.00001.580.99.1830.0000.105	156.86	37.87	4.05	10.76	52.68
94PW337	001.00001.570.99.1830.0000.105	150.15	36.25	3.87	10.30	50.42
94PW341	001.00001.570.99.1830.0000.105	723.21	174.58	18.66	49.61	242.85
95PC715	001.00001.570.99.1830.0000.105	100.96	24.37	2.60	6.93	33.90
95PC716	001.00001.570.99.1830.0000.105	9,802.57	2,366.34	252.91	672.46	3,291.71
95PC716	001.00001.580.99.1830.0000.105	160.84	38.83	4.15	11.03	54.01
95PC717	001.00001.570.99.1830.0000.105	0.00	0.00	0.00	0.00	0.00
94PC717	001.00001.580.99.1830.0000.105	0.00	0.00	0.00	0.00	0.00

APPENDIX DR 305-B
PAGE 329 OF 2226

APPENDIX _____

PAGE _____ OF _____

1/6/96
Prepared by: R. Small
FRINGE.XLS

95PC719	001.00001.570.99.1830.0000.105	549.35	132.61	14.17	37.69	184.47
95PC720	001.00001.570.99.1830.0000.105	350.00	84.49	9.03	24.01	117.53
95PC750	001.00001.570.99.1830.0000.105	8,397.35	2,027.12	216.65	576.06	2,819.83
95PN701	001.00001.570.99.1830.0000.105	614.77	148.41	15.86	42.17	206.44
95PN702	001.00001.570.99.1830.0000.105	428.94	103.55	11.07	29.43	144.05
95PN703	001.00001.570.99.1830.0000.105	624.81	150.83	16.12	42.86	209.81
95PN703	001.00001.580.99.1830.0000.105	363.94	87.86	9.39	24.97	122.22
95PN704	001.00001.570.99.1830.0000.105	91.15	22.00	2.35	6.25	30.60
95PN706	001.00001.570.99.1830.0000.105	718.38	173.42	18.53	49.28	241.23
95PN707	001.00001.570.99.1830.0000.105	122.37	29.54	3.16	8.39	41.09
95PN721	001.00001.570.99.1830.0000.105	4,036.09	974.31	104.13	276.88	1,355.32
95PN721	001.00001.580.99.1830.0000.105	238.00	57.45	6.14	16.33	79.92
95PN740	001.00001.570.99.1830.0000.105	343.51	82.92	8.86	23.56	115.34
95PN743	001.00001.570.99.1830.0000.105	1,326.02	320.58	34.26	91.10	445.94
95PO751	001.00001.570.99.1830.0000.105	49.20	11.88	1.27	3.38	16.53
95PS708	001.00001.570.99.1830.0000.105	159.39	38.48	4.11	10.93	53.52
95PS709	001.00001.570.99.1830.0000.105	42.79	10.33	1.10	2.94	14.37
95PS710	001.00001.570.99.1830.0000.105	415.75	100.36	10.73	28.52	139.61
95PS712	001.00001.570.99.1830.0000.105	1,924.26	464.52	49.65	132.00	646.17
95PS724	001.00001.570.99.1830.0000.105	65.40	15.79	1.69	4.49	21.97
95PS725	001.00001.570.99.1830.0000.105	1,579.35	381.26	40.75	108.34	530.35
95PS726	001.00001.570.99.1830.0000.105	1,135.25	274.05	29.29	77.88	381.22
95PS727	001.00001.570.99.1830.0000.105	88.56	21.38	2.28	6.08	29.74
95PS730	001.00001.570.99.1830.0000.105	171.14	41.31	4.42	11.74	57.47
95PW722	001.00001.570.99.1830.0000.105	130.29	31.45	3.36	8.94	43.75
95PW722	001.00001.580.99.1830.0000.105	11.45	2.76	0.30	0.79	3.85
95PW723	001.00001.570.99.1830.0000.105	759.07	183.24	19.58	52.07	254.89
95PW723	001.00001.580.99.1830.0000.105	5.73	1.38	0.15	0.39	1.92
95PW724	001.00001.570.99.1830.0000.105	0.00	0.00	0.00	0.00	0.00
95PW736	001.00001.570.99.1830.0000.105	222.04	53.60	5.73	15.23	74.56
P5PW737	001.00001.570.99.1830.0000.105	215.31	51.98	5.55	14.77	72.30
95PW738	001.00001.570.99.1830.0000.105	272.51	65.78	7.03	18.69	91.50
95PW738	001.00001.580.99.1830.0000.105	5.73	1.38	0.15	0.39	1.92
	001.90001.999.99.6049.9900.105		(3,426,746.36)			(3,426,746.36)
	001.00001.000.99.4081.2999.000				(82,213.81)	(82,213.81)
	001.90001.999.99.6586.0000.999			(30,920.06)		(30,920.06)

Account #1861.0000 does not have actual fringe applied because this labor is from a temporary employee who is not not eligible for benefits. Taxes and Workers Comp is applied since we are obligated for these charges.

To allocate portion of Worker's Comp to O & M and Customer Accts:

	Exp Labor	0.0258	
O & M Water	3,006,847.19	77,576.66	001.00001.999.01.6581.0000.999
O & M Sewer	2,348,935.46	60,550.93	001.00001.999.02.7581.0000.999
Cust Service	1,502,108.68	38,754.40	001.90001.999.99.6587.0000.999
		(176,881.99)	001.90001.999.99.6588.0000.999

APPENDIX DR 305-B

PAGE 340 OF 2226

APPENDIX _____

PAGE _____ OF _____

Southern States Utilities, Inc.
Fringe Rate Calculation
1995 Budget vs. Actual Comparison

Account	Description	Budget 1995	Actual 1995
6049.1000	Health Insurance	1,935,309	1,688,085
6049.2000	Life Insurance	102,475	93,940
6049.3000	Service Awards/Tuition	50,643	32,758
6049.4000	401K Plan	150,100	127,468
6049.5000	Pension	342,425	460,144
6049.6000	EAP Program	17,107	11,576
6049.7000	Wellness / Emp Recognition	18,700	21,170
6049.8000	Long-term Disability	65,500	55,250
6049.9000	OPEB Costs	787,150	981,819
6588.0000	Workman's Comp Insurance	300,043	370,972
4081.2000	Payroll Taxes	1,117,648	987,399
	Total Fringe Costs	4,887,100	4,830,581
	Actual/Budgeted Labor	13,970,606	14,383,991
	Actual Fringe Rate	24.83%	24.14%
	Actual Workman's Comp Rate	2.15%	2.58%
	Actual Payroll Tax Rate	8.00%	6.86%
	Calculated Fringe Rate	34.98%	33.58%

APPENDIX DR 365-B

PAGE 341 OF 2226

1/06/1996 9:52:26 Interactive trial balance GLGTBGL2 GLDTBGL2
Locate account/mask 001.90001.***.99.6049.****.*** + Dmastro +
Subtotal mask . . . 1000000 Subtotals 0,1,2 1 Bu sc +
Year/period . . . . 1995 + 12 Transaction date Only? . . . 0
Zero balance? 1 Sequence A,B Balance type M,S,B,U M

Type options, press Enter. 5=Display.

O	Co#.Plant.Rsp.UC.Acct.Sbac.CEC	Current Period	YTD/ Cumulative
	001.90001.600.99.6049.1000.106	85,940.07-	1,688,084.93
	001.90001.600.99.6049.2000.106	.00	93,940.00
	001.90001.600.99.6049.3000.106	1,811.76	32,758.19
	001.90001.600.99.6049.4000.106	15,285.16	127,468.45
	001.90001.600.99.6049.5000.106	122,486.54	460,144.45
	001.90001.600.99.6049.6000.106	.00	11,576.02
	001.90001.600.99.6049.7000.106	.00	21,170.53
	001.90001.600.99.6049.8000.106	4,536.78	55,249.70
	001.90001.600.99.6049.9000.106	229,305.00	981,818.83
	001.90001.999.99.6049.5000.106	.00	135,455.00
	001.90001.999.99.6049.5000.999	.00	.00
	001.90001.999.99.6049.9900.105	3,321,018.98	3,372.44- +

F3=Exit F4=Prompt F5=Fold/unfold F8=Function keys F24=More keys

107
002
67,581·37
Worker's Comp
147,581·37*+
174,842·48 +
48,548·00 +
003
370,971·85 *

```
 1/06/1996 10:02:04      Interactive trial balance          GLGTBGL2   GLDTBGL2
Locate account/mask 001.00001.***.99.4081.2***.***        + Dmacro            +
Subtotal mask . . . 10000000        Subtotals  0,1,2 1       Budget             +
Year/period . . . . 1995 + 12       Transaction date            Only? . . . 0
Zero balance? 1     Sequence A,B    Balance type M,S,B,U   M

Type options, press Enter.  5=Display.

O Co#.Plant.Rsp.UC.Acct.Sbac.CEC          Current Period      YTD/ Cumulative
  001.00001.000.99.4081.2000.000            119,212.81           987,399.14
  001.00001.000.99.4081.2999.000             229,327.64             1,045.72-
  001                                        348,540.45           986,353.42



F3=Exit  F4=Prompt  F5=Fold/unfold  F8=Function keys  F24=More keys
```

APPENDIX _____

PAGE _____ OF _____

PYGR060 PYTR060 — PRIOR YEAR PAYROLL REGISTER — Page 332
1/02/96 12:11:38 — By Current Level

EMPLOYER SSU SOUTHERN STATES UTILITIES, INC
REG/DIV 0012 CUSTOMER SERVICE DIVISION — RESP CTR 670 CUSTOMER SERVICE - APOPKA
HOME PLANT 99001 GENERAL OFFICE — SUPERVISOR 01108 CUSTOMER SERV SUPV I - BVL

	INCOME		DEDUCTIONS						
	TYPE	HOURS	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	NET
SOUTHERN STATES UTILITIES, INC										
SSU										
	*EIC		384.20	*FICA	826177.31	*FMH1	201443.55	*FNT	1691035.96	
	*FCAR		32100.67	ADVC	2547.50	AUTO	6961.53	BOND	2525.00	
	*FFLH		2692.34	CRUN	95813.70	CSUP	56617.65	DCOMP	9763.68	
	*FINS		42510.07	DOEP	5013075.50	DOSV	255521.50	DEFC	628560.98	
	*FMOV		12679.74	DEN0	36.00	DEN1	504.00	DEN2	510.00	
	ATH	1002.75	12007.34	DRA	16581.27	E1P1	24000.00	EP00	57002.72	
	ATS	1210.50	23901.94	EP01	112055.40	EP02	93985.92	EP03	144940.69	
	BEX		202331.00	GARN	6455.79	INSF	53.07	INS0	1455.27	
	BIN		29907.00	INS1	4369.60	INS2	3468.74	INS3	5527.00	
	CH		930.00	LF01	3252.00	LF02	6556.50	LF03	3167.25	
	D	40.00	84.21	LF04	1995.00	LF05	5080.00	LF06	1726.50	
	DCOMP		13540.67	LF07	336.00	LF08	1426.00	LF10	7035.00	
	FH	942.00	10364.16	LOAN1	61924.97	LOAN2	5340.68	LOAN3	504.64	
	FIND		2875.00	MOVE	45000.35	MRA	26994.98	MQUAL	49072.16	
	FS	402.00	10007.76	PCL0	1723.36	PCL01	76613.79	PP00	3589.25	
	HH	21462.00	224056.10	PP01	16158.82	PP02	3520.60	PP03	5140.57	
	HS	7624.00	147747.74	SRPL	7356.74	SSUPC	3031.00	STKP	40212.04	
	JDH	193.25	1858.71	TULT	1908.40	UNAV	12078.27	WCOMP	2113.47	
	JDS	55.00	998.54	XMAS	2700.00					
	ML	384.00	1574.00							
	MOVE		21334.75							
	O	35771.00	599574.54							
	OC	15233.00	160244.19							
	OTI		7566.59							
	PH	8472.25	89220.33							
	PS	2048.75	56413.95							
	R	633318.75	6691099.54							
	RETRO		40000.59							
	S	262162.00	4906726.72							
	SEVER		42097.58							
	SEVH	6788.00	97005.50							
	SH	7741.00	78503.67							
	SHLT	8434.00	86967.03							
	SHMC	1323.50	13719.09							
	SS	1905.75	20445.50							
	SSLT	1700.75	12976.92							
	SSMC	26.00	294.05							
	ST2		5213.45							
	ST3		3579.69							
	SVH	517.50	9677.50							
	VH	34540.00	384190.10							
	VS	11169.75	236052.75							
EMPLOYER TOTAL	****	1656165.50	14303591.92					****	1651735.27	4643019.12
	WAGES		12214036.19							

APPENDIX DR 305.B

PAGE 344 OF 2226

Accounts Payable Voucher PAGE 345 OF 2226

Approved by: //

Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY

Inv Date: 1-2-95 Inv #: 52165677 Inv $: 260.06

Due Date: 1-18-95 Discount: _____ Terms: _____

Month/Yr: 1/95 Purchase Order #: _____

Description: T. BOUVERIE

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	260.06

Voucher Prepared by: [signature]

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
01/02/95	52165677

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PLACE
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS. .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

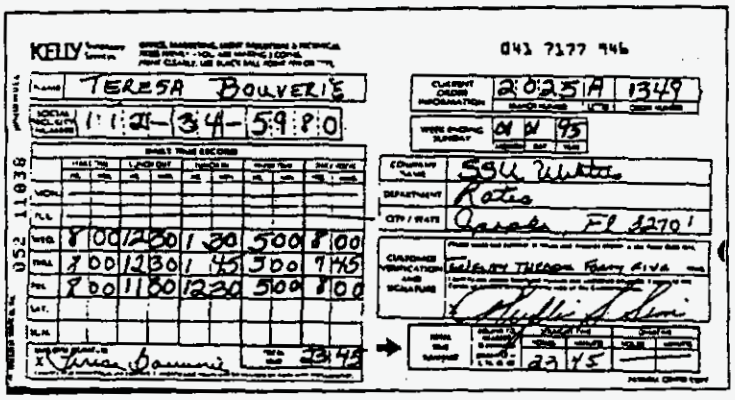
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
T BOUVERIE	SECRETARIAL	SC40	01/01	23.75	10.95			260.06

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 260.06



RECEIVED
JAN 10 1995
Accounts Payable

SERVICE AGREEMENT

KELLY TEMPORARY SERVICES ("Kelly") and the Customer identified on the face hereof ("Customer") as follows:

1. Kelly guarantees that the Kelly employees assigned to the Customer shall satisfactorily perform the services ordered by the Customer. If such services are not performed satisfactorily, upon reasonable notice to Kelly, Customer shall not be charged for unsatisfactory services that cannot be corrected to such reasonably satisfactory level and such shall be Customer's sole and exclusive remedy.
2. Kelly shall furnish competent, well-trained employees to the Customer and pay for the Customer's use of such employees for services at agreed-upon rates. Kelly employees shall perform the services under the Customer's direction, but shall remain employees of Kelly. Kelly assumes its legal obligation for the payment of wages, withholding taxes, unemployment contributions, workers' compensation, as well as the filing of all reports and the maintenance of records in connection therewith. Kelly will furnish the Customer with evidence of compliance with such obligations upon request. The Customer agrees to pay Kelly an hourly charge sufficient to discharge such obligations.
3. Kelly shall maintain the following insurance and will furnish Customer with a certificate of such insurance, subject to the provisions of such policies:
   (a) Workers' Compensation and Employer's Liability as required by statute.
   (b) Comprehensive General Liability insurance with limits of not less than $1,000,000 per occurrence, naming the Customer as an additional insured.
   (c) Employee Dishonesty Bond in the amount of $1,000,000 per occurrence, naming the Customer as additional insured.
4. Kelly shall indemnify the Customer against any claims and expenses (including reasonable attorney fees and other costs and expenses of litigation) for bodily injury or property damage asserted by the employees of the Customer, by employees of Kelly, or by members of the general public, which are based upon any negligent act, error or omission by Kelly, its agents, or its employees, within the scope of their assignment except as provided in Paragraphs 7, 8, 9 and 10. Kelly's liability under this Agreement is restricted to the acts, occurrences and events covered by the terms of, and shall not exceed the dollar limits of, its insurance as summarized in Kelly's certificate of insurance.
5. The Customer agrees (a) to notify Kelly in writing of any asserted claim within 10 days after either discovery of the occurrence upon which the claim may be based or learning of such claim, whichever occurs first, and (b) to permit Kelly to defend such claim at Kelly's option.
6. The Customer agrees not to pay, or agree to pay, any asserted claim under this Agreement without written approval from the Law Department of Kelly in Troy, Michigan.
7. The Customer shall provide Kelly employees with a suitable workplace which complies with all applicable safety and health standards, statutes and ordinances. [illegible]

041 71 77 946

KELLY Temporary Services — OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

PRINTED IN U.S.A.

NAME: TERESA BOUVERIE

SOCIAL SECURITY NUMBER: 112-34-5980

CURRENT ORDER INFORMATION: 2025 (BRANCH NUMBER) A (LETTER) 1349 (ORDER NUMBER)

WEEK ENDING SUNDAY: 01 (MONTH) 01 (DAY) 95 (YEAR)

COMPANY NAME: SSU Whittier

DEPARTMENT: [illegible]

CITY/STATE: [illegible] FP 32-701

RECEIVED
JAN 03 1995
Accounts Payable

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS.	DAILY TOTAL MIN.
MON.										
TUE.										
WED.	8	00	12	30	1	30	5	00	8	00
THU.	8	00	12	30	1	45	5	00	7	15
FRI.	8	00	11	30	12	30	5	00	8	00
SAT.										
SUN.										
TOTAL TIME									23	45

EMPLOYEE SIGNATURE: X Teresa Bouverie

I certify that these hours are correct. I understand hours will be verified by Kelly with the customer.

VERIFICATION AND SIGNATURE: Please write out number of hours and minutes shown in the Total Time box. TWENTY THREE HRS. FORTY FIVE MINS.

I certify the above hours are correct and authorize payment. I agree to the Terms of Service on the reverse side of the Customer Copy.

X [illegible]

TOTAL TIME SUMMARY	ROUND TO NEAREST 15 MINUTES (EXAMPLE — 0, 15, 30, 45)	STRAIGHT TIME HOURS	STRAIGHT TIME MINUTES	OVERTIME HOURS	OVERTIME MINUTES
		[illegible]	[illegible]		

CUSTOMER COPY

© 1993 KELLY SERVICES, INC.

Accounts Payable Voucher

Approved by: ///

Manual Check #: _____ Date: _____

pe: _____

Vendor #: 11048 Vendor Name: KELLY

Inv Date: 1-9-95 Inv #: 1194152 Inv $: 347.66

Due Date: 1-25-95 Discount: _____ Terms: _____

Month/Yr: 1/95 Purchase Order #: _____

Description: T. BOUVERIE

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	✓ 347.66

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
01/09/95	01194752

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PLACE
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

RECEIVED
JAN 17 1995
Accounts Payable

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.. 38-1510762
DUN & BRADSTREET I.D.. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS. .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

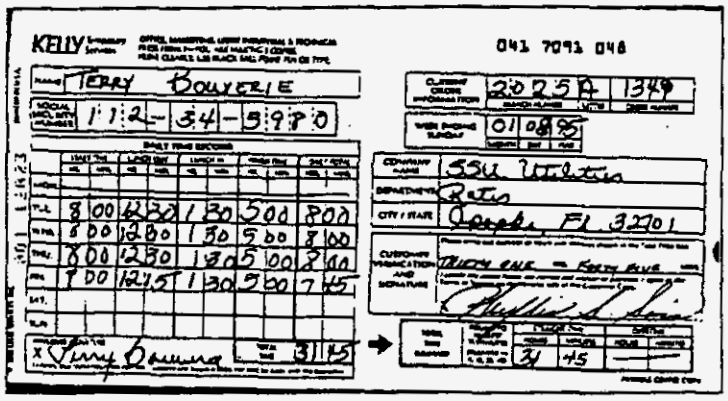
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
T BOUVERIE	SECRETARIAL	SC40	01/08	31.75	10.95			347.66

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 347.66



SERVICE AGREEMENT

KELLY TEMPORARY SERVICES ("Kelly") [illegible] ("Customer") as follows:

1. Kelly guarantees that the Kelly employees assigned to the Customer will satisfactorily perform the services rendered by the Customer. If such services are not performed satisfactorily, Kelly will, upon reasonable notice from the Customer, cancel all charges for unsatisfactory services and furnish a replacement as soon as possible. Such shall be Customer's sole and exclusive remedy.
2. Kelly shall furnish temporary help requested by the Customer and, except for the Customer's payment to Kelly for services at agreed-upon rates, Kelly employees shall perform the services under the Customer's direction, supervision and control. Kelly assumes its legal obligation for all temporary employees' wages, payroll taxes, unemployment and workers' compensation, as well as the employer's share of social security. At the Customer's request, Kelly will provide evidence of compliance with such obligations, and Kelly will indemnify the Customer for any liability arising out of Kelly's failure to discharge such obligations.
3. Kelly shall maintain the following insurance [illegible] and shall provide the Customer with a certificate of such insurance, subject to the provisions of Paragraph 4, 7, 8, 9 and 10:
   (a) Workers' Compensation and Employer's Liability Insurance
   (b) Comprehensive General Liability Insurance [illegible]
   (c) Employee Dishonesty Bond covering Kelly employees while engaged in the performance of the assignment for the Customer.
4. Kelly shall indemnify the Customer against any claims and expenses (including reasonable attorney fees and other costs and expenses of litigation) for bodily injury or property damage asserted by the employees of the Customer or employees of Kelly, or by members of the general public, which are based upon any negligent act, error or omission by Kelly, its agents, or its employees, within the scope of their assignment except as provided in Paragraphs 7, 8, 9 and 10. Kelly's liability under this Agreement is restricted to the acts, occurrences and events covered by the terms of, and shall not exceed the dollar limits of, its insurance as summarized in Kelly's certificate of insurance.
5. The Customer agrees (a) to notify Kelly in writing of any asserted claim within 10 days after either discovery of the occurrence upon which the claim may be based or learning of such claim, whichever occurs first, and (b) to permit Kelly to defend such claim at Kelly's option.
6. The Customer agrees not to pay or agree to pay any asserted claim under this Agreement without prior written approval from the Law Department of Kelly in Troy, Michigan.
7. The Customer shall provide Kelly employees with (a) a suitable workplace which complies with all applicable safety and health standards, statutes and ordinances, (b) all [illegible]

KELLY Temporary Services — OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

041 7091 048

RECEIVED
AUG 1995
Accounts Payable

NAME	TERRY BOUVERIE
SOCIAL SECURITY NUMBER	111-34-5980

CURRENT ORDER INFORMATION	BRANCH NUMBER	LETTER	ORDER NUMBER
	2025	A	1347

WEEK ENDING	MONTH	DAY	YEAR
	01	08	95

COMPANY NAME	[illegible]
DEPARTMENT	[illegible]
CITY	[illegible] FL 32701

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS.	DAILY TOTAL MINS.
MON.										
TUE.	8	00	12	30	1	30	5	00	8	00
WED.	8	00								
THU.	8	00	12	30	1	30	5	00	7	00
FRI.	8	00	12	15	1	30	5	00	7	45
SAT.										
SUN.										
							TOTAL TIME		31	45

EMPLOYEE SIGNATURE X Terry Bouverie
I certify that these hours are correct. I understand hours will be verified by Kelly with the customer.

CUSTOMER VERIFICATION AND SIGNATURE
Please write out number of hours and minutes shown in the Total Time box.
[illegible] HRS. Forty Five MINS.
I certify the above hours are correct and authorize payment. I agree to the Terms of Service on the reverse side of the Customer Copy.
X [illegible]

TOTAL TIME SUMMARY	ROUND TO NEAREST 15 MINUTES (EXAMPLE – 0, 15, 30, 45)	STRAIGHT TIME HOURS	STRAIGHT TIME MINUTES	OVERTIME HOURS	OVERTIME MINUTES
		31	45		

CUSTOMER COPY

PRINTED IN U.S.A.

© 1993 KELLY SERVICES, INC.

Accounts Payable Voucher

Approved By: KM

Manual Check #: _____ Date: _____

V or #: 2900 Vendor Name: Olsten

Inv Date: 3/05/95 Inv #: 0531-19678 Inv $: 80.52

Due Date: 3/22/95 Discount: _____

Month/Yr: 3/95 Purchase Order #: — Job Code: _____

Description: S. Beasley w/e 3/5/95

Account Number	Project Number	Dollar Amount
0001.625.99.1861.0000.245	95RA100	80.52

Voucher Prepared By: JJ

Olsten Staffing Services℠

PLEASE NOTE
NEW REMIT TO ADDRESS

SOUTHERN STATES UTILITIES
DONNA CLAUSER
1000 COLOR PLACE
APOPKA FL
32703

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
** MELVILLE, NEW YORK 11747-89
407 661-1111

TAX ID. 74-2123641

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-19678 S	03	05	95	63725

AMOUNT DUE 80.52

5311967800305956372560OC80523

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
BEASLEY SHANN	03/05	CLK SR	8.25	9.76	80.5

RECEIVED
MAR 13 1995
Accounts Payable

SERVICED BY:

TERMS: PAYABLE UPON RECEIPT

TOTAL 80.

APPENDIX

353 2226

PAGE OF

00001. 625.44. 1551-0000-240

Olsten Temporary Services

CHECK NUMBER 95874100

PRINT CLEARLY

WEEK ENDING SUNDAY | MO. 1 | DAY | YEAR | OFFICE NO.

EMPLOYEE NAME: Shannon Beasley

COMPANY NAME:

DEPARTMENT/JOB | COST CTR. NO. | ASSIGNMENT NO.

ARE YOU RETURNING ☐ YES ☐ NO

IF NO PLEASE CONTACT OLSTEN IMMEDIATELY

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN BY MAIL OR PHONE WITHIN 48 HOURS OF THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE.

X

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

ALL PAID TIME MUST BE VERIFIED.

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON					
TUE		PRINT LINE			
WED					
THU		THROUGH DAYS			
FRI	8:-	4:45		-	8.15
SAT		NOT WORKED			
SUN					

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED ▶ 1 2 3 4 5 6 7

TOTAL HOURS ▶ | STRAIGHT TIME ▶ 8.15

DO NOT INCLUDE LUNCH TIME | OVERTIME ▶

MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X

AUTHORIZED CLIENT'S SIGNATURE

PRINT NAME Engineer | DEPT. Facl Anal:S

CLIENT'S TITLE 880-3533 | DATE 3-3-95

TELEPHONE NO. | EXT.

CLIENT COPY

Accounts Payable Voucher

Approved By: [signature] Manual Check #: _____ Date: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 3/05/95 Inv #: 0531-19680 Inv $: 6588

Due Date: 3/22/95 Discount: _____

Month/Yr: 3/95 Purchase Order #: — Job Code: _____

Description: A. Crawford w/e 3/05/95

Account Number	Project Number	Dollar Amount
0000.6259.1861.0000.245	95RA100	1/6588

Voucher Prepared By: JJ

Olsten Staffing Services℠

PLEASE NOTE
NEW REMIT TO ADDRESS

SOUTHERN STATES UTILITIES
DONNA CLAUSER
1000 COLOR PLACE
APOPKA FL
32703

PLEASE REMIT TO:

OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
C531-19680 S	03	05	95	63725

AMOUNT DUE 65.68

5311968060305956372560006588 8

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOU...
CRAWFORD ANGEL	03/05	CLK SR	6.75	9.76	65

RECEIVED
MAR 13 1995
Accounts Payable

SERVICED BY:

TERMS

PAYABLE UPON RECEIPT

TOTAL 65.

00001-625-99-1861-0000.245

ALL OVERTIME MUST BE VERIFIED

Olsten Staffing Services™

CHECK NUMBER 95 RA 100

PRINT CLEARLY

WEEK ENDING SUNDAY	MO.	DAY	YEAR	OFFICE NO.
	5	7	95	0031

EMPLOYEE NAME: Angela M Crawford

COMPANY NAME: Southern States Utilities

DEPARTMENT NO.	COST CTR. NO.	ASSIGNMENT NO.
	X	56952

ASSIGNMENT STATUS: ☐ CONTINUING ☒ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE LENGTH OF ANY ASSIGNMENT IS NOT GUARANTEED.

X Angela M. Crawford

EMPLOYEE SIGNATURE

CLIENT COPY

REPORT ALL TIME TO NEAREST 10 MINUTES

DAY	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON					
TUES		DRAW LINE			
WED					
THU	7:00	4:45	9 3/4	-	9 3/4
FRI					
SAT		NOT WORKED			
SUN					

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED

1 2 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME) 9 3/4

STRAIGHT - TIME

OVERTIME

Six and three quarters

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X Gary S Morse

AUTHORIZED CLIENT SIGNATURE

PRINT NAME Gary Morse

CLIENT TITLE Engineer

TELEPHONE NO. 860-3553

DEPT. Plant Analysis

DATE 9-3-95

Accounts Payable Voucher

A~~pp~~roved By: [signature] Manual Check #: _____ Date: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 3/05/95 Inv #: 0531-19679 Inv $: 148.84

Due Date: 3/22/95 Discount: _____

Month/Yr: 3/95 Purchase Order #: — Job Code: _____

Description: C. Childs w/e 3/5/95

Account Number	Project Number	Dollar Amount
0000.1.625.99.1861.0000.245	95RA100	✓148.84

Voucher Prepared By: JJ

Olsten Staffing Services℠

PLEASE NOTE
NEW REMIT TO ADDRESS

SOUTHERN STATES UTILITIES
DONNA CLAUSER
1000 COLOR PLACE
APOPKA FL
32703

PLEASE REMIT TO:

OLSTEN STAFFING SERVICES IN
** P.O. BOX 8906
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-19679 S	03	05	95	63725

AMOUNT DUE 148.84

5311967980305956372560014884 1

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
CHILDS CATHERI	03/05	CLK SR	15.25	9.76	148.84

RECEIVED
MAR 13 1995
Accounts Payable

SERVICED BY:

TERMS

PAYABLE UPON RECEIPT TOTAL 148.84

APPENDIX DR3855

359 2226

PAGE OF TIME MUST BE VERIFIED

Olsten Staffing Services CHECK NUMBER 9SRA100

PRINT CLEARLY

WEEK ENDING	MO.	DAY	YEAR	OFFICE NO.
3-5 SUNDAY	2	19	31	

EMPLOYEE NAME: CATHY CHILDS

COMPANY NAME: EASTERN STATES UTILITIES

DEPARTMENT NO.	COST CTR. NO.	ASSIGNMENT NO.
CLERICAL		56970

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO,OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE.

X _____

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

FOR OFFICE USE ONLY →

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	OUT	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON						
TUE						
WED	7-2	10	4:45	6 3/4	—	6.5
THU	7-3	12 NOON	4:45	2 3/4	—	8.25
FRI						
SAT						
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED

▶ 1 (2) 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME) 15.25

STRAIGHT TIME

OVERTIME

MUST BE APPROVED

OLSTEN AND WE-QUARTER

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X Gary S. Pond

AUTHORIZED CLIENT SIGNATURE

PRINT NAME FACILITIES DEPT.

CLIENT TITLE DATE

TELEPHONE NO. EXT.

Accounts Payable Voucher

Approved By: [signature] Manual Check #: _____ Date: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 3/12/95 Inv #: 0531-19835 Inv $: 366.00

Due Date: 3/29/95 Discount: _____

Month/Yr: 3/95 Purchase Order #: — Job Code: _____

Description: C. Childs w/e 3/12/95

Account Number	Project Number	Dollar Amount
0001.625.99.186.0000.245	95EA100	366.00

Voucher Prepared By: JJ

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE NOTE
NEW REMIT TO ADDRESS

SOUTHERN STATES UTILITIES
DONNA CLAUSER
1000 COLOR PLACE
APOPKA FL
32703

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-19835 S	03	12	95	63725

AMOUNT DUE
366.00

5311983560312956372560036600 5

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
CHILDS CATHERI	03/12	CLK SR	1.50	9.76	14.64
CHILDS CATHERI	03/12	CLK SR	36.00	9.76	351.36

RECEIVED
MAR 20 1995
Accounts Payable

SERVICED BY:

TERMS
PAYABLE UPON RECEIPT

TOTAL 366.00

ALL OVERTIME MUST BE VERIFIED

Olsten Staffing Services CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY	MO.	DAY	YEAR	OFFICE NO.
	3	19	95	231

EMPLOYEE NAME: CATHY CHILDS

COMPANY NAME: SOUTHERN STATES UTILITIES

DEPARTMENT	COST CTR. NO.	ASSIGNMENT NO.
		6772

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☑ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE LENGTH OF ANY ASSIGNMENT IS NOT GUARANTEED.

X [signature]

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

RECEIVED
MAR 15 1995
Accounts Payable

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON						
TUES						
WED						
THU						
FRI						
SAT	3/11	10:00	CORRECTED	1.5	-	1.5
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED: 1 2 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME): [illegible]

STRAIGHT TIME: [illegible]

OVERTIME: -

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X [signature]

AUTHORIZED CLIENT SIGNATURE

[illegible]

CLIENT TITLE

DEPT.

3/11/95

DATE

TELEPHONE NO.

EXT.

ALL OVERTIME MUST BE VERIFIED.

Olsten Staffing Services CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY	MO.	DAY	YEAR	OFFICE NO.
	3	12	95	231

EMPLOYEE NAME: CATHY CHILDS

COMPANY NAME: [illegible]

DEPARTMENT	COST CTR. NO.	ASSIGNMENT NO.
		[illegible]

ASSIGNMENT STATUS: ☐ CONTINUING ☑ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE.

X [signature]

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

RECEIVED
MAR 15 1995
Accounts Payable

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	3-6	[illegible]	[illegible]	[illegible]	-	[illegible]
TUE						
WED	[illegible]	[illegible]	[illegible]	8.75	-	7.75
THU	3-9	[illegible]	[illegible]	8.75		7.75
FRI	3-10	[illegible]	[illegible]	[illegible]	-	7.75
SAT						
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED: 1 2 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME): [illegible]

STRAIGHT TIME: 36.00

OVERTIME: -

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X [signature]

AUTHORIZED CLIENT SIGNATURE

PRINT NAME

DEPT. APR 5 1995

CLIENT TITLE

DATE

TELEPHONE NO. [illegible]

EXT.

FOR OFFICE USE ONLY →

Accounts Payable Voucher

Approved By: [signature]

Manual Check #: _____ Date: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 3/19/95 Inv #: 0531-19985 Inv $: 481.29

Due Date: 3/29/95 Discount: _____

Month/Yr: 3/95 Purchase Order #: _____ Job Code: _____

Description: M. Dix w/e 3/19/95

Account Number	Project Number	Dollar Amount
0000.1.625.99.1861.0000.245	95RA100	481.29

Voucher Prepared By: JJ

APPENDIX DR365B

PAGE 365 OF 2226

PAGE ~~1 OF~~ 1

Olsten Staffing Services℠

PLEASE REMIT TO:

OLSTEN STAFFING SERVICES I
** P.O. BOX 8906
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

PLEASE NOTE
NEW REMIT TO ADDRESS

SOUTHERN STATES UTILITIES
DONNA CLAUSER
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-19985 S	03	19	95	63725

AMOUNT DUE
481.29

53119985903195563725600481291

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
DIX MICHAEL L	03/19	EXCEL	30.50	15.78	481.2

RECEIVED
MAR 27 1995
Accounts Payable

SERVICED BY:

TERMS

PAYABLE UPON RECEIPT TOTAL 481.2

Olsten Staffing Services

CHECK NUMBER 95RA 100

PRINT CLEARLY

WEEK ENDING	MO.	DAY	YEAR	OFFICE NO.
SUNDAY	3	19	95	581

EMPLOYEE NAME: Michael D

COMPANY NAME: SSV

DEPARTMENT: Fac Anal

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ TEMPORARY

RECEIVED 1995

- I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.
- I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT.
- I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE.

X

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND SIGN ON REVERSE SIDE

CLIENT COPY

FOR OFFICE USE ONLY → Accounts Payable

ALL OVERTIME MUST BE VERIFIED.

PORT ALL TIMES TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON						9.0
TUES		TRAINING				8.0
WED						7.5
THU		THROUGH DAYS				—
FRI						6.0
SAT		NOT WORKED				
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED ▶ 1 2 3 4 5 6 7

TOTAL HOURS ▶ STRAIGHT TIME ▶ 30.5

(DO NOT INCLUDE LUNCH TIME) OVERTIME ▶ —

MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X

AUTHORIZED CLIENT SIGNATURE

PRINT NAME DEPT.

CLIENT TITLE DATE

TELEPHONE NO. EXT.

Accounts Payable Voucher

A ›ved By: [signature] Manual Check #: _____ Date: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 3/12/95 Inv #: 0531-19833 Inv $: 287.92

Due Date: 4/05/95 Discount: _____

Month/Yr: 3/95 Purchase Order #: — Job Code: _____

Description: S. Beasley

Account Number	Project Number	Dollar Amount
0001.625.99.1861.0000.245	95RA100	✓287.92

Voucher Prepared By: JJ

Olsten Staffing Services℠

PLEASE NOTE
NEW REMIT TO ADDRESS

SOUTHERN STATES UTILITIES
DONNA CLAUSER
1000 COLOR PLACE
APOPKA FL
32703

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-19833 S	03	12	95	63725

AMOUNT DUE 287.92

5311983310312956372560028792O

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
BEASLEY SHANN	03/12	CLK SR	29.50	9.76	287.92

3/31/95 (Kelly) requested copy of time sheet ?.

RECEIVED
MAR 20 1995
Accounts Payable

SERVICED BY:

TERMS: PAYABLE UPON RECEIPT

TOTAL 287.92

Olsten Staffing Services™ CHECK NUMBER 23875

WEEK ENDING SUNDAY | MO. 03 | DAY 12 | YEAR 93 | OFFICE NO. 0331

EMPLOYEE Shannon Beasley

CUSTOMER Southern States Utilities

5697

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE LENGTH OF ANY ASSIGNMENT IS NOT GUARANTEED.

X Shannon Beasley

EMPLOYEE SIGNATURE

ALL OVERTIME MUST BE VERIFIED

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
	3-6	9:00	5:00	8	:30	7 1/2
	3-7	8:30	4:30	8	:30	7 1/2
	3-8	8:30	4:30	8	:30	7 1/2
	3-9	8:30	4:30	8	:30	7 1/2
		NOT WORKED				

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED: 1 2 3 4 5 6 7

TOTAL HOURS: STRAIGHT TIME 29 1/2 OVERTIME

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

twenty-nine and a half

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X

AUTHORIZED CLIENT SIGNATURE

PRINT NAME DEPT.

CLIENT TITLE DATE

TELEPHONE NO. EXT.

Accounts Payable Voucher

Approved By: _____ Manual Check #: _____ Date: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 3/12/95 Inv #: 0531-19836 Inv $: 919.19

Due Date: 4/05/95 Discount: _____

Month/Yr: 3/95 Purchase Order #: — Job Code: _____

Description: M. Dix

Account Number	Project Number	Dollar Amount
00001.1625.99.1861.0000.245	95RA100	919.19

Voucher Prepared By: JJ

Olsten Staffing Services℠

PLEASE NOTE
NEW REMIT TO ADDRESS

SOUTHERN STATES UTILITIES
DONNA CLAUSER
1000 COLOR PLACE
APOPKA FL
32703

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC
** P.O. BOX 8906
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-19836 S	03	12	95	63725

AMOUNT DUE 919.19

53119836403129563725600919191

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
DIX MICHAEL L	03/05	EXCEL	12.25	15.78	193.31
DIX MICHAEL L	03/12	EXCEL	40.00	15.78	631.20
DIX MICHAEL L	03/12	OVERTIME →	4.00	23.67	94.68

3/31/95 (Kelly) requested copy of timesheet D.

RECEIVED
MAR 20 1995
Accounts Payable

SERVICED BY:

TERMS: PAYABLE UPON RECEIPT

TOTAL 919.19

0000L 625.99.186 $.0000.245 ALL OVERTIME MUST BE VERIFIED

Olsten Staffing Services CHECK NUMBER 94RA 100

PRINT CLEARLY

WEEK ENDING: SUNDAY MO. DAY YEAR OFFICE NO. 531

EMPLOYEE NAME: MICHAEL L. DIX

COMPANY NAME: SOUTHERN STATES UTILITIES

DEPARTMENT | COST CTR. NO. | ASSIGNMENT NO. 5456

ASSIGNMENT STATUS: ☒ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.
I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT.
I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE.

X
EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON						
TUES		DRAW LINE				
WED						
THURS	3/2/95	7:30	11:45	4.25	—	4.25
FRI	3/3/95	7:45	4:45	9.00	1.00	8.00
SAT		NOT WORKED				
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED: 1 (2) 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME) STRAIGHT TIME 12.25 OVERTIME

MUST BE APPROVED

FOR OFFICE USE ONLY →

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)
I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X
AUTHORIZED CLIENT SIGNATURE

GARY MORSE — DEPT. Asst. Analyst
PRINT NAME

ENGINEERING — DATE 3-3-95
CLIENT TITLE

TELEPHONE NO. 860-3533

MAR 31 '95 11:56AM OLSTEN STAFFING SVC P.2

ALL OVERTIME MUST BE VERIFIED.

Olsten Staffing Services CHECK NUMBER 289963

WEEK ENDING SUNDAY	MO.	DAY	YEAR	OFFICE NO.
	3	12	1995	0531

EMPLOYEE NAME: MICHAEL L. DIX

COMPANY NAME: SOUTHERN STATES UTILITIES

DEPARTMENT NO. | CODE CITY NO. / ASSIGNMENT NO.: 56956

ASSIGNMENT STATUS: ☑ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.
I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT.
I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE.

X Michael L. Dix
EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE.

→ FOR OFFICE USE ONLY ←

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	3/6	8:00	6:30	10.5	1.0	9.5
TUES	3/7	8:00	6:30	10.5	1.0	9.5
WED	3/8	8:00	6:00	10.0	1.0	9.0
THU	3/9	THROUGH DAYS		7.5	.5	7.0
FRI	3/10	8:00	6:00	10.0	1.0	9.0
SAT		NOT WORKED				
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED: 1 2 3 4 (5) 6 7

TOTAL HOURS: 46.0 STRAIGHT TIME: 46.0 OVERTIME: 4.0 (DO NOT INCLUDE LUNCH TIME) MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)
I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X Gary Boyd
AUTHORIZED CLIENT SIGNATURE

PRINT NAME DEPT.

CLIENT TITLE DATE

TELEPHONE NO. EXT.

CLIENT COPY

ALL OVERTIME MUST BE VERIFIED.

Olsten Staffing Services CHECK NUMBER

WEEK ENDING SUNDAY | MO. 3 | DAY 12 | YEAR 1995 | OFFICE NO. 0531

EMPLOYEE NAME: M. L. Dix

COMPANY NAME:

DEPARTMENT NO. | CODE CITY NO. / ASSIGNMENT NO.: 56956

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.
I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT.
I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE.

X
EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE.

→ FOR OFFICE USE ONLY ←

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	3/6	8:00	6:30	10.5	1.0	9.5
TUES	3/7	8:00	6:30	10.5	1.0	9.5
WED	3/8	8:00	6:00	10.0	1.0	9.0
THU	3/9	THROUGH DAYS		7.5	.5	7.0
FRI	3/10	8:00	6:00	10.0	1.0	9.0
SAT		NOT WORKED				
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED: 1 2 3 4 (5) 6 7

TOTAL HOURS: 46.0 STRAIGHT TIME: 46.0 OVERTIME: 4.0 (DO NOT INCLUDE LUNCH TIME) MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)
I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X Gary Boyd
AUTHORIZED CLIENT SIGNATURE

PRINT NAME DEPT.

CLIENT TITLE DATE

TELEPHONE NO. EXT.

Accounts Payable Voucher

Approved By: Ian

Manual Check #: _____ Date: _____

dor #: 18487 Vendor Name: Romac

Inv Date: 2/24/95 Inv #: 2100823 Inv $: 179.20

Due Date: 3/22/95 Discount: _____

Month/Yr: 3/95 Purchase Order #: — Job Code: _____

Description: C. Specce w/e 2/19/95

Account Number	Project Number	Dollar Amount
0000.515.99.1861.0000.245	95RA100	✓ 179.20

Voucher Prepared By: JJ

DATE	PAGE
02/24/95	1

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE 2100823

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 200
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	*DUE DATE
02/24/95	U00031		DUE ON RECEIPT	03/01/95

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT DUE
16.00 REGHRS	SPECCE, CHRISTA K. 02/13/95-02/19/95	11.20	179.20

RECEIVED
MAR 0 6 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	179.20
SALES TAX	.00
FREIGHT	.00
TOTAL ➤	179.20

FINANCIAL TEMPORARIES & THE NUMBER CRUNCHERS

TPA	120 WEST HYDE PARK PLACE SUITE 200, 33606 ..... (813) 258-8855
ATLANTA	3 RAVINIA DRIVE SUITE 1460, 30346 ..... (404) 804-3880
BOSTON	125 SUMMER STREET SUITE 1450, 02110 ..... (617) 439-7010
CHICAGO	20 N. WACKER DR. SUITE 3810, 60606 ..... (312) 419-TEMP
FT. LAUDERDALE	5900 N. ANDREWS AVE. SUITE 826, 33309 ..... (305) 354-TEMP
MIAMI	..... (305) 354-TEMP
ORLANDO	111 N. ORANGE AVE. SUITE 1150, 32801 ..... (407) 843-0786

WHITE: Office Copy YELLOW: Branch Copy PINK: Client Copy GOLD: Employee Copy

COMPANY NAME (PLEASE PRINT): SSU

ADDRESS: 207 Semoran Commerce Blvd. CITY: Apopka

REPORT TO: Carole DEPT.: Nurse JOB TITLE: WEEK ENDING: 2/25/95

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named below. I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME (PLEASE PRINT): Krista Spence

EMPLOYEE SIGNATURE: X Krista Spence

SOCIAL SECURITY NO.: 095-60-9867

ARE YOU RETURNING TO THIS ASSIGNMENT: YES ☐ NO ☐

I WILL BE AVAILABLE FOR NEW ASSIGNMENT ON DATE: 2/26/95

CLIENT SIGNATURE OF ACCEPTANCE — PRINT NAME

X AUTHORIZED SIGNATURE — PLEASE PRINT NAME HERE

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
MONDAY				( )	
TUESDAY				( )	
WEDNESDAY				( )	
THURSDAY				( )	
FRIDAY	2/17	8:00	5:00	1:00	8.00
SATURDAY	2/18	8:30	5:00	0:30	8:00
SUNDAY				( )	

CLIENT NOTE

PLEASE WRITE TOTAL HOURS WORKED HERE FOR PAYROLL: FEN

TOTAL HOURS: 16.00

(HOURS TO NEAREST 1/4 HOUR)

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a confirmation that the TOTAL hours listed are correct, and that the work was performed. Any discrepancy must be reported to Temporaries & The Number Crunchers immediately. Payment will be made only for hours approved by the Client in accordance with the terms and conditions of the agreement between Temporaries & The Number Crunchers and the Client. See the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEE.

Rate Case
per Ed
3/20/95
CM.

Accounts Payable Voucher

Approved By: Ken

Manual Check #: _____ Date: _____

Vendor #: 18487 Vendor Name: Romac

Inv Date: 2/24/95 Inv #: 2100822 Inv $: 179.20

Due Date: 3/22/95 Discount: _____

Month/Yr: 3/95 Purchase Order #: — Job Code: _____

Description: C. Lamb 10/e 2/19/95

Account Number	Project Number	Dollar Amount
0000.515.99.1821.00000245	95RA100	✓179.20

Voucher Prepared By: JJ

DATE	
02/24/95	1

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE 2100822

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 200
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	*DUE DATE
02/24/95	U00031		DUE ON RECEIPT	03/01/95

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT DUE
16.00 REGHRS	LAMB, CYNTHIA 02/13/95-02/19/95	11.20	179.20

RECEIVED
MAR 06 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	179.20
SALES TAX	.00
FREIGHT	.00
TOTAL ➤	179.20

02/18/95 SAT 16:40 FAX 407 884 9116 SSU ENGINEERING 001

ROMAC/TEMP
FINANCIAL TEMPORARIES & THE NUMBER CRUNCHERS

TAMPA 120 WEST HYDE PARK PLACE SUITE 200, 33606 (813) 258-4855
ATLANTA 2 RAVINIA DRIVE SUITE 1400, 30346 (404) 804-9500
BOSTON 125 SUMMER STREET SUITE 1450, 02110 (617) 439-7010
CHICAGO 20 N WACKER DR. SUITE 3810, 60606 (312) 478-TEMP
FT. LAUDERDALE 6900 N. ANDREWS AVE. SUITE 826, 33309 (305) 864-TEMP
MIAMI (305) 864-TEMP
ORLANDO 111 N. ORANGE AVE. SUITE 1180, 32801 (407) 648-8766

WHITE: Office Copy YELLOW: Branch Copy PINK: Client Copy GOLD: Employee Copy

COMPANY NAME (PLEASE PRINT): SSU
ADDRESS: 2207 Semoran Commerce Pl CITY: Apopka
REPORT TO: Carol Marchell DEPT.: Prof Acct JOB TITLE: WEEK END: 2/19
EMPLOYEE NAME (PLEASE PRINT): Cynthia Lamb EMPLOYEE SIGNATURE: x Cynthia Lamb
SOCIAL SECURITY NO.: 189-48-2117 ARE YOU RETURNING TO THIS ASSIGNMENT? YES ☐ NO ☐ WILL BE AVAILABLE UNTIL APPROX. DATE 2/
CLIENT SIGNATURE OF ACCEPTANCE PRINT NAME
X Ed AUTHORIZED SIGNATURE Edgefront Lamb

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY	2/17/95	7:45	4:45	1/2	8.0
SATURDAY	2/18/95	8:30	5:00	1/2	8.0
SUNDAY					
CLIENT NOTE	PLEASE WRITE TOTAL HOURS WORKED (all HOURS) HERE.			TOTAL HOURS	16.0

HOURS TO MOVE? IN HOURS

IMPORTANT FOR CLIENT: Signature of this form by the client constitutes verification that the TOTAL hours listed are correct as stated, that the work was performed in a satisfactory manner and approved by the Client in the TIMES and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE HOURS TO EMPLOYEES.

Rate case
per Ed
3/20/95
CT

APPENDIX DR305-B
PAGE 377 OF 2226

Accounts Payable Voucher

Approved By: [signature] Manual Check #: _____ Date: _____

Vendor #: 18487 Vendor Name: Romac

Inv Date: 2/24/95 Inv #: 2100821 Inv $: 179.20

Due Date: 3/22/95 Discount: _____

Month/Yr: 3/95 Purchase Order #: — Job Code: _____

Description: M Green w/e 2/19/95

Account Number	Project Number	Dollar Amount
0000.515.99.1861.0000.245	95RA100	179.20

Voucher Prepared By: JJ

DATE	PAG
02/24/95	1

ROMACINTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE 2100821

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 200
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	*DUE DATE
02/24/95	U00031		DUE ON RECEIPT	03/01/95

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT DUE
16.00 REGHRS	GREEN, MONICA 02/13/95-02/19/95	11.20	179.20

RECEIVED
MAR 0 6 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	179.20
SALES TAX	.00
FREIGHT	.00
TOTAL	179.20

FINANCIAL TEMPORARIES & THE NUMBER CRUNCHER

TAMPA	120 WEST HYDE PARK PLACE SUITE 200, 33606 ..... (813) 258-8585
ATLANTA	3 RAVINIA DRIVE SUITE 1460, 30346 ..... (404) 604-3680
BOSTON	125 SUMMER STREET SUITE 1460, 02110 ..... (617) 439-7010
CHICAGO	20 N. WACKER DR. SUITE 3810, 60606 ..... (312) 419-TEMP
FT. LAUDERDALE	5900 N. ANDREWS AVE. SUITE 626, 33309 ..... (305) 354-TEMP
MIAMI	..... (305) 354-TEMP
ORLANDO	111 N. ORANGE AVE. SUITE 1150, 32801 ..... (407) 843-0765

WHITE: Office Copy YELLOW: Branch Copy PINK: Client Copy GOLD: Employee Copy

COMPANY NAME (PLEASE PRINT): SSU

ADDRESS: 207 Semoran Commerce Rd | CITY: Apopka

REPORT TO: Carol Marshall | DEPT.: Acctg | JOB TITLE: Data entry | WEEK ENDING: 2/19/95

I hereby certify that the hours shown were worked by me during the week ending shown above, and were properly certified by an authorized representative of the company named below.
I understand I am to contact the office after completing the Assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME (PLEASE PRINT): Monica A. Green | EMPLOYEE SIGNATURE: X Monica A. Green

SOCIAL SECURITY NO.: 263-45-2357 | ARE YOU RETURNING TO THIS ASSIGNMENT: YES ☐ NO ☒ | I WILL BE AVAILABLE FOR NEW ASSIGNMENT ON: DATE: N/A

CLIENT SIGNATURE OF ACCEPTANCE: X [signature] | PRINT NAME: [illegible]

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY	2/17/95	7:45	4.45	1:00	8
SATURDAY	2/18/95	8:30	5:00	.30	8
SUNDAY					

CLIENT NOTE: EIGHTEEN STATED | TOTAL HOURS: 16

HOURS TO NEAREST ¼ HOUR

Minimum 4 HOURS PER EMPLOYEE PER DAY

IMPORTANT FOR CLIENT: Execution of this form by the client constitutes a confirmation that the TOTAL hours listed are correct as noted, that the work was performed in a satisfactory manner and agreement by the Client to the TERMS and CONDITIONS printed on the reverse side of this form. PLEASE DO NOT ADVANCE MONIES TO EMPLOYEES.

Rate case per Ed 3/20/95

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 11048 Vendor Name: Kelly Temps

Inv Date: 4-12-95 Inv #: 15200496 Inv $: 175.20

Due Date: 5-3-95 Discount: _____ Terms: _____

Month/Yr: 4/95 Purchase Order #: —

Description: S. Acton w/e 4/11/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	✓ 175.20

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
04/17/95	15200496

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-9319

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

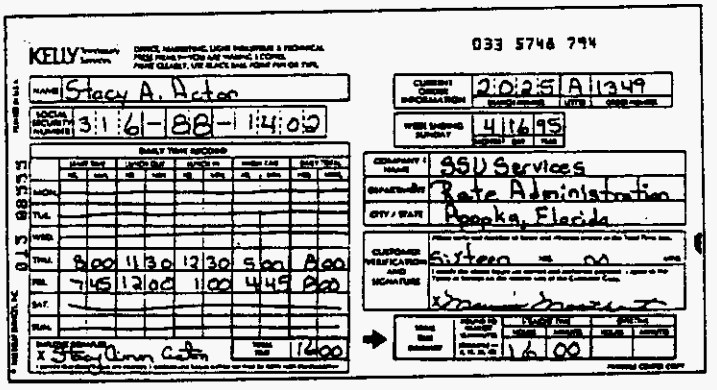
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	04/16	16.00	10.95			175.20

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 175.20



RECEIVED
APR 24 1995
Accounts Payable

Accounts Payable Voucher

Approved by: [signature]

Manual Check #: _____ Date: _____

Vendor #: 18487 Vendor Name: ROMAC INT'L

Inv Date: 4-14-95 Inv #: 2101465 Inv $: 537.20

Due Date: 4-26-95 Discount: _____ Terms: _____

Month/Yr: 4/95 Purchase Order #: _____

Description: A. SHEETS 4/3-4/9/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
~~9000.620.99.6758.0000.245~~	95RA100	✓ 537.20
00001.620.99.1861.0000.245	~~95RA100~~	

Voucher Prepared by: [signature]

DATE	PAGE
04/14/95	

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE 2101465

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 200
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	DUE DATE
04/14/95	U00031		DUE ON RECEIPT	04/19/95

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT DUE
40.00 REGHRS	SHEETS, ASHLEY 04/03/95-04/09/95	13.43	537.20

RECEIVED
APR 17 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	537.20
SALES TAX	.00
FREIGHT	.00
TOTAL ➤	537.20

TAMPA 120 WEST HYDE PARK PLACE SUITE 200, 33606 ..... (813) 258-8855
ATLANTA 3 RAVINIA DRIVE SUITE 1460, 30346 ..... (404) 804-3660
BOSTON 125 SUMMER STREET SUITE 1460, 02110 ..... (617) 439-7010
CHICAGO 20 N. WACKER DR. SUITE 3610, 60606 ..... (312) 419-TEMP
FT. LAUDERDALE 5800 N. ANDREWS AVE. SUITE 828, 33309 ..... (305) 354-TEMP
..... (305) 354-TEMP
IDO 111 N. ORANGE AVE. SUITE 1160, 32801 ..... (407) 843-0765

KOMAC TEMPS

WHITE: Office Copy YELLOW: Branch Copy PINK: Client Copy GOLD: Employee Copy

COMPANY NAME (PLEASE PRINT) SOUTHERN STATES UTILITIES, INC.

ZONE 1800 ... BOULEVARD ... COURTS

RECEIVED

CLIENT SIGNATURE OF ACCEPTANCE | PRINT NAME

X ... AUTHORIZED SIGNATURE | PLEASE PRINT NAME HERE

DATE	TIME IN	TIME OUT	HRS LESS LUNCH	TOTAL HOURS
4-3-95	8:00	5:15	.25	7.00
4-4-95	8:00	5:00	.50	8.00
4-5-95	8:30	5:00	.50	8.50
4-6-95	8:00	5:15	.25	8.00
4-7-95	8:00	5:00	.50	8.50
4-8-95	—	—	—	—
4-9-95	—	—	—	—

CLIENT NOTE → PLEASE WRITE TOTAL HOURS WORKED IN BLOCKS HERE. TOTAL HOURS 40.00

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 18487 Vendor Name: ROMAC INTL

Inv Date: 3-31-95 Inv #: 2101279 Inv $: 547.28

Due Date: 4-26-95 Discount: _____ Terms: _____

Month/Yr: 4/95 Purchase Order #: _____

Description: A. SHEETS 3/20-3/26/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
~~9000I.620.99.6758.0000245~~	95 RA 100	547.28
0000I.620 99.1861.0000.245	~~95RA001~~	

Voucher Prepared by: _____

DATE	PAG
03/31/95	1

ROMACINTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE 2101279

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 200
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

	INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	*DUE DATE
	03/31/95	U00031		DUE ON RECEIPT	04/05/95

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT DUE
40.00 REGHRS	SHEETS, ASHLEY	13.43	537.20
.50 OVTHRS	SHEETS, ASHLEY	20.15	10.08
	03/20/95-03/26/95		

RECEIVED
APR 0 3 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	547.28
SALES TAX	.00
FREIGHT	.00
TOTAL ➤	547.28

APPENDIX DR3058

PAGE 2226 OF 2226

ROMAC /TEMP

FINANCIAL TEMPORARIES & THE NUMBER CRUNCHERS

TAMPA — 120 WEST HYDE PARK PLACE SUITE 200, 33606 ..... (813) 259-8655
ATLANTA — 3 RAVINIA DRIVE SUITE 1460, 30346 .....
BOSTON — 125 SUMMER STREET SUITE 1450, 02110 ..... (617) 439-7010
CHICAGO — 20 N. WACKER DR. SUITE 3610 60606 ..... (312) 419-TEMP
FT. LAUDERDALE — 5800 N ANDREWS AVE. SUITE 626, 33309 ..... (305) 314-TEMP
MIAMI — ..... (305) 354-TEMP
ORLANDO — 111 N ORANGE AVE SUITE 1150 32801 ..... (407) 843-0765

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
MONDAY	3-20-95	8:05	5:05	1.00	8.00
TUESDAY	3-21-95	8:15	5:00	1.00	7.75
WEDNESDAY	3-22-95	8:10	5:25	1.00	8.25
THURSDAY	3-23-95	8:00	5:00	1.00	8.00
FRIDAY	3-24-95	8:30	5:30	.50	8.50
SATURDAY	3-25-95	—	—		—
SUNDAY	3-26-95	—	—		—

CLIENT NOTE: Formerly Atlantic Mutual

INSURE TO NEAREST ¼ HOUR: 0.50

WARNING: 4 HOURS PER EMPLOYEE PER DAY

CLIENT SIGNATURE OF ACCEPTANCE

PRINT NAME

SOCIAL SECURITY NO. 589-03-7606

EMPLOYEE NAME (PLEASE PRINT) ASHLEY A. SHEETS

EMPLOYEE SIGNATURE x Ashley A. Sheets

ARE YOU MILITARY VETERAN? YES ☐ NO ☐

DATE 3-27-95

WHITE Orig. Copy YELLOW Branch Copy PINK Client Copy GOLD Employee Copy

COMPANY NAME (PLEASE PRINT) SOUTHEAST STATES UTILITIES, INC

ADDRESS 1000 COLOR PLACE

CITY APOPKA

REPORT TO Melvin Whitaker

DEPT. PATES

JOB TITLE

WEEK ENDING 3.26.95

Thereby certify that the hours stated by me during the week ending as shown above, are the exact hours worked by me during the aforementioned representative of the company named above.

I understand I am to contact the office after each assignment to determine if my services are required for the next day. I do not contact the office upon completion of an assignment for any reason unless I am to report back to work. I do not contact the office after each assignment to determine if my services are required for the next day. I do not contact the office upon completion of an assignment for any reason unless I am to report back to work.

RECEIVED
MAR 30 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 18487 Vendor Name: Romac

Inv Date: 4/21/95 Inv #: 210562 Inv $: 57750

Due Date: 5/03/95 Discount: _____ Terms: _____

Month/Yr: 495 Purchase Order #: —

Description: A. Sheets w/e 4/16/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.620.99.1861.0000.245	95RA100	✓ 57750

Voucher Prepared by: _____

DATE	
04/21/95	1

ROMACINTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE 2101562

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 200
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	*DUE DATE
04/21/95	U00031		DUE ON RECEIPT	04/26/95

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT DUE
40.00 REGHRS	SHEETS, ASHLEY	13.43	537.20
2.00 OVTHRS	SHEETS, ASHLEY	20.15	40.30
	04/10/95-04/16/95		

RECEIVED
APR 24 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 1/2% PER MONTH.

SUB TOTAL	577.50
SALES TAX	.00
FREIGHT	.00
TOTAL ➤	577.50

PLEASE CHARGE TO 95RA100.. THANKS!

KOMAC TEMPS

TAMPA 4120 WEST HYDE PARK PLACE SUITE 200, 33606 .....(813) 258-8855
ATLANTA 3 RAVINIA DRIVE SUITE 1460, 30346 .....(404) 604-3680
BOSTON 125 SUMMER STREET SUITE 1460, 02110 .....(617) 439-7010
CHICAGO 20 N. WACKER DR. SUITE 3810, 60606 .....(312) 419-TEMP
FORT LAUDERDALE 5800 N. ANDREWS AVE. SUITE 828, 33309 .....(305) 364-TEMP
.....(305) 364-TEMP
ORLANDO 111 N. ORANGE AVE. SUITE 1180, 32801 .....(407) 843-0786

WHITE: Office Copy YELLOW: Branch Copy PINK: Client Copy GOLD: Employee Copy

COMPANY NAME (PLEASE PRINT): SUPERIOR FACILITIES INC

CITY: DAYTONA BEACH

REPORT TO: APR 21 95

JOB TITLE: PLACEHARD

WEEK ENDING: 4/16/95

I verify that the hours listed were worked by me during the week ending above, and were properly certified by a representative of the company named below. I understand that I am to contact the office after completing the assignment to determine if there is other work available for me. I agree that if I do not contact the office upon completion of an assignment they can assume I am not available.

EMPLOYEE NAME (PLEASE PRINT): ARTHUR A SHEETS

EMPLOYEE SIGNATURE: x Arthur A Sheets

SOCIAL SECURITY NUMBER: 587-05-5120

DAY	DATE	TIME IN	TIME OUT	LESS LUNCH	TOTAL HOURS
MONDAY	4-10-95	8:00	5:30	1:00	8.50
TUESDAY	4-11-95	8:00	5:00	1:00	8.50
WEDNESDAY	4-12-95	8:00	6:00	1:00	9.00
THURSDAY	4-13-95	8:00	5:00	1:00	8.00
FRIDAY	4-14-95	8:00	5:00	1:00	8.00
SATURDAY	4-15-95		—		—
SUNDAY	4-16-95		—		—

CLIENT NOTE

PLEASE WRITE TOTAL HOURS WORKED FORTY! (IN WORDS) HERE: FORTY

TOTAL HOURS 42.00

CLIENT SIGNATURE OF ACCEPTANCE: x Judy AUTHORIZED SIGNATURE

PRINT NAME: PLEASE PRINT NAME HERE

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.N.D. Inc.

Inv Date: 4-17-95 Inv #: 14186 Inv $: 822.12

Due Date: 5-10-95 Discount: _____ Terms: _____

Month/Yr: 595 Purchase Order #: —

Description: C. Urban w/e 4-16-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.625.99.1861.0000.245	95RA100	✓ 822.12

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
CHARLES BLISS
150 SEMORAN COMMERCE PL. STE.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
04/17/95	14186	1	04/27/95

DESCRIPTION			AMOUNT
WEEK ENDING: 4/16			
340 C. URBAN - SSU	40	@ 19.8100/Hrs.	792.40
340 OT C. URBAN - SSU	1	@ 29.7200/HRS.	29.72

RECEIVED
APR 20 1995
Accounts Payable

Rate Case 95 RA100
0001.625.99.1862.0000.245

SUB TOTAL	822.12
TAX	- 0.00
TOTAL	822.12
NET TO PAY	822.12

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 4-27-95 Inv #: 14138 Inv $: 65373

Due Date: 5-10-95 Discount: _____ Terms: _____

Month/Yr: 5-95 Purchase Order #: _____

Description: C. Urban - w/e 4-9-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1861.0000.245	95RA100	653.73

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
CHARLES BLISS
150 SEMORAN COMMERCE PL. STE.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
04/17/95	14138	1	04/27/95

DESCRIPTION	AMOUNT
WEEK ENDING: 4/[illegible]9	
340 C. URBAN - SSU [illegible] 33 @ 19.8100/Hrs.	653.73

RECEIVED
APR 2 0 1995
Accounts Payable

Rate Case 95RA 100
0001. 625.99. 1862. 0000. 245

SUB TOTAL	653.73
TAX	0.00
TOTAL	653.73
NET TO PAY	653.73

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.N.D., Inc.

Inv Date: 5-03-95 Inv #: 14310 Inv $: 813.15

Due Date: 5-10-95 Discount: _____ Terms: _____

Month/Yr: 5-95 Purchase Order #: _____

Description: T. Cimbaro - w/e 4-30-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.625.99.1861.0000.245	95RA100	✓ 813.15

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
CHARLES BLISS
150 SEMORAN COMMERCE PL. STE.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
05/03/95	14310	1	05/13/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:4/30			
661	T. CIAMBRONE - SSU	39	@ 20.8500/HRS.	813.15

RECEIVED
MAY 0 9 1995
Accounts Payable

SUB TOTAL	813.15
TAX	0.00
TOTAL	813.15
NET TO PAY	813.15

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.S.D. Inc,

Inv Date: 4-24-95 Inv #: 14230 Inv $: 836.98

Due Date: 5-10-95 Discount: _____ Terms: _____

Month/Yr: 5-95 Purchase Order #: —

Description: C. Urban w/e 4-23-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1861.0000.245	95RA100	✓ 836.98

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
CHARLES BLISS
150 SEMORAN COMMERCE PL. STE.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
04/24/95	14230	1	05/04/95

DESCRIPTION			AMOUNT
WEEK ENDING: 4/23			
340 ST C URBAN - SSU	40	@ 19.8100/Hrs	792.40
340 OT C URBAN - SSU	1.5	@ 29.7200/HRS	44.58

RECEIVED
MAY - 2 1995
Accounts Payable

SUB TOTAL	836.98
TAX	0.00
TOTAL	836.98
NET TO PAY	836.98

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

endor #: 5302 Vendor Name: E.M.I. Inc

Inv Date: 5-3-95 Inv #: 14309 Inv $: 1104.46

Due Date: 5-10-95 Discount: _____ Terms: _____

Month/Yr: 5-95 Purchase Order #: —

Description: C. Urbas - WE 4-30-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.89.1161.0000.245	95RH100	1104.46

Voucher Prepared by: _____

Longwood (407)

SSU
SOUTHERN STATES UTILITIES, INC
CHARLES BLISS
150 SEMORAN COMMERCE PL. STE.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
05/03/95	14309	1	05/13/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:4/30			
340	C. URBAN - SSU	40	@ 19.8100/Hrs.	792.40
340 OT	C. URBAN - SSU	10.5	@ 29.7200/HRS.	312.06

RECEIVED
MAY 0 9 1995
Accounts Payable

SUB TOTAL	1104.46
TAX	0.00
TOTAL	1104.46
NET TO PAY	1104.46

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5300 Vendor Name: E.D.D.

Inv Date: 5-10-95 Inv #: 141326 Inv $: 943.48

Due Date: 5-24-95 Discount: _____ Terms: _____

Month/Yr: 5-95 Purchase Order #: —

Description: T. Ciambrone - w/e 5-7-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1861.0000.345	95RA100	✓ 943.48

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
05/10/95	14376	1	05/20/95

DESCRIPTION				AMOUNT
	WEEK ENDING:5/7			
661	T. CIAMBRONE - SSU - C. BLISS	40	@ 20.8500/HRS.	834.00
661 OT	T. CIAMBRONE - SSU	3.5	@ 31.2800/HRS.	109.48

RECEIVED
MAY 11 1995
Accounts Payable

SUB TOTAL	943.48
TAX	0.00
TOTAL	943.48
NET TO PAY	943.48

95 RA 100 -
00001. 625. 99 186 1. 0000. 245

Accounts Payable Voucher

by: _____

Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.A., Inc.

Inv Date: 5-8-95 Inv #: 14336 Inv $: 1178.76

Due Date: 5-24-95 Discount: _____ Terms: _____

Month/Yr: 5-95 Purchase Order #: -

Description: C. Urban - w/e 5-7-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.625.99.1661.0000.245	95RA100	1178.76

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
05/08/95	14336	1	05/18/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:5/7			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.
340 OT	C. URBAN - SSU	13	@ 29.7200/HRS.	386.

RECEIVED
MAY 0 9 1995
Accounts Payable

SUB TOTAL	1178
TAX	0
TOTAL	1178
NET TO PAY	1178

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.S.D. Inc.

Inv Date: 5-15-95 Inv #: 14390 Inv $: 1208.36

Due Date: 6-7-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: T: Cambrone w/c 5-14-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.186.000.245	95RA100	1208.36

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
05/15/95	14390	1	05/25/95

DESCRIPTION				AMOUNT
	WEEK ENDING:5/14			
661	T. CIAMBRONE - SSU - C. BLISS	40	@ 20.8500/HRS.	834.00
661 OT	T. CIAMBRONE - SSU	12	@ 31.2800/HRS.	375.36

RECEIVED
MAY 17 1995
Accounts Payable

SUB TOTAL	1209.36
TAX	0.00
TOTAL	1209.36
NET TO PAY	1209.36

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.S. Inc.

Inv Date: 5-23-95 Inv #: 14452 Inv $: 1267.92

Due Date: 6-7-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: C. Urban w/e 5-21-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.A.1861.0000.245	95RA100	✓ 1267.92

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
05/23/95	14452	1	06/02/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:5/21			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40
340 OT	C. URBAN - SSU	16	@ 29.7200/HRS.	475.52

RECEIVED
MAY 2 4 1995
Accounts Payable

SUB TOTAL	1267.92
TAX	0.00
TOTAL	1267.92
NET TO PAY	1267.92

Company name
E.D.D. Inc
Cash Operation

0001.625.99.1861.0000.275
SSRA100

RECEIVED
MAY 3 1 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D., Inc.

Inv Date: 5-15-95 Inv #: 14388 Inv $: 1208.48

Due Date: 6-7-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: _____

Description: C. Urban w/e 5-14-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.1025.99.1861.0000.245	95RA100	1208.48

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
05/15/95	14388	1	05/25/95

DESCRIPTION				AMOUNT
	WEEK ENDING:5/14			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40
340 OT	C. URBAN - SSU	14	@ 29.7200/HRS.	416.08

RECEIVED
MAY 17 1995
Accounts Payable

SUB TOTAL	1208.48
TAX	0.00
TOTAL	1208.48
NET TO PAY	1208.48

Cable operations

RECEIVED
MAY 31 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY

Inv Date: 4-24-95 Inv #: 16201022 Inv $: 438.00

Due Date: 5-10-95 Discount: _____ Terms: _____

Month/Yr: 5/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	438.00

Voucher Prepared by: _____

Ck # 149467

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
04/24/95	16201022

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

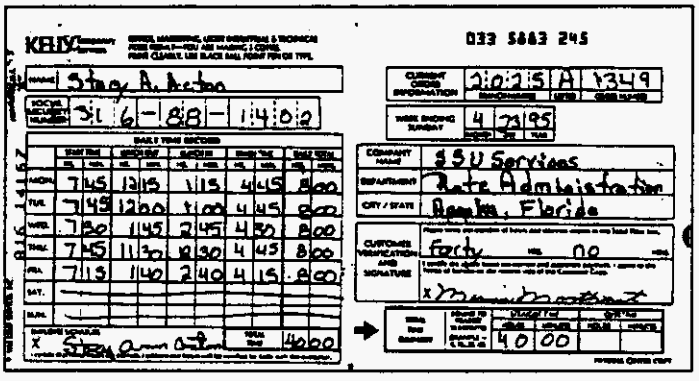
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	04/23	40.00	10.95			438.00

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 438.00



RECEIVED
MAY - 2 1995
Accounts Payable

95RA100

SERVICE AGREEMENT

1. Kelly guarantees that the Kelly employees assigned to the Customer shall satisfy [illegible] If the Customer is not satisfied with the services of any Kelly employee for any reason, Kelly will upon request promptly furnish the Customer with [illegible] replacement as soon as such [illegible] Customer's sole and exclusive remedy.

2. [illegible] temporary help requested by the Customer in return for the [illegible] Kelly assumes all responsibility for employees' wages, benefits, payroll withholding taxes, unemployment insurance, workers' compensation insurance, and all other employer obligations. Kelly shall indemnify the Customer for any losses, liabilities or charges incurred as a result of Kelly's failure to pay such taxes or insurance.

3. [illegible] shall maintain the following insurance coverages in force during the term of this Agreement and shall furnish the Customer with certificates of such insurance, subject to the provisions of Paragraphs 7, 8, 9 and 10:
   (a) Workers' Compensation and Employer's Liability Insurance.
   (b) Comprehensive General Liability Insurance, other than automobile, including property damage.
   (c) Employee Dishonesty Bond covering Kelly employees while engaged in the performance of their assignments for the Customer.

4. Kelly shall indemnify the Customer against any claims and expenses (including reasonable attorney fees and other costs and expenses of litigation) for bodily injury or property damage asserted by the employees of the Customer or employees of Kelly or by members of the general public, which are based upon any negligent act, error or omission of Kelly, its agents or its employees, within the scope of their assignment except as provided in Paragraphs 7, 8, 9 and 10. Kelly's liability under this Agreement is restricted to the acts, occurrences and events covered by the terms of, and shall not exceed the dollar limits of, its insurance as summarized in Kelly's certificate of insurance.

5. The Customer agrees (a) to notify Kelly in writing of any asserted claim within 10 days after either (i) actual knowledge of the occurrence upon which the claim may be based or learning of such claim, whichever occurs first, and (ii) to permit Kelly to defend such claim at Kelly's option.

6. The Customer agrees not to pay or agree to pay any asserted claim under this Agreement without prior written approval from the Law Department of Kelly in Troy, Michigan.

7. The Customer shall provide Kelly employees with: (a) a suitable workplace which complies with all applicable safety and health standards, statutes and ordinances; (b) all necessary information, training and safety equipment; and (c) [illegible]

CHARGE TO 1995 RATE CASE EXPENSE

KELLY Temporary Services OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

033 5883 245

PRINTED IN U.S.A.

NAME: Stacy A. Acton

SOCIAL SECURITY NUMBER: 311-88-1402

CURRENT ORDER INFORMATION: 2025 (BRANCH NUMBER) H (LETTER) 1347 (ORDER NUMBER)

WEEK ENDING SUNDAY: 4 (MONTH) 23 (DAY) 95 (YEAR)

RECEIVED
APR 24 1995
Accounts Payable

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS.	DAILY TOTAL MINS.
MON.	7	45	12	15	1	15	4	45	8	00
TUE.	7	45	12	00	1	00	4	45	8	00
WED.	7	30	1	45	2	45	4	30	8	00
THU.	7	45	11	30	12	30	4	45	8	00
FRI.	7	15	1	40	2	40	4	15	8	00
SAT.										
SUN.										

EMPLOYEE SIGNATURE
X Stacy Anne Acton

I certify that these hours are correct. I understand hours will be verified by Kelly with the customer.

TOTAL TIME: 40 00

COMPANY NAME: SSU Services
DEPARTMENT: Rate Administration
CITY / STATE: Apopka, Florida

CUSTOMER VERIFICATION AND SIGNATURE

Please write out number of hours and minutes shown in the Total Time box.
forty HRS. no MINS.

I certify the above hours are correct and authorize payment. I agree to the Terms of Service on the reverse side of the Customer Copy.

X

TOTAL TIME SUMMARY	ROUND TO NEAREST 15 MINUTES (EXAMPLE — 0, 15, 30, 45)	STRAIGHT TIME HOURS	STRAIGHT TIME MINUTES	OVERTIME HOURS	OVERTIME MINUTES
		40	00		

CUSTOMER COPY

© 1993 KELLY SERVICES, INC.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 5-1-95 Inv #: 17207127 Inv $: 470.86

Due Date: 5-17-95 Discount: _____ Terms: _____

Month/Yr: 5/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	470.86 ✓

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
05/01/95	17207127

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

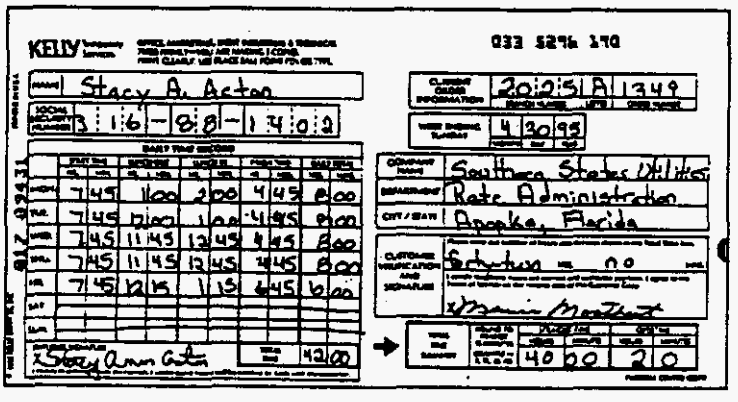
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	04/30	40.00	10.95	2.00	16.43	470.86

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 470.86



RECEIVED
MAY 0 8 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY

Inv Date: 5-8-95 Inv #: 1820762I Inv $: 438.00

Due Date: 5-17-95 Discount: _____ Terms: _____

Month/Yr: 5/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.186I.0000.245	~~[redacted]~~ 95RA100	438.00

Voucher Prepared by: _____

d# 149956

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
05/08/95	18207621

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

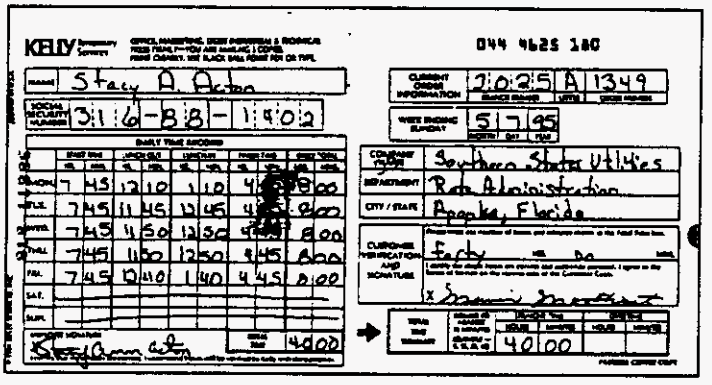
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	05/07	40.00	10.95			438.00

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 438.00



RECEIVED
MAY 15 1995
Accounts Payable

CHARGE TO RATE CASE EXPENSE - 1995 95RA100
044 180

KELLY Temporary Services — OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

NAME: Stacy A. Acton

SOCIAL SECURITY NUMBER: 316-88-1402

RECEIVED
MAY 09 1995
Accounts Payable

CURRENT ORDER INFORMATION: BRANCH NUMBER 2025 | LETTER A | ORDER NUMBER 1347

WEEK ENDING SUNDAY: MONTH 5 | DAY 7 | YEAR 95

COMPANY NAME: Southern States Utilities
DEPARTMENT: Rate Administration
CITY / STATE: Apopka, Florida

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS.	DAILY TOTAL MINS.
MON.	7	15	12	10	1	10	4	45	8	00
TUE.	7	45	11	45	12	45	11	45	8	00
WED.	7	45	11	50	12	50	4	45	8	00
THU.	7	15	11	50	12	50	4	45	8	00
FRI.	7	45	12	10	1	40	4	45		
SAT.										
SUN.										
							TOTAL TIME		40	00

EMPLOYEE SIGNATURE
X Stacy A. Acton
I certify that these hours are correct. I understand hours will be verified by Kelly with the customer.

CUSTOMER VERIFICATION AND SIGNATURE
Please write out number of hours and minutes shown in the Total Time box.
Forty HRS. no MINS
I certify the above hours are correct and authorize payment. I agree to the Terms of Service on the reverse side of the Customer Copy.
X

TOTAL TIME SUMMARY

ROUND TO NEAREST 15 MINUTES (EXAMPLE — 0, 15, 30, 45)	STRAIGHT TIME HOURS	STRAIGHT TIME MINUTES	OVERTIME HOURS	OVERTIME MINUTES
	40	00		

CUSTOMER COPY

PRINTED IN U.S.A.

© 1994 KELLY SERVICES, INC.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 5-15-95 Inv #: 192060002 Inv $: 438.00

Due Date: 5-24-95 Discount: _____ Terms: _____

Month/Yr: 5/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.6209.9.1861.0000.245	95RA100	438.00

Voucher Prepared by: _____

Or 150446

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
05/15/95	19206002

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.. 38-1510762
DUN & BRADSTREET I.D.. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS
AS FOLLOWS .25=15 MIN.; .50=30 MIN; .75=45 MIN.

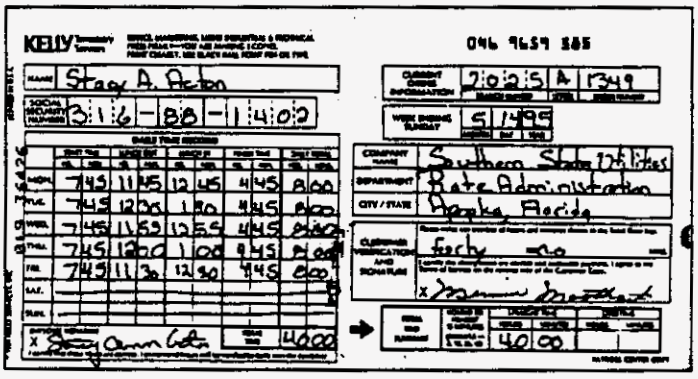
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	05/14	40.00	10.95			438.00

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 438.00



RECEIVED
MAY 22 1995
Accounts Payable

CHARGE TO 1995 RATE CASE EXPENSE 95RA100

KELLY Temporary Services — OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

046 4652 585

NAME: Stacy A. Acton

SOCIAL SECURITY NUMBER: 316-88-1402

CURRENT ORDER INFORMATION: 2025 (BRANCH NUMBER) A (LETTER) 1349 (ORDER NUMBER)

WEEK ENDING SUNDAY: 5 (MONTH) 14 (DAY) 95 (YEAR)

COMPANY NAME: Southern States Utilities

DEPARTMENT: Rate Administration

CITY / STATE: Florida

RECEIVED MAY 16 1995

CUSTOMER VERIFICATION AND SIGNATURE: Please write out number of hours and minutes shown in the Total Time box. HRS 40 MINS. I certify the above hours are correct and authorize payment. I agree to the terms on the reverse side of the Customer Copy. X Payable

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS.	DAILY TOTAL MINS.
MON.	7	45	11	45	12	45	4	45	8	00
TUE.	7	45	12	30	1	30	4	45	8	00
WED.	7	45	11	55	12	55	4	45	8	00
THU.	7	45	12	00	1	00	4	45	8	00
FRI.	7	45	11	30	12	30	4	45	8	00
SAT.										
SUN.										

EMPLOYEE SIGNATURE: X Stacy A. Acton

I certify that these hours are correct. I understand hours will be verified by Kelly with the customer.

TOTAL TIME: 40 00

TOTAL TIME SUMMARY

ROUND TO NEAREST 15 MINUTES (EXAMPLE – 0, 15, 30, 45)	STRAIGHT TIME HOURS	STRAIGHT TIME MINUTES	OVERTIME HOURS	OVERTIME MINUTES
	40	00		

CUSTOMER COPY

© 1994 KELLY SERVICES, INC. N.U.S.A.

Approved by: _____

Type: _____

Vendor #: 18487

Vendor Name: Romac International

Inv Date: 4-28-95

Inv #: 2101657

Inv $: 466.69

Due Date: 5-10-95

Discount: _____

Terms: _____

Month/Yr: 5-95

Purchase Order #: _____

Description: Ashley Sheets 4/17/95 - 4/23/95

Units: _____

Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95EA100	✓ 466.69

Voucher Prepared by: [signature]

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

DATE: 04/28/95

INVOICE 2101

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 2(
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

	INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	*DUE DAT
	04/28/95	U00031		DUE ON RECEIPT	05/03/

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT
34.75 REGHRS	SHEETS, ASHLEY 04/17/95-04/23/95	13.43	466.

RECEIVED
MAY - 2 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	466.
SALES TAX	.
FREIGHT	.
TOTAL	466.

Accounts Payable Voucher

by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 18487 Vendor Name: Romac

Inv Date: 5/05/95 Inv #: 2101748 Inv $: 193.36

Due Date: 5/17/95 Discount: _____ Terms: _____

Month/Yr: 5/95 Purchase Order #: —

Description: A. Sheets w/c 4/30/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.120.99.1861.0000.245	95LA100	193.36 ✓

Voucher Prepared by: _____

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE 21017

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 200
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

	INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	*DUE DATE
	05/05/95	U00031		DUE ON RECEIPT	05/10/9

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT
40.00 REGHRS	SHEETS, ASHLEY	13.43	537.2
7.75 OVTHRS	SHEETS, ASHLEY	20.15	156.1
	04/24/95-04/30/95		

RECEIVED
MAY 11 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	693.3
SALES TAX	.0
FREIGHT	.0
TOTAL ➤	693

Accounts Payable Voucher

by: [signature] Manual Check #: _____ Date: _____

Type: _____

Vendor #: 18487 Vendor Name: Romac

Inv Date: 5/12/95 Inv #: 2101843 Inv $: 466.69

Due Date: 5/24/95 Discount: _____ Terms: _____

Month/Yr: 5/95 Purchase Order #: —

Description: A Sheets w/e 5/7/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	466.69

Voucher Prepared by: [signature]

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	466.69
SALES TAX	.00
FREIGHT	.00
TOTAL ➤	466.69

DATE
05/12/95

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE 210184

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 20C
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	*DUE DATE
05/12/95	U00031		DUE ON RECEIPT	05/17/9

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT D
34.75 REGHRS	SHEETS, ASHLEY 05/01/95-05/07/95	13.43	466.6

RECEIVED
MAY 16 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	466.6
SALES TAX	.0
FREIGHT	.0
TOTAL	466.6

Manual Check #: _____ Date: _____

Type: _____

Vendor #: 18487 Vendor Name: Romac

Inv Date: 5/19/95 Inv #: 2101934 Inv $: 577.50

Due Date: 5/31/95 Discount: _____ Terms: _____

Month/Yr: 5/95 Purchase Order #: —

Description: A Sheets w/e 5/14/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.186.0000.245	95RA100	✓577.50

Voucher Prepared by: _____

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	577.50
SALES TAX	.00
FREIGHT	.00
TOTAL ➤	577.50

DATE
05/19/95

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE 21019

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 20
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

	INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	DUE DATE
	05/19/95	U00031		DUE ON RECEIPT	05/24,

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT
40.00 REGHRS	SHEETS, ASHLEY	13.43	537
2.00 OVTHRS	SHEETS, ASHLEY 05/08/95-05/14/95	20.15	40

RECEIVED
MAY 25 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	577
SALES TAX	
FREIGHT	
TOTAL ➤	577

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.A.D. Inc.

Inv Date: 5-30-95 Inv #: 14517 Inv $: 834.00

Due Date: 6-7-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: T. Caimbrone - w/e 5-21-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001425.99.1861.0000.245	95RA100	✓ 834.00

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
05/30/95	14517	1	06/09/95

	DESCRIPTION		AMOUNT
	WEEK ENDING:5/21		
661	T. CIAMBRONE - SSU - C. BLISS 40	@ 20.8500/HRS.	834.00

RECEIVED
MAY 3 1 1995
Accounts Payable

SUB TOTAL	834.00
TAX	0.00
TOTAL	834.00
NET TO PAY	834.00

WEEKLY TI
NAME
DEPARTMENT
THE
DURI
IN
OUT
IN
OUT
IN
OUT
MORNING
AFTERNOON
EVENING
TIME WORKED EACH DAY
262-77-
SOCIAL SEC
TOPS FORM NO.

Company name
EDD Inc
Call Operator

00001.625_95.1861.0000.245
95 RA100

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.A. Inc

Inv Date: 5-31-95 Inv #: 14559 Inv $: 865.28

Due Date: 6-14-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: T. Cairncross - w/e 6-10-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1861.0000-35	95RA100	✓ 865.28

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
05/31/95	14559	1	06/10/95

DESCRIPTION				AMOUNT
WEEK ENDING:5/28				
661 T. CIAMBRONE - SSU - C. BLISS	40	@ 20.8500/HRS.		834.00
661 OT T. CIAMBRONE - SSU	1	@ 31.2800/HRS.		31.28

RECEIVED
JUN - 1 1995
Accounts Payable

SUB TOTAL	865.28
TAX	0.00
TOTAL	865.28
NET TO PAY	865.28

AFTERNOON	IN	1	00	1	00	1	00								
	OUT														
EVENING	IN														
	OUT	5	00	5	30	5	00	5	30	5	00				
TIME WORKED EACH DAY →		8	0	8	5	8	0	8	5	8	0				

262-77-8067 SOCIAL SECURITY ACCOUNT NUMBER
SIGNED Thomas Ciambrone OK'D BY: Lori Hiller
TOPS FORM NO. 3017 LITHO IN U.S.A.

0001. 625. 99. 181. 0000. 245
9SRA 100

RECEIVED
JUN 12 1995
Accounts Payable

Aecounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D., Inc.

Inv Date: 6-7-95 Inv #: 14592 Inv $: 1416.52

Due Date: 6-14-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: C. Urban - w/e 6-4-95

Units: _____ Job Code: _____

Account Number Plt.Res Ctr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
XXXX 625.99.1861.XXX.245	95RA100	✓ 1416.52

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
06/07/95	14592	1	06/17/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:6/4			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40
340 OT	C. URBAN - SSU	21	@ 29.7200/HRS.	624.12

RECEIVED
JUN 0 9 1995
Accounts Payable

SUB TOTAL	1416.52
TAX	0.00
TOTAL	1416.52
NET TO PAY	1416.52

95 RA100

RECEIVED
JUN 1 2 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D. Inc.

Inv Date: 6-7-95 Inv #: 14617 Inv $: 612.99

Due Date: 6-14-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: _____

Description: A. Clark - w/e 6-4-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.A.161.0000.245	95RA100	✓ 612.99

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
06/07/95	14617	1	06/17/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:6/4			
932	A. CLARK - SSU	31.5	@ 19.4600/HRS.	612.99

RECEIVED
JUN 09 1995
Accounts Payable

SUB TOTAL	612.99
TAX	0.00
TOTAL	612.99
NET TO PAY	612.99

95 RA100

RECEIVED
JUN 12 1995
Accounts Payable

Accounts Payable

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.A. Inc.

Inv Date: 5-30-95 Inv #: 14514 Inv $: 1342.22

Due Date: 6-14-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: C. Uchan - w/e 5-28-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.A.1161.000245	95RA100	✓1342.22

Voucher Prepared by: _____

..., Inc.
...1 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
05/30/95	14514	1	06/09/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:5/28			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40
340 OT	C. URBAN - SSU	18.5	@ 29.7200/HRS.	549.82

RECEIVED
MAY 3 1 1995
Accounts Payable

SUB TOTAL	1342.22
TAX	0.00
TOTAL	1342.22
NET TO PAY	1342.22

[redacted] 00001.625.99.1001.0000.213

95 RA 100

RECEIVED
JUN 1 2 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D., Inc

Inv Date: 6-23-95 Inv #: 14677 Inv $: 1522.75

Due Date: 6-21-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: A. Clark w/e 6-11-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
CXXA1.625.99.1861.0000.245	95RA100	✓ 1522.75

Voucher Prepared by: _____

E.D.D.; Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
06/13/95	14677	1	06/23/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:6/11			
932	A. CLARK - SSU	40	@ 19.4600/HRS.	778.40
932 OT	A. CLARK - SSU	25.5	@ 29.1900/HRS.	744.35

RECEIVED
JUN 14 1995
Accounts Payable

SUB TOTAL	1522.75
TAX	0.00
TOTAL	1522.75
NET TO PAY	1522.75

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.A., Inc.

Inv Date: 6-13-95 Inv #: 14670 Inv $: 1505.68

Due Date: 6-21-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: C Urban w/e 6-11-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
10001.625.99.1161.0000.245	95RA10	✓1505.68

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
06/13/95	14670	1	06/23/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:6/11			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40
340 OT	C. URBAN - SSU	24	@ 29.7200/HRS.	713.28

RECEIVED
JUN 14 1995
Accounts Payable

SUB TOTAL	1505.68
TAX	0.00
TOTAL	1505.68
NET TO PAY	1505.68

95-RA 100

RECEIVED
JUN 14 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D., Inc.

Inv Date: 6-2-95 Inv #: 14577 Inv $: 500.40

Due Date: 6-14-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: _____

Description: T. Cointreau - i/e 6.4.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1861.000.~~255~~ 245	95RA100	√500.40

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
06/02/95	14577	1	06/12/95

DESCRIPTION	AMOUNT
WEEK ENDING:6/4	
661 T. CIAMBRONE - SSU - C. BLISS 24 @ 20.8500/HRS.	500.40

RECEIVED
JUN 05 1995
Accounts Payable

SUB TOTAL	500.40
TAX	0.00
TOTAL	500.40
NET TO PAY	500.40

DURING WORKING HOURS, NOTATION OF TIME WORKED

		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
		HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.
MORNING	IN			8	00	8	00	8	30						
	OUT			12	00	12	00	12	00						
AFTERNOON	IN			1	00	1	00	1	00						
	OUT							2	30						
EVENING	IN							3	00						
	OUT			5	00	5	00	5	00						
TIME WORKED EACH DAY →				8	00	8	00	8	00						

HOL 8 HRS

262-77-8067
SOCIAL SECURITY ACCOUNT NUMBER
TOPS FORM NO. 3017

SIGNED Thomas J Ciambrone OK'D BY Linda Hussey

RECEIVED
JUN 12 1995
Accounts Payab

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.E., Inc.

Inv Date: 6-21-95 Inv #: 14738 Inv $: 1303.82

Due Date: 7-5-95 Discount: _____ Terms: _____

Month/Yr: 7-95 Purchase Order #: —

Description: A. Clark w/e 6-18-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1161.0000.345	95RA100	✓1303.82

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
06/21/95	14738	1	07/01/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:6/18			
932	A. CLARK - SSU	40	@ 19.4600/HRS.	778.40
932 OT	A. CLARK - SSU	18	@ 29.1900/HRS.	525.42

RECEIVED
JUN 2 2 1995
Accounts Payable

SUB TOTAL	1303.82
TAX	0.00
TOTAL	1303.82
NET TO PAY	1303.82

WEEKLY TIME RE
NAME Anth
DEPARTMENT SSU
IN O
THE TIME
DURING
HR.
MORNING IN OUT
AFTERNOON IN OUT
EVENING IN OUT
TIME WORKED EACH DAY
487-32-5
SOCIAL SECU
TOPS FORM NO.

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D Inc.

Inv Date: 6-21-95 Inv #: 146095 Inv $: 1357.08

Due Date: 7-5-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: —

Description: C. Urban w/e 6.18.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1861.000.245	95RA100	✓1357.08

Voucher Prepared by: _____

Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

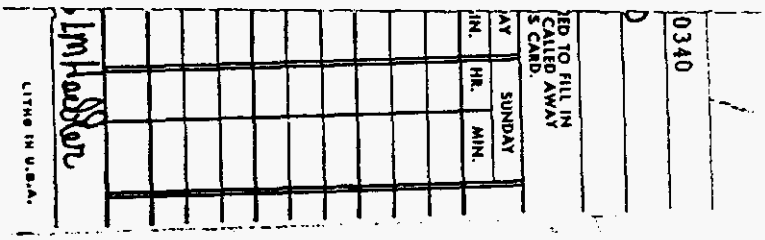
INVOICE

DATE	NUMBER	PAGE	DUE DATE
06/21/95	14695	1	07/01/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:6/18			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40
340 OT	C. URBAN - SSU	19	@ 29.7200/HRS.	564.68

RECEIVED
JUN 2 2 1995
Accounts Payable

SUB TOTAL	1357
TAX	0.
TOTAL	1357.08
NET TO PAY	1357.08



95 RP 100
0001. 625.59:: 186/1000. 245

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 5-22-95 Inv #: 20194478 Inv $: 602.30

Due Date: 6-7-95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	✓ 602.30

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
05/22/95	20194478

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS
AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

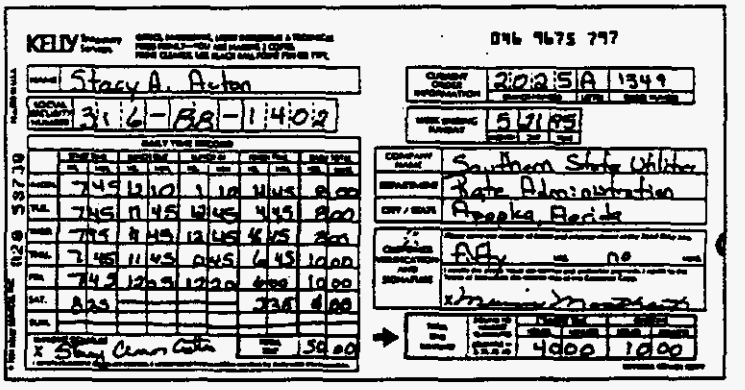
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	05/21	40.00	10.95	10.00	16.43	602.30

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 602.30



RECEIVED
MAY 3 n 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERV.

Inv Date: 5-29-95 Inv #: 21184429 Inv $: 495.51

Due Date: 6-14-95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000/.620.99.1861.0000.245	95RA100	✓ 495.51

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
05/29/95	21184429

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

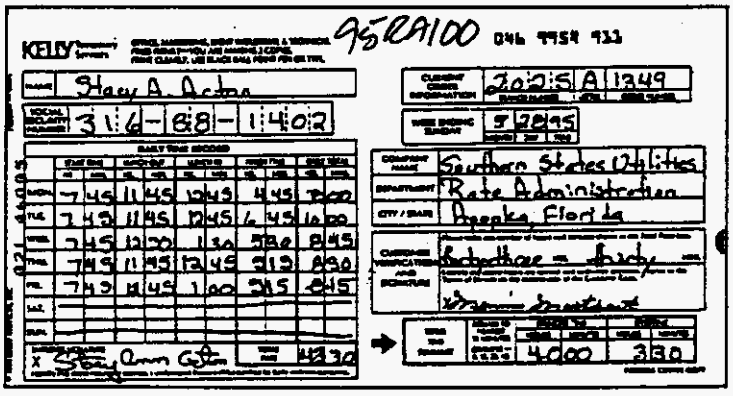
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	05/28	40.00	10.95	3.50	16.43	495.51

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 495.51



RECEIVED
JUN 05 1995
Accounts Payable

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 6-5-95 Inv #: 22204044 Inv $: 442.11

Due Date: 6-21-95 Discount: _____ Terms: _____

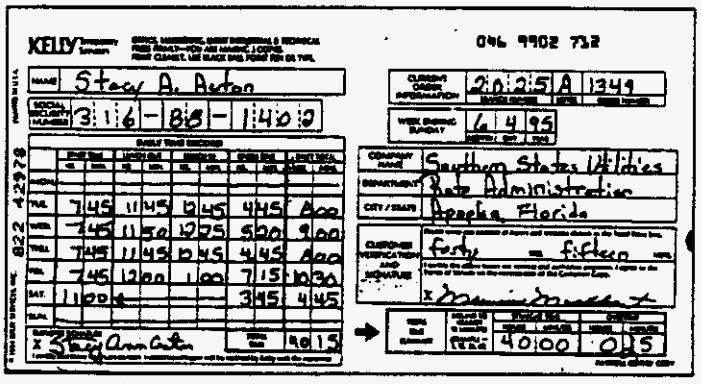
Month/Yr: 6/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	✓ 442.11

Voucher Prepared by: _____


KELLY

046 9902 752

Stacy A. Acton

316-88-1402

2025 A 1349

6 4 95

Southern States Utilities

Rate Administration

Apopka, Florida

forty — fifteen

7 45 11 45 0 45 4 45 8 00

7 45 11 50 12 75 5 50 9 00

7 45 11 45 0 45 4 45 8 00

7 45 12 00 1 00 7 15 10 30

11 00 3 45 4 45

Stacy Ann Acton

40 00 0 15

RECEIVED
JUN 12 1995
Accounts Payable

DATE	INVOICE NUMBER
06/05/95	22204044

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

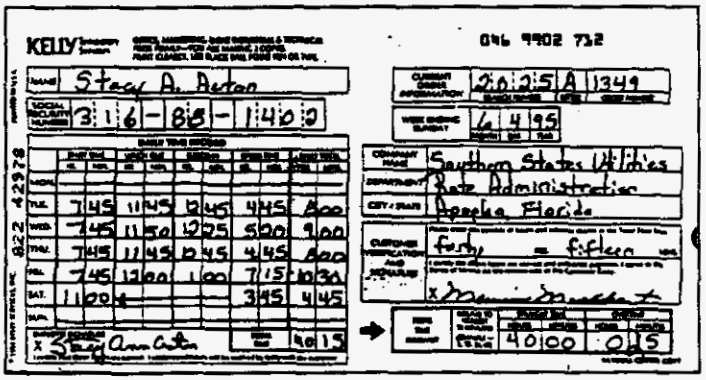
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	06/04	40.00	10.95	.25	16.43	442.11

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 442.11



RECEIVED
JUN 12 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 6-12-95 Inv #: 23209620 Inv $: 540.69

Due Date: 6-28-95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Pit.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	540.69

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
06/12/95	23209620

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

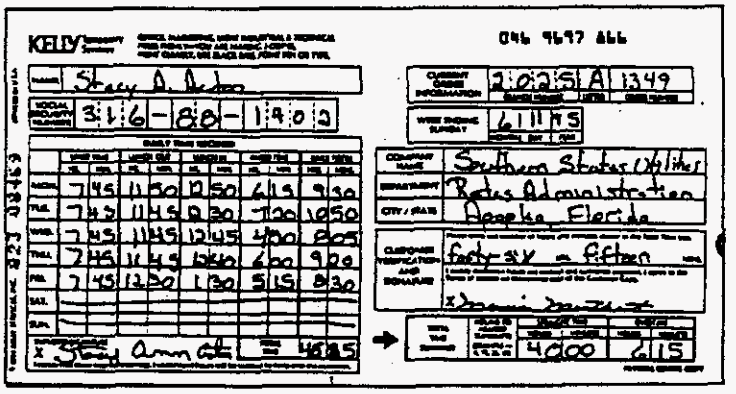
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	06/11	40.00	10.95	6.25	16.43	540.69

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 540.69



RECEIVED
JUN 19 1995
Accounts Payable

Accounts Payable Voucher

Manual Check #: _____ Date: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 6-19-95 Inv #: 24205148 Inv $: 483.18

Due Date: 7-5-95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	483.18

Voucher Prepared by: _____

95RA100

KELLY

Stacy A. Acton

3 1 6 - 80 - 1 4 0 0

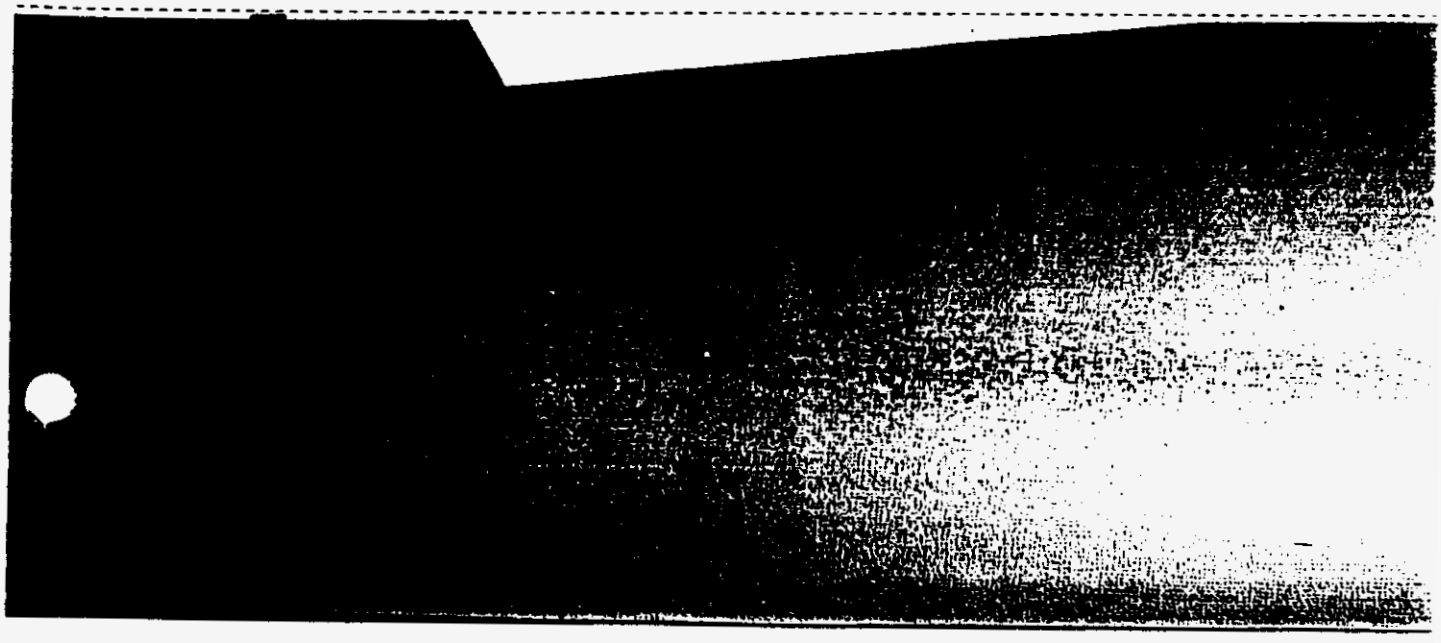
Southern States Utilities

Rates Administration

Apopka, Florida

40 00 | 8 45

RECEIVED
JUN 26 1995
Accounts Payable



DATE	INVOICE NUMBER
06/19/95	24205148

SEND PAYMENT TO

KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510782
DUN & BRADSTREET I.D.: 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

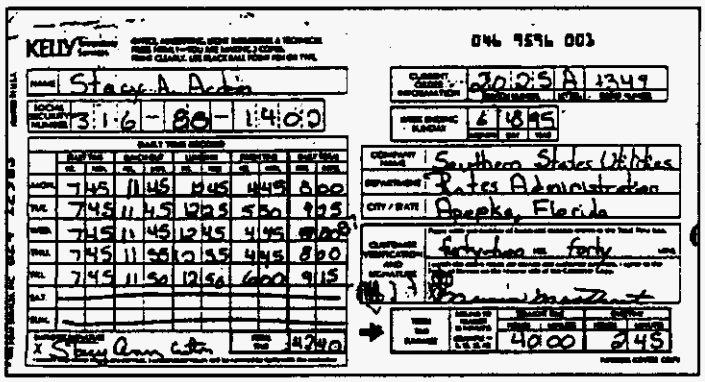
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	06/18	40.00	10.95	2.75	16.43	483.18

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

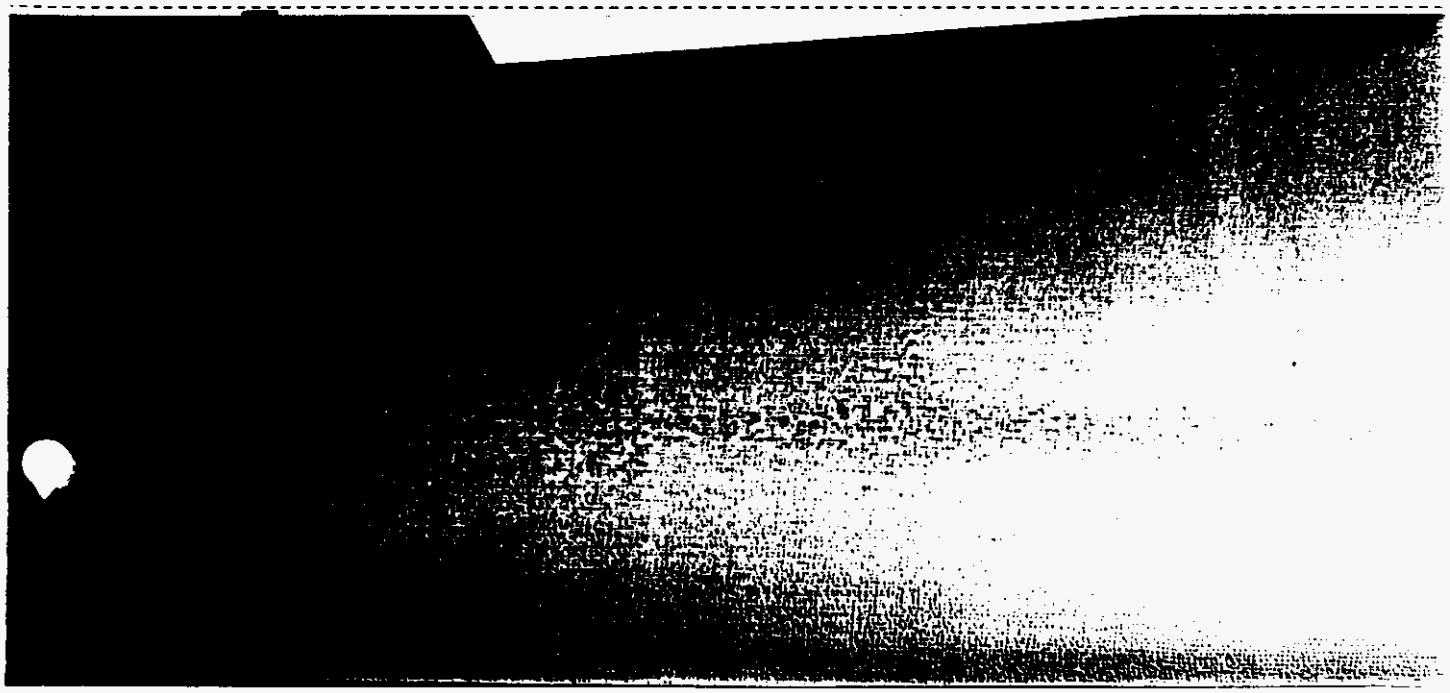
TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 483.18



95RR100

RECEIVED
JUN 26 1995
Accounts Payable



APPENDIX DR305-B

...d by: _____ Manual Check #: _____ PAGE 461 OF 2226

Type: _____

Vendor #: 18487 Vendor Name: Romac

Inv Date: 6/23/95 Inv #: 2102342 Inv $: 577.50

Due Date: 6/28/95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: —

Description: Q. Sheets w/e 6/18/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.1620.99.1861.0000.245	95RA100	✓577.50

Voucher Prepared by: _____

JUN 2 6 1995

Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	577.50
SALES TAX	.0
FREIGHT	.0
TOTAL ➤	577.5

DATE
06/23/95

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE 210

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

	INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	"D DA
	06/23/95	U00031		DUE ON RECEIPT	06/2

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOU
40.00 REGHRS	SHEETS, ASHLEY	13.43	53
2.00 OVTHRS	SHEETS, ASHLEY 06/12/95-06/18/95	20.15	4

RECEIVED
JUN 2 6 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	57
SALES TAX	
FREIGHT	
TOTAL ➤	57

APPENDIX DB 305.6

PAGE 163 OF 2226

Manual Check #: _____ Date: _____

Type: _____

Vendor #: 19487 Vendor Name: Romac

Inv Date: 6/02/95 Inv #: 2102091 Inv $: 627.88

Due Date: 6/14/95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: —

Description: A Sheets w/e 5/28/95

Units: _____ Job Code: _____

Account Number PlLResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1961.0000.245	95RA100	✓ 627.88

Voucher Prepared by: _____

Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	627.
SALES TAX	
FREIGHT	
TOTAL ➤	627.

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE 2102091

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 200
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

	INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	*DUE DATE
	06/02/95	U00031		DUE ON RECEIPT	06/07/9

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT DU
40.00 REGHRS	SHEETS, ASHLEY	13.43	537.2
4.50 OVTHRS	SHEETS, ASHLEY	20.15	90.6
	05/22/95-05/28/95		

RECEIVED
JUN 05 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	627.8
SALES TAX	.0
FREIGHT	.
TOTAL	627.

APPENDIX DR 305-B

By: _____ Manual Check #: _____ PAGE 465 Date: 05 2220

Type: _____

Vendor #: 18487 Vendor Name: Romac

Inv Date: 6/09/95 Inv #: 2102178 Inv $: 463.34

Due Date: 6/21/95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: —

Description: A. Sheets w/e 6/4/95

Units: _____ Job Code: _____

Account Number PltResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0000.120.99.1861.0000.245	95RA100	✓463.34

Voucher Prepared by: _____

Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	463.34
SALES TAX	.00
FREIGHT	.00
TOTAL ➤	463.34

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

INVOIC

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUIT
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

	INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	
	06/09/95	U00031		DUE ON RECEIPT	06

BILLED	EMPLOYEE / WEEK WORKED	RATE	A
34.50 REGHRS	SHEETS, ASHLEY 05/29/95-06/04/95	13.43	

RECEIVED
JUN 16 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL
SALES TAX
FREIGHT
TOTAL ➤

APPENDIX DR 305-B

Manual Check #: PAGE 467 Date: OF 2226

Vendor #: 18487 Vendor Name: Romac

Inv Date: 6/16/95 Inv #: 2102256 Inv $: 572.46

Due Date: 6/28/95 Discount: Terms:

Month/Yr: 6/95 Purchase Order #:

Description: A Sheets w/c 6/11/95

Units: Job Code:

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.186.0000245	95RA00	572.46

Voucher Prepared by:

RECEIVED
JUN 19 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES LATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE PER MONTH.

SUB TOTAL	572.46
SALES TAX	.00
FREIGHT	.00
TOTAL	572.46

DATE 06/16/95

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE 21022

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 20
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

	INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	*DUE DATE
	06/16/95	U00031		DUE ON RECEIPT	06/21/

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT
40.00 REGHRS	SHEETS, ASHLEY	13.43	537.
1.75 OVTHRS	SHEETS, ASHLEY 06/05/95-06/11/95	20.15	35.

RECEIVED
JUN 19 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES [illegible]ATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE [illegible]ER MONTH.

SUB TOTAL	572.
SALES TAX	
FREIGHT	
TOTAL	572.

Accounts Payable Voucher PAGE 469 OF 2226

Approved by: [signature] Manual Check #: _____ Date: _____

Type: _____

Vendor #: 18487 Vendor Name: Romac

Inv Date: 5/21/95 Inv #: 2102008 Inv $: 577.50

Due Date: 6/07/95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: _____

Description: A Sheets W/C 5/21/95

Units: _____ Job Code: _____

Account Number PtLResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000245	95RA100	✓577.50

Voucher Prepared by: [signature]

RECEIVED
MAY 30 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	577.50
SALES TAX	.00
FREIGHT	.00
TOTAL ➤	577.50

DATE
05/26/95

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

INVOICE

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUI
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

	INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	
	05/26/95	U00031		DUE ON RECEIPT	0

BILLED	EMPLOYEE / WEEK WORKED	RATE
40.00 REGHRS	SHEETS, ASHLEY	13.43
2.00 OVTHRS	SHEETS, ASHLEY	20.15
	05/15/95-05/21/95	

RECEIVED
MAY 3 0 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL
SALES TAX
FREIGHT
TOTAL

Voucher #: 5302

Vendor Name: E. B. W., Inc.

Inv Date: 6.28.95

Inv #: 14780

Inv $: 713.16

Due Date: 7.12.95

Discount: _____

Terms: _____

Month/Yr: 7-95

Purchase Order #: -

Description: C. Urban w/e 6.25.95

Units: _____

Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.625.99186.0000205	95LA100	713.16

Voucher Prepared by: [signature]

Longwood, [illegible]
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
06/28/95	14780	1	07/08/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:6/25			
340	C. URBAN - SSU - C. BLISS	36	@ 19.8100/Hrs.	713.16

RECEIVED
JUN 2 5 1995
Accounts Payable

SUB TOTAL	713.16
TAX	0.00
TOTAL	713.16
NET TO PAY	713.16

Accounts Payable Voucher

Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D. Inc.

Inv Date: 7-11-95 Inv #: 14805 Inv $: 1386.72

Due Date: 7-19-95 Discount: _____ Terms: _____

Month/Yr: 7.95 Purchase Order #: _____

Description: C. Urban - w/e 7/5 and 7/9

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.1625.99.1861.0000.215	95RA100	1386.72

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
07/11/95	14805	1	07/21/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:7/2 * 7/9			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40
340 OT	C. URBAN - SSU	4	@ 29.7200/HRS.	118.88
340	C. URBAN - SSU - C. BLISS	24	@ 19.8100/Hrs.	475.44

SUB TOTAL	1386.72
TAX	0.00
TOTAL	1386.72
NET TO PAY	1386.72

Approved by: [signature]

Vendor #: 5302 Vendor Name: C.U.A., Inc.

Inv Date: 7-18-95 Inv #: 14868 Inv $: 772.59

Due Date: 7-26-95 Discount: _____ Terms: _____

Month/Yr: 7-95 Purchase Order #: —

Description: C. Urban w/e 7.16.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.186.0000.245	95RA100	772.59

Voucher Prepared by: [signature]

2941 W [illegible] Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
07/18/95	14868	1	07/28/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:7/16			
340	C. URBAN - SSU - C. BLISS	39	@ 19.8100/Hrs.	772.59

RECEIVED
JUL 19 1995
Accounts Payable

SUB TOTAL	772.59
TAX	0.00
TOTAL	772.59
NET TO PAY	772.59

Vendor #: 5302 Vendor Name: E.A.D., Inc.

Inv Date: 7-25-95 Inv #: 14913 Inv $: 544.78

Due Date: 8.9.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: —

Description: C. Urban - w/e 7-23-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.625.99.1861.0000.245	95RA100	544.78

Voucher Prepared by: [signature]

(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
07/25/95	14913	1	08/04/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:7/23			
340	C. URBAN - SSU - C. BLISS	27.5	@ 19.8100/Hrs.	544.78

RECEIVED
JUN 26 1995
Accounts Payable

SUB TOTAL	544.78
TAX	0.00
TOTAL	544.78
NET TO PAY	544.78

Accounts Payable Voucher

Approved by: VJC Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 6-26-95 Inv #: 25209263 Inv $: 774.82

Due Date: 7-2-95 Discount: _____ Terms: _____

Month/Yr: 7/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number PlL.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	774.82

Voucher Prepared by: _____

CHARGE TO 1995 RATE CASE EXPENSE 9579100

046 7940 480

KELLY Temporary Services — OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

PRINTED IN U.S.A.

NAME: Stacy A. Acton

SOCIAL SECURITY NUMBER: 316-88-1402

CURRENT ORDER INFORMATION: 20215 | A | 1349 (BRANCH NUMBER | LETTER | ORDER NUMBER)

WEEK ENDING SUNDAY: 6 | 25 | 95 (MONTH | DAY | YEAR)

COMPANY NAME: Southern States Utilities

DEPARTMENT: Rates Administration

CITY / STATE: Apopka, Florida

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS.	DAILY TOTAL MINS.
MON.	7	45	11	45	1	00	8	40	11	40
TUE.	7	45	11	50	12	30	4	55	8	20
WED.	7	45	11	30	1	30	4	00	7	15
THU.	7	45	11	45	12	45	4	45	8	00
FRI.	7	45	11	15	1	00	4	15	7	30
SAT.	12	00					4	55	4	55
SUN.	10	45					8	55	10	10

TOTAL TIME: 60 35

EMPLOYEE SIGNATURE: X Stacy Acton

I certify that these hours are correct. I understand hours will be verified by Kelly with the customer.

RECEIVED JUN 26 1995 Accounts Payable

CUSTOMER VERIFICATION AND SIGNATURE

Please write out number of hours and minutes shown in the Total Time box.

Sixty HRS. three MINS.

I certify the above hours are correct and authorize payment. I agree to the Terms of Service on the reverse side of the Customer Copy.

X

TOTAL TIME SUMMARY

ROUND TO NEAREST 15 MINUTES (EXAMPLE – 0, 15, 30, 45)	STRAIGHT TIME HOURS	STRAIGHT TIME MINUTES	OVERTIME HOURS	OVERTIME MINUTES
	40	00	20	30

CUSTOMER COPY

© 1994 KELLY SERVICES, INC.

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
06/26/95	25209263

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS. .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

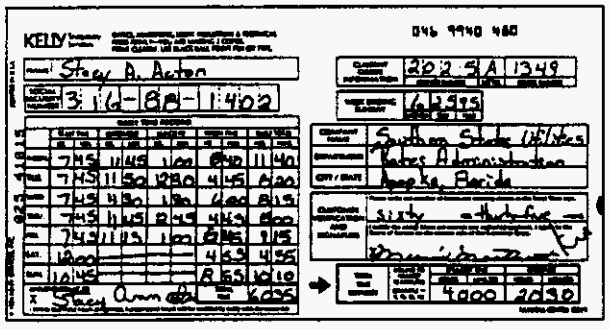
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	06/25	40.00	10.95	20.50	16.43	774.82

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 774.82



95R9100

RECEIVED
JUL - 5 1995
Accounts Payable

Check #: 1048

Vendor Name: KELLY

Inv #: 26179473 Inv $: 626.95

Due Date: 7-26-95 Discount: Terms:

Month/Yr: 7/95 Purchase Order #:

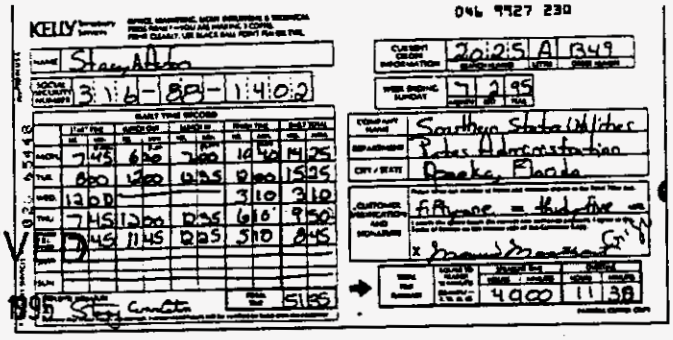
Description: S. ACTON

Units: Job Code:

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	626.95

Voucher Prepared by:

95RA100



RECEIVED

JUL 17 1995

Accounts Payable

KELLY SERVICES, INC.
...RETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
07/03/95	26179473

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

PLEASE RETAIN THIS PART FOR YOUR RECORDS
CUSTOMER COPY

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	07/02	40.00	10.95	11.50	16.43	626.95

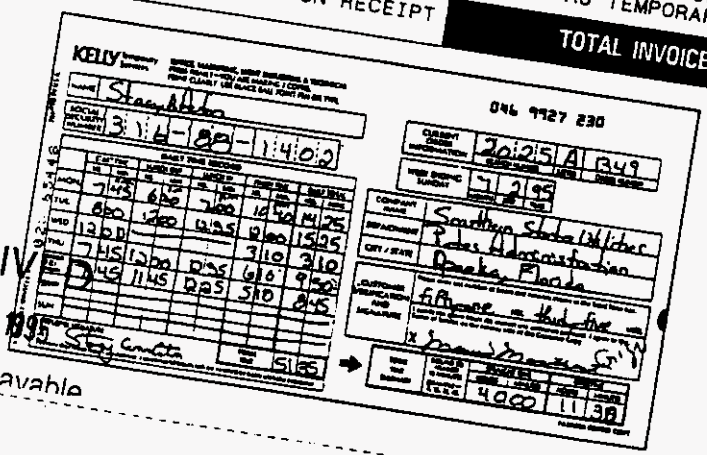
USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 626.95

95R4100



RECEIVED
JUL 17 1995
Accounts Payable

Approved by: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY

Inv Date: 7-10-95 Inv #: 27195833 Inv $: 295.65

Due Date: 7-26-95 Discount: _____ Terms: _____

Month/Yr: 7/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	295.65

Voucher Prepared by: _____

95RA100

KELLY

046 9482 970

Stacy A. Acton

316-88-1462

2005 A 1349

7 9 95

Southern States Utilities

Rate Administration

Apopka, Florida

MON								
TUE								
WED	7	45	12	15	1	15	5	10
THU	7	45	11	40	11	55	4	50
FRI	7	45	12	15	12	55	6	10
SAT								
SUN								

8 25

8 50

9 45

27 00

RECEIVED

JUL 18 1995

Accounts Payable

DATE	INVOICE NUMBER
07/10/95	27195833

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-9318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	07/09	27.00	10.95			295.65

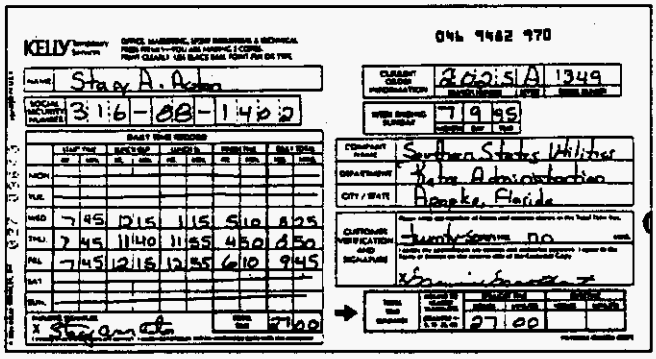
USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 295.65

95JA100



RECEIVED
JUL 18 1995
Accounts Payable

Manual Check #: _____ Date: _____

Vendor #: 11048 Vendor Name: KELY

Inv Date: 7-17-95 Inv #: 28196624 Inv $: 628.28

Due Date: 8-2-95 Discount: _____ Terms: _____

Month/Yr: 7/95 Purchase Order #: _____

Description: S. ACTON, A. BLAGA, D. FIFE

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	628.28

Voucher Prepared by: _____

JUL 24 1995

Accounts Payable

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT	TERMS-NET 5 DAYS UPON RECEIPT	TOTAL INVOICE	$ 628.28

©1994 Kelly Services, Inc.

...TECHNICAL

DATE	INVOICE NUMBER
07/17/95	28196624

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON 95RA100	SECRETARIAL	SC40	07/16	40.00	10.95	3.25	16.43	491.40
D BLAGA 95RA100	SECRETARIAL	SC40	07/16	8.50	10.95			93.08
DM FIFE 95RA100	SECRETARIAL	SC40	07/16	4.00	10.95			43.80

RECEIVED
JUL 24 1995
Accounts Payable

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 628.28

©1994 Kelly Services, Inc.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 18487 Vendor Name: Ramac

Inv Date: 6/30/95 Inv #: 2102430 Inv $: 496.91

Due Date: 7/12/95 Discount: _____ Terms: _____

Month/Yr: 7/95 Purchase Order #: —

Description: A. Sheets w/c 6/25/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.6209.1861.0000.245	95RA100	496.91

Voucher Prepared by: _____

ROMAC INTERNATIONAL

TELEPHONE: (813) 258-8855

DATE	PAGE
06/30/95	1

INVOICE 2102430

SOLD TO: SOUTHERN STATES UTILITY SERVIC
1000 COLOR PLACE
APOPKA, FL 32703-
ATTN: ACCOUNTS PAYABLE

REMIT TO: ROMAC INTERNATIONAL, INC.
120 W. HYDE PARK PLACE, SUITE 200
TAMPA FL 33606
ATTN: ACCOUNTS RECEIVABLE

	INVOICE DATE	CUSTOMER NO.	PURCHASE ORDER NO.	PAYMENT TERMS	*DUE DATE
	06/30/95	U00031		DUE ON RECEIPT	07/05/95

BILLED	EMPLOYEE / WEEK WORKED	RATE	AMOUNT DUE
37.00 REGHRS	SHEETS, ASHLEY 06/19/95-06/25/95	13.43	496.91

RECEIVED
JUL - 3 1995
Accounts Payable

INCLUDE REMITTANCE ADVICE WITH YOUR PAYMENT

* THANK YOU FOR YOUR PROMPT PAYMENT OF THIS INVOICE. ALL INVOICES GREATER THAN 30 DAYS PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE OF 1 ½% PER MONTH.

SUB TOTAL	496.91
SALES TAX	.00
FREIGHT	.00
TOTAL	496.91

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: LJ APPROVED BY: ENTERED BY: LJ

YEAR/PD:	1995/08	SOURCE:	GJ	JOURNAL NUMBER:	19567
COMPANY:	001	BATCH TYPE:	M		
INTERCO. TABLE:	001	REFERENCE CODE:	GJ/AMJ	BATCH NUMBER:	8130

DESCRIPTION: RCLS TO CORRECT ACCT NUMBER AND PROJECT NUMBER AUTO ACCRUAL? NO

JR	CO	PLANT	RSP	UC	ACCT	SUBA	CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1	001	00001	625	99	1861	0000	245	95RA100	SYSTEM ONE INV#11428-RCLS FR/PROJ # 94EA015	515.25
2	001	00001	625	99	1862	0000	135	94EA008	DRAFTSMANS CHOICE BLUEPRINTING INV # 6827	1.74
3	001	00001	625	99	1861	0000	245	94EA015	SYSTEM ONE INV#11428:RCLS TO PROJ #95RA100	(515.25)
4	001	00001	625	99	1861	0000	135	94EA008	DRAFTSMANS CHOICE BLUEPRINTING INV # 6827	(1.74)
5	001									
6	001									
7	001									
8	001									
9	001									
10	001									
11	001									
12	001									

TOTAL NUMBER OF DISTRIBUTIONS:	4
TOTAL DEBITS:	516.99
TOTAL CREDITS:	516.99
TOTAL UNITS (Statistics Only):	N/A

*****Page 1 of 1*****

APPENDIX DR305-B
PAGE 490 OF 2226

Journal Entry Transaction Form

Prepared By:DRR Approved By: Entered By:DRR

YEAR/PERIOD:	1995-7	Source Code	GJ	Journal #	19174
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	7986
Inter Co. Table	001	Reference Code	GJ/DRR	Auto Accrual?	N

DESCRIPTION: Reclass to proper account/responsibility center

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.00001.625.99.1862.0000.245	94EA008			System One Invoices #11428	(515.25)
2	001.00001.625.99.1861.0000.245	95RA100			System One Invoices #11428	515.25
3	001.90001.570.99.1059.2000.150				Boyle Engineering OR-S25-001-94	(7,100.06)
4	001.00772.570.01.1050.0000.275	95CC706			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.48
5	001.00575.570.01.1050.0000.275	95CC708			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.48
6	001.00782.570.01.1050.0000.275	95CC716			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.48
7	001.00783.570.01.1050.0000.275	95CC727			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.48
8	001.01429.570.01.1050.0000.275	95CW715			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.48
9	001.00987.570.01.1050.0000.275	95CW718			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.48
10	001.00442.570.01.1050.0000.275	95CN719			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.46
11	001.02601.570.01.1050.0000.275	95CS713			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.47
12	001.00332.570.01.1050.0000.275	95CC701			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	2,088.25
13	001.90001.591.99.6758.0000.250				Hernando County Clerk of Court 6/19/95	(343.50)
14	001.02701.591.02.1050.0000.250	95CW720			Hernando County Clerk of Court 6/19/95	343.50
15	001.90001.620.99.6208.0000.135				Miracle Copy & Printing #32592	(356.16)
16	001.00001.620.99.1861.0000.135	95RA100			Miracle Copy & Printing #32592	356.16
17	001.90001.625.99.6758.0000.185				Federal Express	(139.07)

Total Number of lines	18
Total Debits	8,454.04
Total Credits	(8,454.04)

APPENDIX DR365-B
PAGE 491 OF 2226

REPORT OF INCORRECT CHARGES

- ACCOUNT # INCORRECTLY CHARGED: 00001.625.99.1862.0000.245 TEMPORARY HELP 94EA
- CORRECT ACCOUNT # TO CHARGE: 00001.625.99.1861.0000.245 RATE CASE ~~94EA05~~
- PLANT/RESP # INCORRECTLY CHARGED:
- CORRECT PLANT/RESP # TO CHARGE:
- AMOUNT OF CHARGES: $515.25
- MONTH OF CHARGES: APRIL, 1995

EXPLANATION (PLEASE ATTACH COPIES OF SUPPORT DOCUMENTION):

TRANSFER OF SYSTEM ONE (AUTO CADD TECHNICIAN) TEMPORARY LABOR ASSOCIATED WITH THE CONVERSION OF THE SYSTEM MAPS FROM 1862 (OTHER DEFERRED ASSETS) TO THE RATE CAS EXPENSE PROJECDT 95RA100.

INVOICE DATE	INVOICE #	AMOUNT
4/02/95	11428	$515.25 GROVER BOSHERS

SIGNATURE (ORIGINATOR): Linda Hartley/Charles M. Ellis DATE: 5/3/95 6/13/95

SIGNATURE (RECEIVER): _____ DATE: _____

Note 1: If you are unable to determine which cost center should be charged, please contact the Budget Department for assistance.

Note 2: After this form has been completed and returned to the Budget Department, an adjusting journal entry will be written and forwarded to the Accounting Department. The change will be reflected in the following month and may result in a negative amount.

Note 3: If support documentation is not available please list the vendor, invoice number, and the amount of the charge(s). This can be found through S2K or use the directory to refer to a department that can be of assistance.

Note 4: All entries for any single account must be $50.00 or more for a journal entry to be prepared.

INVOICE

Engineering, Technical & MIS Staffing
4902 EISENHOWER BLVD., STE. 370 ■ TAMPA, FL 33634
(800) 741-8324 ■ FAX (800) 299-1214

System One Technical, Inc.
PO. Box 860873
Orlando, FL 32886-0873

ACCOUNT NO.	INVOICE
62	11428

NOTE: PLEASE RETURN YELLOW COPY WITH YOUR PAYMENT

INVOICE DAT
4/02/9

PURCHASE ORDER NO.

TERMS: NET UPON RECE

ATTN: Barbara Reeder
Southern States Utilities
1000 Color Place
Apopka Fl 32703

APPLICANT	WEEK ENDING	ASSIGNMENT	HOURS	RATE	TOTAL
Boshers, Grover C.	4/02/95	DRAFTER	17.00	19.50	331.5
Boshers, Grover C.	4/02/95				183.7
RETRO RATE INCREASE TO 3/6/95					

RECEIVED
APR 10 1995
Accounts Payable

RETURN ONE COPY WITH PAYMENT

employees listed above, System One assumes all responsibility for payroll deductions, employer contributions, insurance coverage, and employee records. stem One has incurred expenses in maintaining a temporary staff (advertising, testing, reference checking, etc.) and expects to receive a conversion fee should u decide to transfer one of our employees to your payroll within 6 months after his/her last day of employment.

ERMS: PAYMENT DUE UPON RECEIPT
5 DAYS AFTER INVOICE DATE INTEREST WILL BE CHARGED 1½% PER MONTH.

PAY THIS AMOUNT ➡ INVOICE TOTAL 515.25

EMPLOYEE NAME (PRINT) GROVER BOSHERS | SOCIAL SECURITY # 429-06-0006
CLIENT NAME SSU | REPORT TO CHUCK BLISS
STREET ADDRESS: 150 SEMORAN COMMERCE PLACE | CITY | STATE | ZIP CODE
TOTAL HOURS TO NEAREST 1/4 HOUR

DAYS	DATE	TIME IN	TIME OUT	LUNCH	HRS WORKED
MON	03/27/95	8:15	5:30	1:20	8.0
TUE	03/28/95	8:15	6:00	:30	8.0
WED		:	:	:	
THUR		:	:	:	
FRI		:	:	:	
SAT		:	:	:	
SUN		:	:	:	

RECEIVED
MAR 30 1995
Accounts Payable

OFFICE USE ONLY — Total Hrs. 17.0

Reg/Hrs.	O.T. Hrs.	Pay Rate	Emp.#
Job Code	Vacation	Holiday	Rel.	Rem.

White/Yellow-Office · Pink-Client · Gold-Associate

SYSTEM ONE
Engineering, Technical & MIS Staffi

Mail Original To:
System One
4902 Eisenhower Blvd.
Suite 370
Tampa, FL 33634
FAX TO:
Tampa Bay 813-880-9141
Nationwide 800-299-1214

P.O. 94EA008

I hereby certify that the hours shown her were worked by me during the week en designated, and were certified by an au rized representative of the Customer.

EMPLOYEE SIGNATURE

It is understood that the undersigned is authorized representative of the comp and hereby certifies that the above ho are correct and that the work performed to your satisfaction. Please reverse side for further terms and condi

Charles M. Bl
PRINT FULL NAME
Charles M. Bl
CLIENT SIGNATURE

ALL TIMESLIPS DUE BY 5 P.M. MONDA

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 53022 Vendor Name: E.D.D., Inc.

Inv Date: 8.1.95 Inv #: 149666 Inv $: 866.70

Due Date: 8.16.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: —

Description: C. Urban w/e 7.30.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.625.99.1861.0000.245	95RA100	866.70

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
08/01/95	14966	1	08/11/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:7/30			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40
340 OT	C. URBAN - SSU	2.5	@ 29.7200/HRS.	74.30

RECEIVED
AUG - 2 1995
Accounts Payable

SUB TOTAL	866.70
TAX	0.00
TOTAL	866.70
NET TO PAY	866.70

Accounts Payable Voucher

Approved by: VJC Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D., Inc.

Inv Date: 8.31.95 Inv #: 15215 Inv $: 792.40

Due Date: 9.6.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: —

Description: C. Urban w/e 8.27.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.635.99.1861.0000.245	95RA100	792.40

Voucher Prepared by: [signature]

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
08/31/95	15215	1	09/10/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:8/27			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40

RECEIVED
SEP 0 1 1995
Accounts Payable

SUB TOTAL	792.40
TAX	0.00
TOTAL	792.40
NET TO PAY	792.40

RECEIVED
AUG 3 1 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.I., Inc.

Inv Date: 8.22.95 Inv #: 15122 Inv $: 782.50

Due Date: 8.30.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: —

Description: C. Urban w/c 8.20.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.625.99.1861.0000.245	95RA100	782.50

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
08/22/95	15122	1	09/01/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:8/20			
340	C. URBAN - SSU - C. BLISS	39.5	@ 19.8100/Hrs.	782.50

SUB TOTAL	782.50
TAX	0.00
TOTAL	782.50
NET TO PAY	782.50

RECEIVED
AUG 2 2 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D., Inc

Inv Date: 8.16.95 Inv #: 15071 Inv $: 926.14

Due Date: 8.30.95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: —

Description: C. Urban w/c 8.13.95.

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.625.99.1861.0000.245	95RA100	926.14

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
08/16/95	15071	1	08/26/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:8/13			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40
340 OT	C. URBAN - SSU	4.5	@ 29.7200/HRS.	133.74

RECEIVED
AUG 17 1995
Accounts Payable

SUB TOTAL	926.14
TAX	0.00
TOTAL	926.14
NET TO PAY	926.14

_____ Invoice Amount Higher/Lower than Purchase Order

_____ Other: The attached invoice is being considered as a capital item. Please process the appropriate Capital Authorization Request form to be approved by Scott Vierima and a Project number issued from the Budget Department.

Take appropriate action and return this form to Accounts Payable immediately.
If there is a problem with the above requests, please call me at 407-884-8777(x161).
* If a third request is initiated, a copy of this expediting form will be forwarded to the next level of management.

Comments:

Approved by: Charles M. Bliss Date: Tues 22 Aug 1995

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D.

Inv Date: 8-8-95 Inv #: 15014 Inv $: 742.40

Due Date: 8.16.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: —

Description: C. Urbano w/e 8.6.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.625.99.1161.0000.245	95RA100	742.40

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
08/08/95	15014	1	08/18/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:8/6			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40

RECEIVED
AUG 1 0 1995
Accounts Payable

SUB TOTAL	792.40
TAX	0.00
TOTAL	792.40
NET TO PAY	792.40

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICE

Inv Date: 7-24-95 Inv #: 29198785 Inv $: 736.40

Due Date: 8-9-95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: _____

Description: S. ACTON, D. BLAGA

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1461.0000.245	95RA100	736.40

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
07/24/95	29198785

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

RECEIVED
AUG - 1 1995
Accounts Payable

PLEASE RETAIN THIS PART FOR YOUR RECORDS
CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

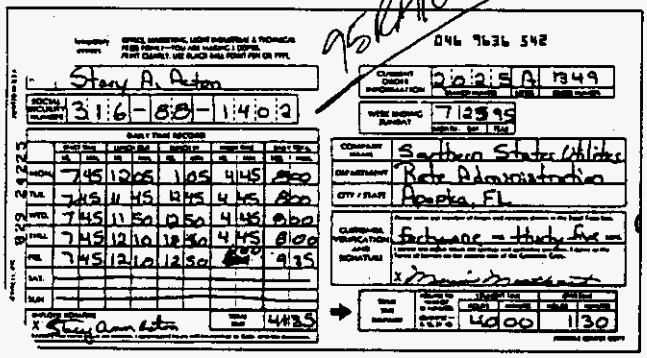
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	07/23	40.00	10.95	1.50	16.43	462.65
D BLAGA	SECRETARIAL	SC40	07/23	25.00	10.95			273.75

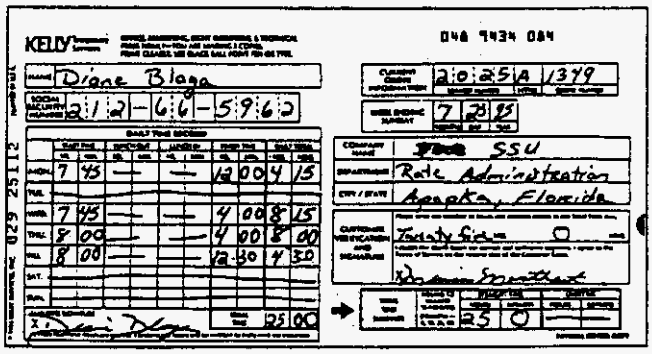
USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 736.40





Accounts Payable Voucher

Approved by: [signature] Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY

Inv Date: 7-31-95 Inv #: 30193791 Inv $: 807.68

Due Date: 8-16-95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95KA100	807.68

Voucher Prepared by: [signature]

KELLY Temporary Services

KELLY TEMPORARY SERVICES
A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
07/31/95	30193791

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	07/30	40.00	10.95	22.50	16.43	807.68

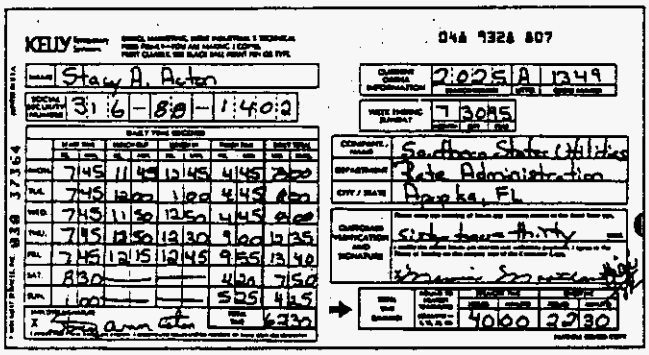
USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 807.68

95RA100



RECEIVED
AUG 0 7 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 11048 Vendor Name: Kelly Svcs.

Inv Date: 8.7.95 Inv #: 3121998 Inv $: 361.05

Due Date: 8.23.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: —

Description: S. McDonnell

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.515.99.1861.0000.245	95RA10C	361.05

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
08/07/95	31211998

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 B1219 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

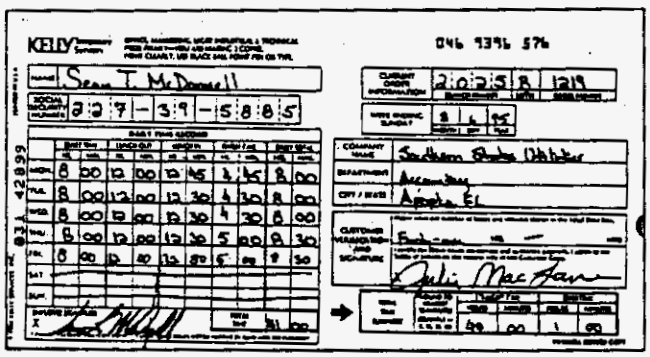
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
S MCDONNELL	RECEPTIONIST	RS20	08/06	40.00	8.70	1.00	13.05	361.05

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 361.05



RECEIVED
AUG 14 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 8-14-95 Inv #: 32222200 Inv $: 606.44

Due Date: 8-30-95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.246	95RA100	606.44

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
08/14/95	32222200

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

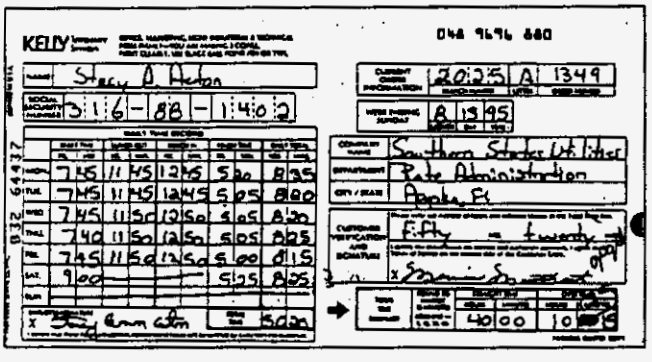
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	08/13	40.00	10.95	10.25	16.43	606.41

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 606.41



RECEIVED
AUG 2 1 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 4467 Vendor Name: Top Talent

Inv Date: 8/18/95 Inv #: 755281 Inv $: 454.25

Due Date: 8/30/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: —

Description: K. Marshall W/C 8/18/95

Units: _____ Job Code: _____

Account Number PtLResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000L2D.99.1961.0000.245	95RA100	454.25

Voucher Prepared by: _____

INVOICE

TopTalent®
temporary and permanent personnel

REMIT TO: 1000 N MAGNOLIA AVENUE, SUITE A
ORLANDO FL 32803
TEL: (407) 839-6222

CUSTOMER NUMBER	INVOICE DATE	INVOICE NO.	PA
002344	08/18/95	755281	1

SSU INC.
1000 COLOR PLACE
APOPKA FL 32703

ENDING TE	EMPLOYEE NAME	DESCRIPTION	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
'18	MARSHALL KAREN K	CLERICAL	40.00	9.20	6.25	13.80	454.2

RECEIVED
AUG 2 5 1995
Accounts Payable

RMS: NET UPON RECEIPT

PAY THIS AMOUNT 454.2

ORIGINAL INVOICE

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 4467 Vendor Name: TopTalent

Inv Date: 8/11/95 Inv #: 7552316 Inv $: 512.90

Due Date: 8/30/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: —

Description: R Haagenere, K Marshell

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.620.99.1861.0000.245	95RA100	218.50
90001.500.99.1758.0000.245	—	294.40

Voucher Prepared by: _____

INVOICE

TopTalent®
temporary and permanent personnel

REMIT TO: 1000 N. MAGNOLIA AVENUE, SUITE A
ORLANDO, FL 32803
TEL: (407) 839-6222

CUSTOMER NUMBER	INVOICE DATE	INVOICE NO.	PAGE
2344	08/11/95	755236	1

SSU INC.
1000 COLOR PLACE
APOPKA, FL 32703

DING	EMPLOYEE NAME	DESCRIPTION	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
1	HODGEMERE M ROXANNE	EXEC SEC/WORD PROC	23.00	12.80	.00	.00	294.40
.1	MARSHALL KAREN K	CLERICAL	23.75	9.20	.00	.00	218.50

RECEIVED
AUG 17 1995
Accounts Payable

ERMS: NET UPON RECEIPT

PAY THIS AMOUNT 512.90

ORIGINAL INVOICE

Journal Entry Transaction Form

Prepared By:DRR Approved By: Entered By:DRR

YEAR/PERIOD: 1995-9 Source Code GJ Journal # 19719
Company 001 Batch Type (M = Monetary, S = Statistical) M Batch # 8211
Inter Co. Table 001 Reference Code DRR Auto Accrual? n

DESCRIPTION: Transfer MP Investment to Cash Investment Account

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.90001.625.99.6758.0000.185				Federal Express Inv. #5-542-63679,	(44.10)
2	001.00001.625.99.1861.0000.185	95RA100			Federal Express Inv. #5-542-63679,	44.10
3	001.01801.105.01.6202.0000.125				ABC Pump,Inc. Invoice #000429	(55.12)
4	001.01806.111.01.6202.0000.125				ABC Pump,Inc. Invoice #000429	55.12
5	001.00001.625.99.1862.0000.245	94EA008			E.D.D., Inc. Invoice #14231 & #14207	(844.43)
6	001.00001.625.99.1861.0000.245	95RA100			E.D.D., Inc. Invoice #14231 & #14207	844.43
7	001.90001.515.99.6758.0000.245				Kelly Services, Inc. Invoices #57095 & 56673	(510.04)
8	001.00001.515.99.1861.0000.245	95RA100			Kelly Services, Inc. Invoices #57095 & 56673	510.04
9	001.90001.625.99.6758.0000.185				Federal Express Invoice #5-521-09167 & 5-513-0688	(320.73)
10	001.00001.625.99.1862.0000.185	94EA008			Federal Express Invoice #5-521-09167 & 5-513-0688	320.73
11	001.90001.673.99.6757.0000.175				Southern Bell 904-M35-4494 and Journal #17075	(729.68)
12	001.90001.135.99.6758.0000.175				Southern Bell 904-M35-4494 and Journal #17075	729.68
13	001.00001.591.99.1861.0000.185	92RA069			Federal Express Docket #920199-WS	(68.20)
14	001.00001.620.99.1861.0000.185	92RA069			Federal Express Docket #920199-WS	68.20
15	001.90001.673.99.6757.0000.185				Postmaster - Springhill	(1,500.00)
16	001.90001.205.99.6758.0000.185				Postmaster - Springhill	1,500.00
17	001.00001.595.02.7355.0000.150				Missimer International Invoice #FH5-133-1	(9,779.00)
Total Number of lines		36				
Total Debits		20,165.10				
Total Credits		(20,165.10)				

APPENDIX DR 305-B
PAGE 516 OF 2226

REPORT OF INCORRECT CHARGES

- ACCOUNT # INCORRECTLY CHARGED: 90001.625.99.6758.0000.185 POSTAGE
- CORRECT ACCOUNT # TO CHARGE: TO BE CHARGED TO CAPITAL BUDGET $9.60
  001.00001.625.99.1861.0000.185 $34.50 - 95RA 100
- PLANT/RESP # INCORRECTLY CHARGED:
- CORRECT PLANT/RESP # TO CHARGE:
- AMOUNT OF CHARGES: $44.10
- MONTH OF CHARGES: JULY, 1995

EXPLANATION (PLEASE ATTACH COPIES OF SUPPORT DOCUMENTION):

TRANSFER FROM EXPENSE ACCOUNT TO DEFERRED ACCOUNT.

INVOICE DATE	INVOICE #	AMOUNT	
07/07/95	FEDERAL EXPRESS	SULLIVAN	$ 9.60
	5-542-63679	FURLONG	34.50
		TOTAL	$44.10

SIGNATURE (ORIGINATOR): Linda Hall / Charles M. DATE: 8-22-95 / 8/23/95

SIGNATURE (RECEIVER): _____ DATE: _____

Note 1: If you are unable to determine which cost center should be charged, please contact the Budget Department for assistance.

Note 2: After this form has been completed and returned to the Budget Department, an adjusting journal entry will be written and forwarded to the Accounting Department. The change will be reflected in the following month and may result in a negative amount.

Note 3: If support documentation is not available please list the vendor, invoice number, and the amount of the charge(s). This can be found through S2K or use the directory to refer to a department that can be of assistance.

Note 4: All entries for any single account must be $50.00 or more for a journal entry to be prepared.

FedEx.

BILL TO: SOUTHERN STATE UTILITIES
207 SEMORAN COMMERCE PL
APOPKA, FL 32703

SENDER ACTIVITY SUMMARY

DATE 07/07/95
INVOICE NO. 5-542-63679 ACCOUNT NO. 1529-2249-3

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
3653752594	JOHN LOSCH SOUTHERN STATE UTILITIES 207 SEMORAN COMMERCE PL APOPKA, FL 32703	MR MIKE WEINGERY VIROGOURP INC 428 PINE ISLAND RD S W CAPE CORAL, FL 33991 AM 06/13/95 10:31	1/ 3	PRIORITY PAK DISCOUNT	27.00 -2.50	
16407075 1	DROP OFF 06/12/95	SIGNED: M.OGDEN				24.50
3653752605	JOHN LOSCH SOUTHERN STATE UTILITIES 207 SEMORAN COMMERCE PL APOPKA, FL 32703	MR TIM HOCHULI METRO PARK EXE HARTMAN & ASSOCIATES INC 4415 METRO PARKWAY STE 216 FORT MYERS, FL 33916 AA 06/13/95 08:56	1/ 2	PRIORITY PAK DISCOUNT	24.25 -2.50	
16407075 1	DROP OFF 06/12/95	SIGNED: J.BAKER				21.75
3303858773	CHUCK BLISS SOUTHERN STATE UTILITIES 207 SEMORAN COMMERCE PL APOPKA, FL 32703	WILL FURLONG JONES EDMUNDS & ASSOC INC 730 NOTH WALDO RD GAINESVILLE, FL 32601 AM 06/14/95 11:20		PRIORITY TBE DISCOUNT	35.25 -0.75	
75997110 1	SHIPPED 06/13/95	SIGNED: L.FELLER				34.50
		SENDER SUBTOTAL	185.80	CONTINUED NEXT PAGE		

RECEIVED
JUL 14 1995
Accounts Payable

QUESTIONS? CALL OUR CUSTOMER ACCOUNT SERVICES, 800-622-1147, 7AM - 6PM (CST) MONDAY - FRIDAY (IN MEMPHIS, TN, CALL 901-397-2000).
TO ENSURE PROPER CREDIT PLEASE RETURN THE REMITTANCE ADVICE (1ST PAGE OF THIS INVOICE) WITH YOUR PAYMENT.
MAIL TO: FEDERAL EXPRESS CORP., P.O. BOX 1140, DEPT. A, MEMPHIS, TN 38101 - 1140

FedEx M-0145 7/94

FedEx.

BILL TO: SOUTHERN STATE UTILITIES
207 SEMORAN COMMERCE PL
APOPKA, FL 32703

SENDER ACTIVITY SUMMARY

DATE 07/07/95
INVOICE NO. 5-542-63679 ACCOUNT NO. 1529-2249-3

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
3653752620	J L SPRY SOUTHERN STATE UTILITIES 207 SEMORAN COMMERCE PL APOPKA, FL 32703	JAX UTILITIES CONSTRUCTION 5253 W 12TH JACKSONVILLE, FL 32254 AA 06/12/95 12:30	1/ NA	STANDARD LTR DISCOUNT	11.50 -1.90	
93CN061 16317315 67	DROP OFF 06/09/95	SIGNED: A.ANDREWS				9.60
3653752631	J L SPRY SOUTHERN STATE UTILITIES 207 SEMORAN COMMERCE PL APOPKA, FL 32703	ORTEGA INDUSTRIAL CONTRACTORS 6415 GREENLAND RD JACKSONVILLE, FL 32258 AA 06/12/95 12:09	1/ NA	STANDARD LTR DISCOUNT	11.50 -1.90	
W O 94CN 035 16317315 67	DROP OFF 06/09/95	SIGNED: J.MUMMAW				9.60
3303858762	LINDA HEIBLER SOUTHERN STATE UTILITIES 207 SEMORAN COMMERCE PL APOPKA, FL 32703	TODD SULLIVAN CAMBIC GRAPHICS 110 BUSINESS PARK DR DRAPER, UT 84020 AA 06/12/95 10:07	1/ NA	STANDARD LTR DISCOUNT	11.50 -1.90	
16307466 67	DROP OFF 06/10/95	SIGNED: G.JENSEN				9.60
				CONTINUED NEXT PAGE		

QUESTIONS? CALL OUR CUSTOMER ACCOUNT SERVICES, 800-622-1147, 7AM - 6PM (CST) MONDAY - FRIDAY (IN MEMPHIS, TN, CALL 901-397-2000).
TO ENSURE PROPER CREDIT PLEASE RETURN THE REMITTANCE ADVICE (1ST PAGE OF THIS INVOICE) WITH YOUR PAYMENT
MAIL TO: FEDERAL EXPRESS CORP., P.O. BOX 1140, DEPT. A, MEMPHIS, TN 38101 - 1140

FedEx M-0145 7/94

APPENDIX DR305-B
PAGE 518 OF 2226

Accounts Payable Voucher

Date:

Manual Check #:

Approved by: A

Type:

Vendor #: 6022

Vendor Name: FEDERAL EXP.

Inv Date: 7-7-95

Inv #: 5-542-63679

Inv $: 265.30

Due Date: 7-26-95

Discount:

Terms:

Month/Yr: 7/95

Purchase Order #:

Description: PACKAGE DELIVERY

Job Code:

Units:

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.625.99.6758.0000.185		65.85
570.99.1059.2000.185		168.45
↓ 580. "		31.00

Voucher Prepared by:

Release Signature:

REPORT OF INCORRECT CHARGES

- ACCOUNT # INCORRECTLY CHARGED: **00001.625.99.1862.0000.245 TEMPORARY HELP** – 94EA008
- CORRECT ACCOUNT # TO CHARGE: **00001.625.99.1861.0000.245 RATE CASE**–95RA100
- PLANT/RESP # INCORRECTLY CHARGED:
- CORRECT PLANT/RESP # TO CHARGE:
- AMOUNT OF CHARGES: **$844.43**
- MONTH OF CHARGES: **MAY, 1995**

EXPLANATION (PLEASE ATTACH COPIES OF SUPPORT DOCUMENTION):

TRANSFER OF E.D.D. (AUTO CADD TECHNICIAN) TEMPORARY LABOR ASSOCIATED WITH THE CONVERSION OF THE SYSTEM MAPS FROM 1862 (OTHER DEFERRED ASSETS) TO THE RATE CAS EXPENSE PROJECDT 95RA100.

INVOICE DATE	INVOICE #	AMOUNT
4/24/95	14231	$729.75
4/28/95	14207	$114.68 (TOM CIAMBRONE)

SIGNATURE (ORIGINATOR): Linda Heibel / Charles M. Blust DATE: 7/14/95 7/17/95

SIGNATURE (RECEIVER): _____ DATE: _____

Note 1: If you are unable to determine which cost center should be charged, please contact the Budget Department for assistance.

Note 2: After this form has been completed and returned to the Budget Department, an adjusting journal entry will be written and forwarded to the Accounting Department. The change will be reflected in the following month and may result in a negative amount.

Note 3: If support documentation is not available please list the vendor, invoice number, and the amount of the charge(s). This can be found through S2K or use the directory to refer to a department that can be of assistance.

Note 4: All entries for any single account must be $50.00 or more for a journal entry to be prepared.

Specifically to do Rate Maps. Worked on putting keys in the bottom corner of R. CO. maps

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 4-24-95 Inv #: 14231 Inv $: 229.25

Due Date: 5-10-95 Discount: _____ Terms: _____

Month/Yr: 5-95 Purchase Order #: —

Description: T. Cisneros w/c 4-23-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.625.99.1862.0000.245	94EA008	229.25

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
CHARLES BLISS
150 SEMORAN COMMERCE PL STE
APOPKA FL 32703

INVOICE

[redacted]

DATE 04/24/95 [redacted] 04/24/95

DESCRIPTION	AMOUNT
[redacted]	

RECEIVED
MAY - 2 1995
Accounts Payable

SUB TOTAL	729.75
TAX	0.00
TOTAL	729.75
NET TO PAY	729.75

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 4-28-95 Inv #: 14207 Inv $: 114.68

Due Date: 5-10-95 Discount: _____ Terms: _____

Month/Yr: 595 Purchase Order #: —

Description: T. Ciambone w/e - 4-16-95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
10001.125.99.1862.0000.245	94EA1008	114.68

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
CHARLES BLISS
150 SEMORAN COMMERCE PL STE
APOPKA FL 32703

INVOICE

DATE		
04/18/95	-207	/28/95

DESCRIPTION	AMOUNT
[illegible]	[illegible]

RECEIVED
APR 20 1995
Accounts Payable

SUB TOTAL	[illegible]
TAX	0.00
TOTAL	114.68
NET TO PAY	114.68

REPORT OF INCORRECT CHARGE

ACCOUNT # INCORRECTLY CHARGED: 001.90001.515.99.6758.0000.245

CORRECT ACCOUNT # TO CHARGE: 001.00001.515.99.1861.0000.245 95RA100

PLANT/RSP # INCORRECTLY CHARGED:

CORRECT PLANT/RSP # TO CHARGE:

AMOUNT OF CHARGE: 139.20 + 370.84

MONTH OF CHARGE: August 95

EXPLANATION (Please attach copies of support documentation):

Mc Donnell was hired to copy information for the rate case not as general help He was ~~B~~ copying Mastercard and other Vouchers to supply OPC with requested information.

SIGNATURE (ORIGINATOR): V B Clark DATE: 9/16/95

SIGNATURE (RECEIVER): DATE:

Note 1: If you unable to determine which cost center should be charged, please contact the Budget Department for assistance.

Note 2: After this form has been completed and returned to the Budget Department, an adjusting journal entry will be written and forwarded to the Accounting Department. The change will be reflected in the following month and may result in a negative

Note 3: If support documentation is not available please list the vendor, invoice number, and the amount of the charge(s). This can found through S2K or use the directory to refer to a department that can be of assistance.

Note 4: All entries for any single account must be $50.00 or more for a journal entry to be prepared.

ACCOUNT#	ACCOUNT DESCRIPTION	INVOICE DATE /INVOICE#	CHECK#/ JOURNAL#	VENDOR NAME/ JOURNAL DESCRIPTION	LINE DESCRIPTION	PURCHASE ORDER#/ PROJECT#	METER#/ KILOWAT UNITS	AMOUNT$$$
RESP# : 515								
MONTH : AUGUST								
001.90001.515.99.6758.0000.201	BANKING COSTS	G.L. TRANSACTIONS	19535	GJ				.50
001.90001.515.99.6758.0000.201	BANKING COSTS	7/10/1995	53688	DEIDRA RHOADS-PETTY CASH				10.00
				PETTY CASH FUND			.00	
* TOTAL FOR MONTH : AUGUST								558.53 *
** TOTAL FOR ACCT# : 001.90001.515.99.6758.0000.201	BANKING COSTS							558.53 **
MONTH : AUGUST								
001.90001.515.99.6758.0000.205	EMPLOYEE TRAINING	G.L. TRANSACTIONS	19459	GJ				50.00
* TOTAL FOR MONTH : AUGUST								50.00 *
** TOTAL FOR ACCT# : 001.90001.515.99.6758.0000.205	EMPLOYEE TRAINING							50.00 **
MONTH : AUGUST								
001.90001.515.99.6758.0000.235	EMPLOYEE RECOGNITION	G.L. TRANSACTIONS	19459	GJ				6.47
* TOTAL FOR MONTH : AUGUST								6.47 *
** TOTAL FOR ACCT# : 001.90001.515.99.6758.0000.235	EMPLOYEE RECOGNITION							6.47 **
MONTH : AUGUST								
001.90001.515.99.6758.0000.245	TEMPORARY HELP	8/13/1995	56555	OLSTEN OF ORLANDO				407.60
		0531-23507		M ROWLAND W/E 8/13/95			.00	
001.90001.515.99.6758.0000.245	TEMPORARY HELP	8/21/1995	57095	KELLY SERVICES INC.				139.20
		33212028		S MCDONNELL			.00	
001.90001.515.99.6758.0000.245	TEMPORARY HELP	8/14/1995	56673	KELLY SERVICES INC.				370.84
		32222226		S MCDONNELL			.00	
001.90001.515.99.6758.0000.245	TEMPORARY HELP	7/28/1995	55197	KIMBERLY MARCHELL				195.00
				TEMP HELP W/E 7-28-95 (39HRS)			.00	
001.90001.515.99.6758.0000.245	TEMPORARY HELP	8/06/1995	56555	OLSTEN OF ORLANDO				326.08
		0531-23334		M ROWLAN W/E 8/6/95			.00	
001.90001.515.99.6758.0000.245	TEMPORARY HELP	7/23/1995	55153	OLSTEN OF ORLANDO				397.41
		053123008		M ROWLAND W/E 7/23/95			.00	
* TOTAL FOR MONTH : AUGUST								1,836.13 *
** TOTAL FOR ACCT# : 001.90001.515.99.6758.0000.245	TEMPORARY HELP							1,836.13 **
MONTH : AUGUST								
001.90001.515.99.6758.0000.250	MISC. EXPENSE-OTHER(A&G)	7/08/1995	55204	SCOTTY'S INC.				27.30
		FCH-740847		MISC			.00	
001.90001.515.99.6758.0000.250	MISC. EXPENSE-OTHER(A&G)	7/22/1995	55284	SCOTTY'S INC.				36.85
		FCH810035		MISC			.00	
* TOTAL FOR MONTH : AUGUST								64.15 *
** TOTAL FOR ACCT# : 001.90001.515.99.6758.0000.250	MISC. EXPENSE-OTHER(A&G)							64.15 **
*** TOTAL FOR RESP# : 515								123,242.21 ***

APPENDIX DR 305-B
PAGE 526 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: C.D.D., Inc.

Inv Date: 9.6.95 Inv #: 15263 Inv $: 792.40

Due Date: 9.13.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: —

Description: C. Urban w/e 9.3.95

Units: _____ Job Code: _____

Account Number Plt.ResClr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.625.99.1861.0000.245	95RA100	792.40

Voucher Prepared by: [signature]

APPENDIX DR305-B

PAGE 527 OF 2226

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
09/06/95	15263	1	09/16/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:9/3			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40

RECEIVED
SEP 07 1995
Accounts Payable

SUB TOTAL	792.40
TAX	0.00
TOTAL	792.40
NET TO PAY	792.40

APPENDIX DR305-B
PAGE 528 OF 2226

E.D.D., Inc.
2941 West S.R. 434 Suite
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
09/06/95	15263	1	09/16/95

	DESCRIPTION			AMOUNT
340	WEEK ENDING:9/3 C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40

SUB TOTAL	792.40
TAX	0.00
TOTAL	792.40
NET TO PAY	792.40

APPENDIX DR 305-B
PAGE 529 OF 2226

WEEKLY TIME REPORT FOR WEEK ENDING SEPT. 3 19 95 NO. 0340

NAME Christina J. Urban TOTAL REGULAR TIME FOR WEEK:— 40

DEPARTMENT S.S.U., Inc. TOTAL OVERTIME FOR WEEK:—

IN ORDER THAT WE MAY COMPLY WITH THE WAGE-HOUR LAW, EACH EMPLOYEE IS REQUIRED TO FILL IN THE TIME WORKED EACH DAY AND TURN IN THIS SLIP, SIGNED, AT THE END OF THE WEEK. IF CALLED AWAY DURING WORKING HOURS, NOTATION OF THIS TIME SHOULD BE MADE ON THE BACK OF THIS CARD.

		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
		HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.
MORNING	IN	8	30	8	30	8	00	8	00	8	30	8	00		
	OUT			12	00	12	00			12	00				
AFTERNOON	IN			12	30	12	30			12	30				
	OUT														
EVENING	IN														
	OUT	3	30	4	30	4	00	12	00	4	00	3	00		
TIME WORKED EACH DAY→		7	0	7	30	7	30	4	00	7	00	7	00		

284-64-6266
SOCIAL SECURITY ACCOUNT NUMBER

SIGNED Christina J. Urban OK'D Lm Heller
SUPT.

TOPS FORM NO. 3017

LITHO IN U.S.A.

95 RA 100
00001. 625. 99 186/.000. 245

RECEIVED
SEP 07 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D., Inc.

Inv Date: 9.13.95 Inv #: 15280 Inv $: 633.92

Due Date: 9.20.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: —

Description: C. Urban we 9/10/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.623.99.1861.0000245	95RA100	633.92

Voucher Prepared by: _____

APPENDIX DR305-B

PAGE 531 OF 2226

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
09/13/95	15280	1	09/23/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:09/10			
340	C. URBAN - SSU - C. BLISS	32	@ 19.8100/Hrs.	633.92

RECEIVED
SEP 15 1995
Accounts Payable

SUB TOTAL	633.92
TAX	0.00
TOTAL	633.92
NET TO PAY	633.92

APPENDIX DR 305-B
PAGE 532 OF 2226

E.D.D., Inc.
2941 West SR. 434 Suite 200
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
09/13/95	15280	1	09/23/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:09/10			
340	C. URBAN - SSU - C. BLISS	32	@ 19.8100/Hrs.	633.92

SUB TOTAL	633.92
TAX	0.00
TOTAL	633.92
NET TO PAY	633.92

APPENDIX DR305-B
PAGE 533 OF 2226

WEEKLY TIME REPORT FOR WEEK ENDING SEPT. 10 19 95 NO. 0340

NAME Christina J. Urban TOTAL REGULAR TIME FOR WEEK:— 32

DEPARTMENT S.S.U., Inc. TOTAL OVERTIME FOR WEEK:—

IN ORDER THAT WE MAY COMPLY WITH THE WAGE-HOUR LAW, EACH EMPLOYEE IS REQUIRED TO FILL IN THE TIME WORKED EACH DAY AND TURN IN THIS SLIP, SIGNED, AT THE END OF THE WEEK. IF CALLED AWAY DURING WORKING HOURS, NOTATION OF THIS TIME SHOULD BE MADE ON THE BACK OF THIS CARD.

		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
		HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.
MORNING	IN			8	30	8	00	8	00	8	00				
	OUT			12	00			12	00	1	00				
AFTERNOON	IN			12	30			12	30	1	30				
	OUT														
EVENING	IN														
	OUT			4	00	4	00	6	30	3	30				
TIME WORKED EACH DAY→				7	00	8	00	10	00	7	00				

284-64-6266

SOCIAL SECURITY ACCOUNT NUMBER

SIGNED Christina J. Urban OK'D BY: Linda Walker

TOPS FORM NO. 3017 LITHO IN U.S.A.

95RA100

0001.625.99.1861.0000.245

RECEIVED

SEP 1 2 1995

Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.I. Inc

Inv Date: 9.19.95 Inv #: 15323 Inv $: 192.40

Due Date: 9.27.95 Discount: _____ Terms: _____

Month/Yr: 995 Purchase Order #: —

Description: C. Urban wk 9.17.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1861.0000.245	95RA100	192.40

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
09/19/95	15323	1	09/29/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:9/17			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40

RECEIVED
SEP 20 1995
Accounts Payable

SUB TOTAL	792.40
TAX	0.00
TOTAL	792.40
NET TO PAY	792.40

WEEKLY TIME REPORT FOR WEEK ENDING SEPT. 17 19 95 NO. 0340

NAME Christina J. Urban TOTAL REGULAR TIME FOR WEEK— 40

DEPARTMENT S.S.U., Inc. TOTAL OVERTIME FOR WEEK—

IN ORDER THAT WE MAY COMPLY WITH THE WAGE-HOUR LAW, EACH EMPLOYEE IS REQUIRED TO FILL IN THE TIME WORKED EACH DAY AND TURN IN THIS SLIP, SIGNED, AT THE END OF THE WEEK. IF CALLED AWAY DURING WORKING HOURS, NOTATION OF THIS TIME SHOULD BE MADE ON THE BACK OF THIS CARD.

		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
		HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.
MORNING	IN	8	00	8	00	8	00	8	00	8	00				
	OUT			11	30	11	30	11	30	11	30				
AFTERNOON	IN			12	00	12	00	12	00	12	30				
	OUT														
EVENING	IN														
	OUT	4	00	5	00	4	30	4	30	4	30				
TIME WORKED EACH DAY→		8	00	8	30	8	00	8	00	7	30				

284-64-6266

SOCIAL SECURITY ACCOUNT NUMBER

TOPS FORM NO. 3017

SIGNED Christina J. Urban BY M Hall

LITHO IN U.S.A.

00021. 625 99. 1861. 0000. 245

9SRA 100

RECEIVED

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 11048 Vendor Name: Kelly Services

Inv Date: 8.28.95 Inv #: 34215806 Inv $: 1096.44

Due Date: 9.13.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: —

Description: S. Acton

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
XXXX1.620.91.1161.0000.245	95RA100	1096.44

Voucher Prepared by: [signature]

APPENDIX DB305B
PAGE 538 OF 2226

APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

REDACTED

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX ID. 38-1510762
DUN & BRADSTREET ID. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN; .50=30 MIN; .75=45 MIN.

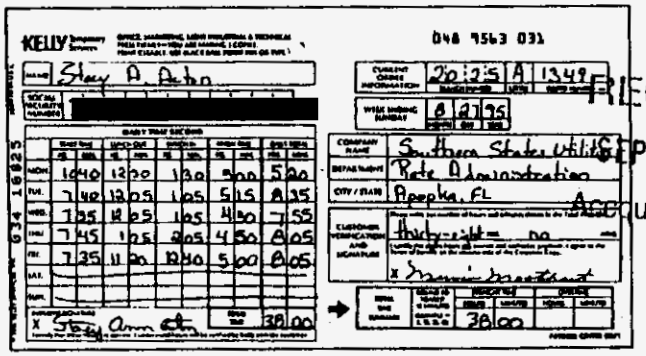
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	08/27	38.00	10.95			416.10
SA ACTON	SECRETARIAL	SC40	08/20	40.00	10.95	14.75	16.43	680.34

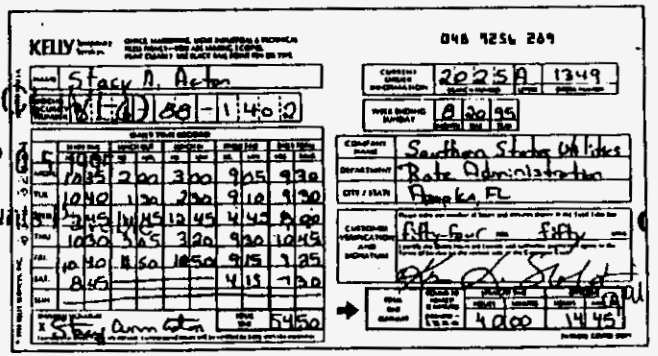
USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 1096.44





APPENDIX DB305-B
PAGE 539 OF 2226

RATE CASE EXPENSE FOR 1995 RATE CASE

KELLY Temporary Services — OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

046 9563 031

NAME: Stacy A. Acton

SOCIAL SECURITY NUMBER: [redacted]

CURRENT ORDER INFORMATION: 20 | 25 | A | 1349 (BRANCH NUMBER | LETTER | ORDER NUMBER)

WEEK ENDING SUNDAY: 8 (MONTH) | 27 (DAY) | 95 (YEAR)

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS.	DAILY TOTAL MINS.
MON.	10	10	12	30	1	30	5	00	5	20
TUE.	7	40	12	05	1	05	5	15	8	35
WED.	7	35	12	05	1	05	11	30	7	55
THU.	7	45	1	05	2	05	4	50	8	05
FRI.	7	35	11	20	12	40	5	00	8	05
SAT.										
SUN.										

EMPLOYEE SIGNATURE: X Stacy A. Acton — TOTAL TIME: 38 00

I certify that these hours are correct. I understand hours will be verified by Kelly with the customer.

COMPANY NAME: Southern State Utilities

DEPARTMENT: Rate Administration

CITY / STATE: Apopka FL

CUSTOMER VERIFICATION AND SIGNATURE: Please write out number of hours and minutes shown in the Total Time box. Thirty-eight HRS 00 MINS. I certify the above hours are correct and authorize payment. I agree to the Terms of Service on the reverse side of the Customer Copy. X

RECEIVED AUG 2 1995 Accounts Payable

TOTAL TIME SUMMARY (ROUND TO NEAREST 15 MINUTES — EXAMPLE — 0, 15, 30, 45): STRAIGHT TIME HOURS 38, MINUTES 00; OVERTIME HOURS, MINUTES

CUSTOMER COPY

© 1994 KELLY SERVICES, INC. PRINTED IN U.S.A.

REDACTED

CHARGE TO 1995 RATE CASE EXPENSE

KELLY Temporary Services — OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

046 [illegible] 289

NAME: Stacy A. Acton

SOCIAL SECURITY NUMBER: [redacted]

RECEIVED AUG 2 1995 Accounts Payable

CURRENT ORDER INFORMATION: 20 | 25 | A | 1349 (BRANCH NUMBER | LETTER | ORDER NUMBER)

WEEK ENDING SUNDAY: 8 (MONTH) | 20 (DAY) | 95 (YEAR)

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS.	DAILY TOTAL MINS.
MON.	10	35	2	00	3	00	9	05	9	30
TUE.	10	40	1	30	2	30	9	10	9	30
WED.	7	45	11	45	12	45	1	45	8	00
THU.	10	30	3	05	3	20	9	30	10	15
FRI.	10	40	11	50	12	50	9	15	9	35
SAT.	8	45					4	15	7	30
SUN.										

EMPLOYEE SIGNATURE: X Stacy A. Acton — TOTAL TIME: 54 50

I certify that these hours are correct. I understand hours will be verified by Kelly with the customer.

COMPANY NAME: Southern State Utilities

DEPARTMENT: Rate Administration

CITY / STATE: Apopka FL

CUSTOMER VERIFICATION AND SIGNATURE: Please write out number of hours and minutes shown in the Total Time box. Fifty-four HRS fifty MINS. I certify the above hours are correct and authorize payment. I agree to the Terms of Service on the reverse side of the Customer Copy. X

TOTAL TIME SUMMARY (ROUND TO NEAREST 15 MINUTES — EXAMPLE — 0, 15, 30, 45): STRAIGHT TIME HOURS 40, MINUTES 00; OVERTIME HOURS 14, MINUTES 45

CUSTOMER COPY

© 1994 KELLY SERVICES, INC. PRINTED IN U.S.A.

APPENDIX DR 30 SB

PAGE 540 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY

Inv Date: 8-7-95 Inv #: 31211972 Inv $: 654.27

Due Date: 9-13-95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: _____

Description: S. ACTON, D. CARTIER

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	654.27

Voucher Prepared by: AZ

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
08/07/95	31211972

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

REDACTED

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

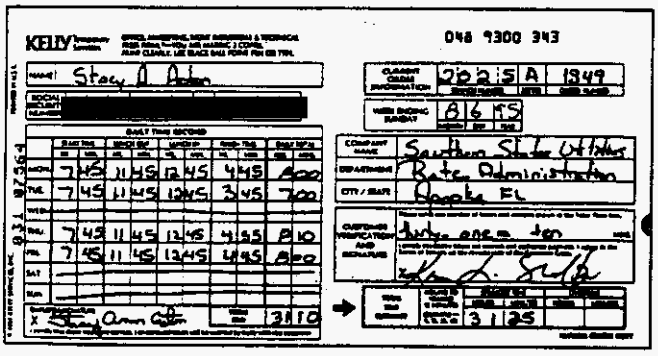
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	08/06	31.25	10.95			342.19
D CARTIER (NAME CHG)	SECRETARIAL	SC40	07/30	28.50	10.95			312.08

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

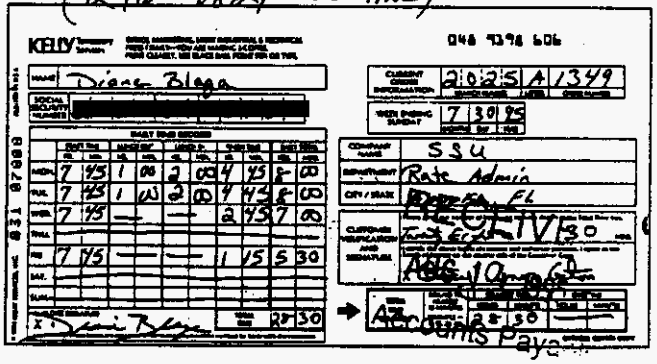
SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 654.27



(Late - 8/21 Lorraine)



Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SRVCS

Inv Date: 9-4-95 Inv #: 35192475 Inv $: 380.51

Due Date: 9-20-95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	380.51

Voucher Prepared by: _____

APPENDIX DR305B

PAGE 543 OF 2226

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
09/04/95	35192475

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS
AS FOLLOWS .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

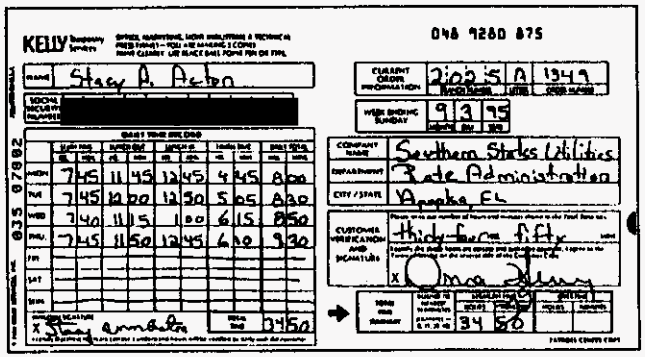
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	09/03	34.75	10.95			380.51

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 380.51



REDACTED

RECEIVED
SEP 12 1995
Accounts Payable

APPENDIX DR325-B
PAGE 544 OF 2226

APPENDIX DR 305-B
PAGE 545 OF 2226

REDACTED

CHARGE TO 1995 RATE CASE EXPENSE

KELLY Temporary Services — OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

048 [redacted] 875

NAME: Stacy A Nolan

SOCIAL SECURITY NUMBER: [redacted]

RECEIVED
SEP 01 1995
Accounts Payable

CURRENT ORDER NUMBER	2:02 15	A	1341
	BRANCH NUMBER	LETTER	ORDER NUMBER

WEEK ENDING	9	3	95
	MONTH	DAY	YEAR

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS.	DAILY TOTAL MINS.
MON.	7	45	11	15	12	45	4	15	8	00
TUE.	7	45	12	00	12	50	5	05	8	30
WED.	7	10	11	15	1	00	6	15	7	50
THU.	7	15	11	50	12	45	6	10	11	50
FRI.										
SAT.										
SUN.										
							TOTAL TIME		41	10

EMPLOYEE SIGNATURE
X

COMPANY	Southern States Util.
DEPARTMENT	Rate Personnel
CITY / STATE	Apopka FL

CUSTOMER VERIFICATION AND SIGNATURE

Please write out number of hours and minutes shown in the Total Time box
41 HRS. 10 MINS.
I certify the above hours are correct and authorize payment. I agree to the Terms of Service on the reverse side of the Customer Copy.
X [signature]

TOTAL TIME SUMMARY	ROUND TO NEAREST 15 MINUTES (EXAMPLE — 0, 15, 30, 45)	STRAIGHT TIME HOURS	STRAIGHT TIME MINUTES	OVERTIME HOURS	OVERTIME MINUTES
		41	00		

1994 KELLY SERVICES, INC. PRINTED IN U.S.A.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 9-11-95 Inv #: 36226983 Inv $: 405.15

Due Date: 9-27-95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: _____

Description: S. PETON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	405.15

Voucher Prepared by: _____

APPENDIX DR305-B

PAGE 546 OF 2226

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, IN
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
09/11/95	36226983

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	09/10	37.00	10.95			405.15

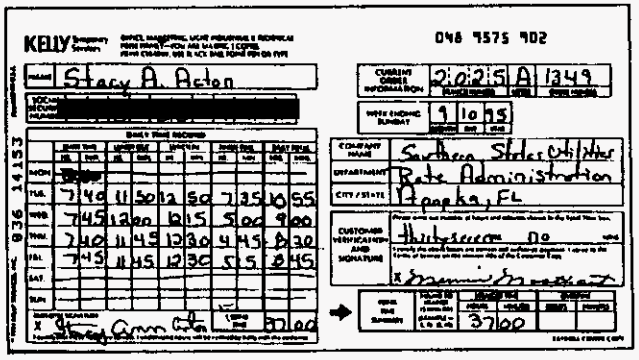
USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 405.15

REDACTED



RECEIVED
SEP 19 1995
Accounts Payable

APPENDIX DR 305-B
PAGE 547 OF 2226

PLEASE CHARGE TO 1995 RATE CASE EXPENSE

048 9575 902

KELLY Temporary Services — OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

RECEIVED
SEP 11 1995
Accounts Payable

NAME: Stacy A. Acton

SOCIAL SECURITY NUMBER: [redacted]

REDACTED

CUSTOMER ORDER INFORMATION: BRANCH NUMBER 2302 | LETTER A | ORDER NUMBER 1540

WEEK ENDING SUNDAY: MONTH 9 | DAY 10 | YEAR 95

DAILY TIME RECORD

	START TIME HR	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS	DAILY TOTAL MINS.
MON.	~~7~~ (Closed)									
TUE.	7	40	11	50	12	50	7	35	10	55
WED.	7	45	12	00	12	15	5	00	9	00
THU.	7	40	11	45	12	30	4	45	8	20
FRI.	7	15	11	45	12	30	5	15	8	45
SAT.	---	---	---	---	---	---				
SUN.	---	---	---	---	---	---				
						TOTAL TIME			37	00

EMPLOYEE SIGNATURE
X [signature]
I certify that these hours are correct. I understand hours will be verified by Kelly with the customer.

© 1994 KELLY SERVICES, INC.

COMPANY NAME: [illegible]
DEPARTMENT: [illegible]
CITY / STATE: [illegible]

CUSTOMER VERIFICATION AND SIGNATURE
Please write out number of hours and minutes shown in the Total Time box
[illegible] HRS 00 MINS
I certify the above hours are correct and authorize payment. I agree to the Terms of Service on the reverse side of the Customer Copy.
X

TOTAL TIME SUMMARY

ROUND TO NEAREST 15 MINUTES (EXAMPLE – 0, 15, 30, 45)	STRAIGHT TIME HOURS	STRAIGHT TIME MINUTES	OVERTIME HOURS	OVERTIME MINUTES
	37	00		

CUSTOMER COPY

APPENDIX DR 305-B
PAGE 548 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SRVCS

Inv Date: 9-18-95 Inv #: 37222817 Inv $: 503.72

Due Date: 10-4-95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: _____

Description: S. ACTON - 9/17/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	503.72

Voucher Prepared by: _____

APPENDIX DR305-B

PAGE 549 OF 2226

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
09/18/95	37222817

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

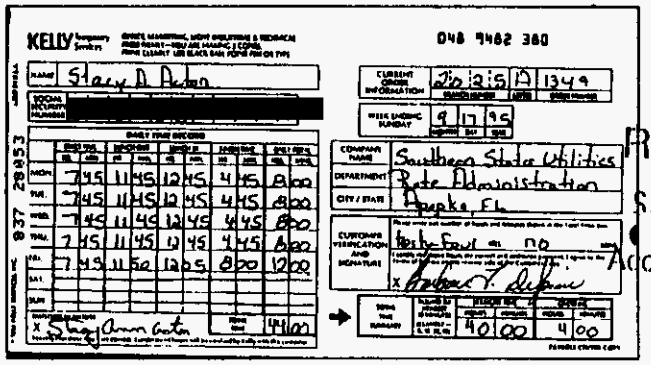
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	09/17	40.00	10.95	4.00	16.43	503.72

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 503.72



REDACTED

RECEIVED
SEP 25 1995
Accounts Payable

APPENDIX DR305-B
PAGE 550 OF 2226

PLEASE CHARGE TO 1995 RATE CASE EXPENSE

KELLY Temporary Services — OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

RECEIVED
SEP 18 1995
Accounts Payable

NAME: [illegible]

SOCIAL SECURITY NUMBER: [redacted]

CURRENT ORDER INFORMATION: BRANCH NUMBER [illegible] | LETTER [illegible] | ORDER NUMBER [illegible]

WEEK ENDING SUNDAY: MONTH 9 | DAY 17 | YEAR 95

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS	DAILY TOTAL MINS
MON.	7	45	11	45	12	45	4	45	8	00
TUE.	7	45	11	45	12	45	4	45	8	00
WED.	7	45	11	45	12	45	4	45	8	00
THU.	7	45	11	45	12	45	4	45	8	00
FRI.	7	45	11	30	12	15	4	00	12	00
SAT.										
SUN.										

TOTAL TIME: 40 | 00

EMPLOYEE SIGNATURE: X [illegible]
I certify that these hours are correct. I understand hours will be verified by Kelly with the customer.

COMPANY NAME: [illegible]
DEPARTMENT: [illegible]
CITY / STATE: [illegible]

CUSTOMER VERIFICATION AND SIGNATURE
Please write out number of hours and minutes shown in the Total Time box
[illegible] HRS 00 MINS
I certify the above hours are correct and authorize payment. I agree to the Terms of Service on the reverse side of the Customer Copy.
X [illegible]

TOTAL TIME SUMMARY

ROUND TO NEAREST 15 MINUTES (EXAMPLE – 0, 15, 30 45)	STRAIGHT TIME HOURS	STRAIGHT TIME MINUTES	OVERTIME HOURS	OVERTIME MINUTES
	40	00	4	00

CUSTOMER COPY

REDACTED

APPENDIX DR 305-B
PAGE 551 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 8/20/95 Inv #: 0531234686 Inv $: 528.00

Due Date: 9/27/95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: —

Description: N Cook wle 8/20

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.162099.1861.0000.245	95LA100	528.00

Voucher Prepared by: _____

APPENDIX DR305-B
PAGE 552 OF 2226

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

rN STATES UTILITIES
ACCTS PAYABLE
OLOR PLACE
FL

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-23686 S	08	20	95	63725

AMOUNT DUE
528.00

53123686708209563725600528000

S OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
f E	08/20	HP SEC/EX	4.00	13.20	52.8C
f E	08/20	HP SEC/EX	36.00	13.20	475.2C

RECEIVED
AUG 3 1 1995
Accounts Payable

TERMS
PAYABLE UPON RECEIPT

TOTAL 528.0C

Olsten Staffing Services

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY	MO.	DAY	YEAR	OFFICE NO.
	08	20	95	531

EMPLOYEE NAME: Nancy Cook

COMPANY NAME: Southern States Utilities

DEPARTMENT	COST CTR. NO.	ASSIGNMENT NO.
		5747

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE LENGTH OF ANY ASSIGNMENT IS NOT GUARANTEED.

X Nancy Cook

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

RECEIVED
AUG 23 1995
Accounts Payable

ALL OVERTIME MUST BE VERIFIED

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON						
TUES						
WED						
THU						
FRI	8-18	8:00	12:00	4.00		4.00
SAT						
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED

▶ 0 2 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME): STRAIGHT TIME 4.00; OVERTIME

MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE

X

AUTHORIZED CLIENT SIGNATURE

PRINT NAME DEPT.

CLIENT TITLE DATE

TELEPHONE NO. EXT.

Olsten Staffing Services

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY	MO.	DAY	YEAR	OFFICE NO.
	08	27	95	531

EMPLOYEE NAME: Nancy Cook

COMPANY NAME: Southern States Utilities

DEPARTMENT	COST CTR. NO.	ASSIGNMENT NO.
		5747

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE LENGTH OF ANY ASSIGNMENT IS NOT GUARANTEED.

X Nancy Cook

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

ALL OVERTIME MUST BE VERIFIED

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	8-14	7:00	6:00	4.00	-1.00	8.00
TUES	8-15	9:00	6:00	9.00	-1.00	8.00
WED	8-16	7:30	6:30	11.00	-2.00	9.00
THU	8-17	8:00	6:00	9.75	-.75	9.00
FRI	8-18	8:00	3:00	7.00	4.00	4.00
SAT		10:00				
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED

1 2 3 4 ▶ 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME): STRAIGHT TIME 36.00; OVERTIME

MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X Marilyn K Dorsey

AUTHORIZED CLIENT SIGNATURE

PRINT NAME DEPT.

CLIENT TITLE DATE

TELEPHONE NO. EXT.

APPENDIX DR305-B

PAGE 554 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 8/27/95 Inv #: 053123883 Inv $: 528.00

Due Date: 9/27/95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: _____

Description: N Cook Wte 8/27/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	528.00

Voucher Prepared by: _____

APPENDIX DR305-B

PAGE 555 OF 2226

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

:N STATES UTILITIES
:CCTS PAYABLE
:LOR PLACE
FL

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-23883 S	08	27	95	63725

AMOUNT DUE
528.00

5312388300827956372560052800O

S OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
/ E	08/27	WP SEC/EX	20.00	13.20	264.00
/ E	08/27	WP SEC/EX	20.00	13.20	264.00

RECEIVED
SEP 1 1 1995
Accounts Payable

TERMS

PAYABLE UPON RECEIPT TOTAL 528.00

Olsten Staffing Services

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY	MO.	DAY	YEAR	OFFICE NO.
	08	27	95	53

EMPLOYEE NAME: Nancy Cook

COMPANY NAME: Southern States Utilities

DEPARTMENT	COST CTR NO.	ASSIGNMENT NO.
		59949

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE LENGTH OF ANY ASSIGNMENT IS NOT GUARANTEED.

X Nancy Cook

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE.

CLIENT COPY

ALL OVERTIME MUST BE VERIFIED

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	8-21	8:00	12:00	4:00	—	4:00
TUES	8-22	8:00	12:00	4:00	—	4:00
WED	8-23	8:00	12:00	4:00	—	4:00
THU	8-24	8:00	4:30	7:30	.50	7:00
FRI	8-25	8:00	4:00	7:30	.50	7:00
SAT		NOT WORKED				
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED: 1 2 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME): 20:00

STRAIGHT TIME: 20:00

OVERTIME:

MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE

X

AUTHORIZED CLIENT SIGNATURE

PRINT NAME

DEPT

CLIENT TITLE

DATE

TELEPHONE NO.

EXT.

Olsten Staffing Services

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY	MO.	DAY	YEAR	OFFICE NO.
	08	27	95	53

EMPLOYEE NAME: Nancy Cook

COMPANY NAME: Southern States Utilities

DEPARTMENT	COST CTR NO.	ASSIGNMENT NO.
		59949

ASSIGNMENT STATUS: ☐ CONTINUING ☑ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE LENGTH OF ANY ASSIGNMENT IS NOT GUARANTEED

X Nancy Cook

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

ALL OVERTIME MUST BE VERIFIED

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	8-21	8:00	12:00	4:00	—	4:00
TUES	8-22	8:00	12:00	4:00	—	4:00
WED	8-23	8:00	12:00	4:00	—	4:00
THU	8-24	8:00	5:00	4:00	—	4:00
FRI	8-25	8:00	5:00	4:00	—	4:00
SAT		NOT WORKED				
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED: 1 2 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME): 20:00

STRAIGHT TIME: 20:00

OVERTIME:

MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X Marilyn K Mooney

AUTHORIZED CLIENT SIGNATURE

PRINT NAME

DEPT

CLIENT TITLE

DATE

TELEPHONE NO.

EXT

APPENDIX DR305B

PAGE 557 OF 2226

SOUTHERN STATES UTILITIES, INC. APOPKA, FL 32703

CHECK# 157947 REMITTANCE ADVICE

TECHNICAL & SCIENTIFIC APP.

	DESCRIPTION			AMOUNT
45349	8/23/95	279.40	.00	279.40
	TOTALS	279.40	.00	279.40

PLEASE DETACH BEFORE DEPOSITING

SOUTHERN STATES UTILITIES, INC.
1000 COLOR PLACE
APOPKA, FL 32703
(407) 880-0058

CHECK# 157947 9/21/95 63-215/631 590

SunBank, N.A.
COLLEGE PARK OFFICE
ORLANDO, FL 32804

PAY Two Hundred Seventy-Nine and 40 /100th Dollars

VOID AFTER 90 DAYS

AMOUNT
$*******279.40***

TO THE ORDER OF:

TECHNICAL & SCIENTIFIC APP.
2040 WEST SAM HOUSTON PKWY.
HOUSTON TX 77043
USA

SOUTHERN STATES UTILITIES, INC.

BY _____
$100,000 OR MORE REQUIRES TWO SIGNATURES

BY NON-NEGOTIABLE

[redacted]

REDACTED

APPENDIX DR305B
PAGE 558 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 9/03/95 Inv #: 053124057 Inv $: 528.00

Due Date: 9/27/95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: —

Description: N Cook w/e 9/03/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	528.00

Voucher Prepared by: _____

APPENDIX DR305-B
PAGE 559 OF 2226

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

RN STATES UTILITIES
ACCTS PAYABLE
OLOR PLACE
FL

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-24057 S	09	03	95	63725

AMOUNT DUE
528.00

5312405700903956372560052800O

S OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
/ E	09/03	WP SEC/EX	20.00	13.20	264.00
/ E	09/03	WP SEC/EX	20.00	13.20	264.00

RECEIVED
SEP 14 1995
Accounts Payable

TERMS		
PAYABLE UPON RECEIPT	TOTAL	528.00

Olsten Temporary Services

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING	MO.	DAY	YEAR	OFFICE NO.
SUNDAY	9	03	95	531

EMPLOYEE NAME: Nancy Cook

COMPANY NAME: Southern States Utilities

DEPARTMENT	COST CTR. NO.	ASSIGNMENT NO.
Comm.		59964

ARE YOU RETURNING ☒ YES ☐ NO

IF NO PLEASE CONTACT OLSTEN IMMEDIATELY

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN BY MAIL OR PHONE WITHIN 48 HOURS OF THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE.

X Nancy Cook

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON		6.00	4.00	—	
TUE	4:00	5:45	1.75	—	1
WED					
THU	9:00	4:45	7.75	— 1	7.75
FRI	9:00	6:45	9.75	— 2	7.75
SAT		NOT WORKED			
SUN					

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED

▶ 1 2 3 (4) 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME) ▶ STRAIGHT TIME 25.00

OVERTIME

MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X

AUTHORIZED CLIENT'S SIGNATURE

PRINT NAME DEPT.

CLIENT'S TITLE DATE

TELEPHONE NO. EXT.

CHARGE TO 1995 RATE CASE EXPENSE ALL OVERTIME MUST BE VERIFIED.

Olsten Temporary Services

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING	MO.	DAY	YEAR	OFFICE NO.
SUNDAY				REC'D

SEP 0

EMPLOYEE NAME:

COMPANY NAME: Account

DEPARTMENT	COST CTR. NO.	ASSIGNMENT NO.

ARE YOU RETURNING ☐ YES ☒ NO

IF NO PLEASE CONTACT OLSTEN IMMEDIATELY

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN BY MAIL OR PHONE WITHIN 48 HOURS OF THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE.

X

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON		7			
TUE		DRAW	LINE		
WED		4:00		-1	
THU	7	THROU	9 DAYS	—	1.00
FRI		NOT W	ORKED		
SAT					
SUN					

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED

▶ 1 2 3 (4) 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME) ▶ STRAIGHT TIME 32.00

OVERTIME

MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X

AUTHORIZED CLIENT'S SIGNATURE

PRINT NAME DEPT.

CLIENT'S TITLE DATE

TELEPHONE NO. EXT.

APPENDIX DR305-B

PAGE 561 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 9/10/95 Inv #: 053124235 Inv $: 422.40

Due Date: 9/27/95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: _____

Description: W Cook wle 9/10

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95CA100	422.40

Voucher Prepared by: _____

Olsten Staffing Services

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING	MO.	DAY	YEAR	OFFICE NO.
SUNDAY	09	10	90	54964

EMPLOYEE NAME: Nan/Cook

COMPANY NAME: Southern States Utilities

DEPARTMENT NO.	COST CTR. NO.	ASSIGNMENT NO.
Comm.		54964

CLIENT COPY

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE LENGTH OF ANY ASSIGNMENT IS NOT GUARANTEED.

X

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

ALL OVERTIME MUST BE VERIFIED

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON						
TUES	9-5	7 DEA	TIME	9.75	-1.50	8.25
WED	9-6	7:00	6 [illegible]	9.00	-1.00	8.00
THU	9-7	THROUGH	HOLIDAYS	9.00	-1.00	8.00
FRI	9-8	9 00	4 15	7.15	—	7.75
SAT		NOT WORKED				
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED

1 2 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME) | STRAIGHT TIME | 32.00 | OVERTIME | | UNIT SUPERVISOR

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X Marilyn R. Dorsey

AUTHORIZED CLIENT SIGNATURE

PRINT NAME | DEPT.

CLIENT TITLE | DATE

TELEPHONE NO. | EXT.

7-8906

JST. NO.

3725

22402

AMOUNT

422.40

422.40

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-24235 S	09	10	95	63725

AMOUNT DUE
422.40

53124235209109563725600422402

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK NANCY E	09/10	WP SEC/EX	32.00	13.20	422.40

RECEIVED
SEP 2 1 1995
Accounts Payable

SERVICED BY:

TERMS
PAYABLE UPON RECEIPT

TOTAL 422.40

APPENDIX DR305-B
PAGE 565 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 4467 Vendor Name: Top Talent

Inv Date: 8/25/95 Inv #: 755329 Inv $: 197 80

Due Date: 9/13/95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: _____

Description: K. Marshall - WIE 8/25/95

Units: _____ Job Code: _____

Account Number Pit.ResCtr.UC.AcctSubAcctCEC	Project Number	Dollar Amount
00001.6220.99.1861.0000.245	95RA100.	197 80

Voucher Prepared by: JH

TOP TALENT 4467
SOUTHERN STATES UTILITIES, INC. APOPKA, FL 32703

DESCRIPTION	AMOUNT
755329 8/25/95	197.80
TOTALS	197.80
	.00
	197.80

CHECK# 15244 REMITTANCE ADVICE

002344

SSU INC.
1000 COLOR PLACE
APOPKA FL 32703

WEEK ENDING DATE	EMPLOYEE NAME	DESCRIPTION	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
08/25	MARSHALL KAREN K	CLERICAL	21.50	9.20	.00	13.80	197.80
						PAY THIS AMOUNT	197.80

RECEIVED
SEP 0 1 1995
Accounts Payable

TERMS: NET UPON RECEIPT

ORIGINAL INVOICE

APPENDIX DR305B
PAGE 566 OF 2226

FIRM NAME SSU

ADDRESS 1000 Color Place

CITY Apopka STATE Fla. ZIP 32703

AUTHORIZED CUSTOMER SIGNATURE
THE SIGNATURE BELOW CONSTITUTES ACCEPTANCE OF ALL INFORMATION ON THIS CARD

Jeffrey Smotherman

RATES

DEPARTMENT OR TITLE

EMPLOYEE SIGNATURE
Has assignment been completed? YES I certify that the hours shown were worked by me during the week indicated. I understand that I am to contact the TopTalent office after completing an assignment.

Karen K. Marshall

EMPLOYEE SIGN HERE

I understand that time sheet certifies that the total number of hours recorded is correct.

We agree that TopTalent has incurred (and will continue to incur) expenses in acquiring and orientating its staff of temporary employees and understand that if we want to transfer a TopTalent temporary to our payroll, a financial settlement or a term arrangement may be made by contacting TopTalent.

EMPLOYEE NAME Karen K. Marshall

SOCIAL SECURITY # [redacted] W/E DATE (FRI) 8/25/95

JOB ORDER NO.

	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	TOTAL HRS.
SAT	8/19				
SUN	8/20				
MON	8/21	8:15	4:45	1.0	7.5
TUE	8/22				
WED	8/23	9:00	3:00	Ø	6.0
THU	8/24				
FRI	8/25	8:00	5:00	1.0	8.0

TOTAL HOURS FOR WEEK 21.5

REG HRS	OT HRS	PAY RATE	ADVANCE	BONUS
21.5				

CUSTOMER NUMBER	BILL HRS	BILL RATE	JOB CLASS

TopTalent. Staffing Services

CLIENT'S COPY

PRESS HARD - YOU ARE MAKING THREE COPIES

PLEASE CHARGE TO 1995 RATE CASE EXPENSE

REDACTED

APPENDIX DR 305-B

PAGE 567 OF 2226

Accounts Payable Voucher

Approved by: ✓ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.A.D., Inc.

Inv Date: 9.30.95 Inv #: 15385 Inv $: 792.40

Due Date: 10-11-95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: —

Description: C. Urban w/e 9.24.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
xxxx.625.99.1861.xxxx245	95RA100	792.40

Voucher Prepared by: [signature]

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
09/30/95	15385	1	10/10/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:9/24			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40

RECEIVED
OCT 0 3 1995
Accounts Payable

SUB TOTAL	792.40
TAX	0.00
TOTAL	792.40
NET TO PAY	792.40

E.D.I., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
09/30/95	15385	1	10/10/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:9/24			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40

SUB TOTAL	792.40
TAX	0.00
TOTAL	792.40
NET TO PAY	792.40

530

WEEKLY TIME REPORT FOR WEEK ENDING SEPT. 24 1995 NO. 0340

NAME Christina J. Urban TOTAL REGULAR TIME FOR WEEK— 40

DEPARTMENT S.S.U., Inc. TOTAL OVERTIME FOR WEEK:—

IN ORDER THAT WE MAY COMPLY WITH THE WAGE-HOUR LAW, EACH EMPLOYEE IS REQUIRED TO FILL IN THE TIME WORKED EACH DAY AND TURN IN THIS SLIP, SIGNED, AT THE END OF THE WEEK. IF CALLED AWAY DURING WORKING HOURS, NOTATION OF THIS TIME SHOULD BE MADE ON THE BACK OF THIS CARD.

		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
		HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.
MORNING	IN	8	00	8	00	8	00	8	00	8	00				
	OUT	12	00	12	00	12	00	12	00	12	00				
AFTERNOON	IN	12	30	12	30	12	30	12	30	12	30				
	OUT														
EVENING	IN														
	OUT	4	30	4	30	4	30	4	30	4	30				
TIME WORKED EACH DAY→		8	0	8	0	8	0	8	0	8	0				

[redacted]
SOCIAL SECURITY ACCOUNT NUMBER

SIGNED Christina J. Urban OKD Linda Hill

TOPS FORM NO. 3017 LITHO IN U.S.A.

0000/.625.99.1861.0000.245

GSRA100

REDACTED

RECEIVED
SEP 2 6 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D., Inc.

Inv Date: 10.3.95 Inv #: 15452 Inv $: 792.40

Due Date: 10.11.95 Discount: _____ Terms: _____

Month/Yr: 95 Purchase Order #: —

Description: C. Urban w/e 10.1.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1861.0000.245	95RA100	792.40

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
10/03/95	15452	1	10/13/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:10/1			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40

RECEIVED
OCT 0 5 1995
Accounts Payable

SUB TOTAL	792.40
TAX	0.00
TOTAL	792.40
NET TO PAY	792.40

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
10/03/95	15452	1	10/13/95

DESCRIPTION				AMOUNT
WEEK ENDING:10/1				
340 C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.		792.40

SUB TOTAL	792.40
TAX	0.00
TOTAL	792.40
NET TO PAY	792.40

5302

WEEKLY TIME REPORT FOR WEEK ENDING Oct. 1 19 95 NO. 0340

NAME Christina J. Urban — TOTAL REGULAR TIME FOR WEEK:—

DEPARTMENT S.S.U., Inc. — TOTAL OVERTIME FOR WEEK:—

IN ORDER THAT WE MAY COMPLY WITH THE WAGE-HOUR LAW, EACH EMPLOYEE IS REQUIRED TO FILL IN THE TIME WORKED EACH DAY AND TURN IN THIS SLIP, SIGNED, AT THE END OF THE WEEK. IF CALLED AWAY DURING WORKING HOURS, NOTATION OF THIS TIME SHOULD BE MADE ON THE BACK OF THIS CARD.

		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
		HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.
MORNING	IN	8	00	8	00	8	00	8	00	8	00				
	OUT	12	00	12	00	11	30	11	30	11	30				
										12					
AFTERNOON	IN	12	30	12	30	12	00	12	00	12	00				
	OUT														
EVENING	IN														
	OUT	4	30	4	30	4	30	4	30	4	30				
TIME WORKED EACH DAY→		8	0	8	0	8	0	8	0	8	0				

[redacted]
SOCIAL SECURITY ACCOUNT NUMBER

SIGNED Christina J. Urban OK'D Linda Hadder

TOPS FORM NO. 3017

LITHO IN U.S.A.

REDACTED

RECEIVED
OCT 0 2 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D, Inc.

Inv Date: 10.25.95 Inv #: 15587 Inv $: 693.35

Due Date: 11.1.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: -

Description: C Urban w/c 10.22.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000V.625 99.1861.0000.245	95RA100	693.35

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
10/25/95	15587	1	11/04/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:10/22			
340	C. URBAN - SSU - C. BLISS	35	@ 19.8100/Hrs.	693.35

RECEIVED
OCT 2 8 1995
Acct

SUB TOTAL	693.35
TAX	0.00
TOTAL	693.35
NET TO PAY	693.35

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5300 Vendor Name: E.D.D. Inc.

Inv Date: 10.17.95 Inv #: 15527 Inv $: 624.02

Due Date: 11.1.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: —

Description: C Urban w/e 10.15.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
UUUU1.625.99.1861.0000.245	95RA100	624.02

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
10/17/95	15527	1	10/27/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:10/15			
340	C. URBAN - SSU - C. BLISS	31.5	@ 19.8100/Hrs.	624.02

RECEIVED
OCT 18 1995
Accounts Payable

SUB TOTAL	624.02
TAX	0.00
TOTAL	624.02
NET TO PAY	624.02

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D., Inc.

Inv Date: 10.9.95 Inv #: 15495 Inv $: 435.82

Due Date: 11.1.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: -

Description: C. Urban w/e 10.8.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1861.0000.245	95RA100	435.82

Voucher Prepared by: [signature]

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
10/09/95	15495	1	10/19/95

	DESCRIPTION			AMOUNT
340	C. URBAN - SSU - C. BLISS	22	@ 19.8100/Hrs.	435.82

RECEIVED
OCT 1 1 1995
Accounts Payable

	435.82
SUB TOTAL	0.00
TAX	435.82
TOTAL	
NET TO PAY	435.82

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 9-25-95 Inv #: 3821074G Inv $: 647.48

Due Date: 10-11-95 Discount: _____ Terms: _____

Month/Yr: 10/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	647.48

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
09/25/95	38210746

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

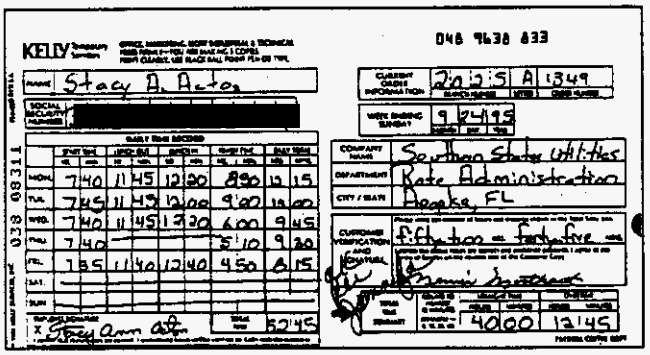
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	09/24	40.00	10.95	12.75	16.43	647.48

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 647.48



REDACTED

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 10-2-95 Inv #: 39235379 Inv $: 369.56

Due Date: 10-18-95 Discount: _____ Terms: _____

Month/Yr: 10/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	369.56

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
10/02/95	39235379

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

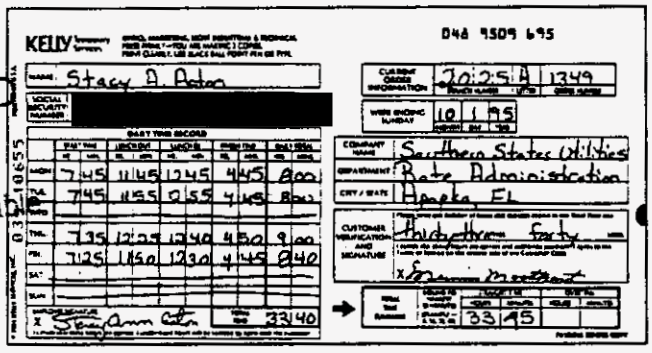
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	10/01	33.75	10.95			369.56

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 369.56



RECEIVED
OCT 1 1 1995
Accounts Payable

REDACTED

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 10-16-95 Inv #: 41224411 Inv $: 438.00

Due Date: 11-1-95 Discount: _____ Terms: _____

Month/Yr: 10/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.620.99.1861.0000.245	95RA100	438.00

Voucher Prepared by: _____

ELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
10/16/95	41224411

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

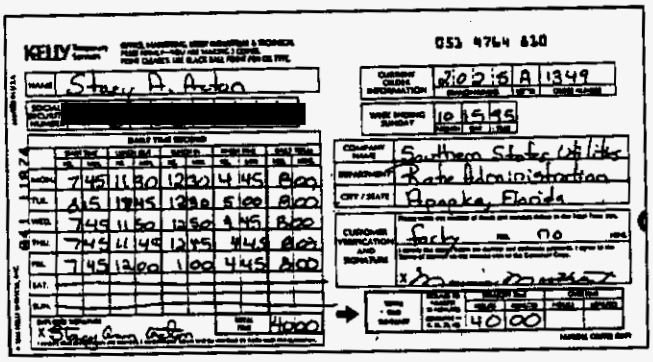
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	10/15	40.00	10.95			438.00

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 438.00



REDACTED

RECEIVED
OCT 23 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 10-9-95 Inv #: 40245920 Inv $: 438.00

Due Date: 10-25-95 Discount: _____ Terms: _____

Month/Yr: 10/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.000.245	95RA100	438.00

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
10/09/95	40245920

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

REDACTED

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

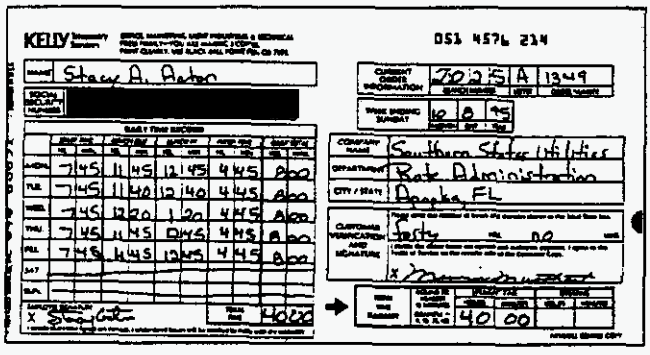
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	10/08	40.00	10.95			438.00

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 438.00



RECEIVED
OCT 17 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 9/24/95 Inv #: 053124573 Inv $: 323.80

Due Date: 10/11/95 Discount: _____ Terms: _____

Month/Yr: 10/95 Purchase Order #: —

Description: J. Tucker W/E 9/24/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.62099.1961.0000.245	95RA102	323.80

Voucher Prepared by: _____

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-24573 S	09	24	95	63725

AMOUNT DUE 323.80

53124573609249563725600323808

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
TUCKER JEANNE	09/24	CLERK	30.75	10.53	323.80

RECEIVED
OCT 05 1995
Accounts Payable

SERVICED BY:

TERMS: PAYABLE UPON RECEIPT

TOTAL 323.80

PLEASE CHARGE TO 1995 RATE CASE EXPENSE

ALL OVERTIME MUST BE VERIFIED

Olsten Staffing Services℠ CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY	MO.	DAY	YEAR	OFFICE NO.
	9	24	95	531

EMPLOYEE NAME: Jeanne Tucker

COMPANY NAME: Southern States Utilities

DEPARTMENT	COST CTR. NO.	ASSIGNMENT NO.
		57475

ASSIGNMENT STATUS: ☐ CONTINUING ☒ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE LENGTH OF ANY ASSIGNMENT IS NOT GUARANTEED.

X J. Tucker
EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON						
TUES	9/19	11:30	6:00	6½	0	6½
WED	9/20	8:00	5:15	7¼	¾	8½
THU	9/21	8:00	4:30	8¼	½	8¼
FRI	9/22	8:00	4:30	7½	½	7½
SAT		NOT WORKED				
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED: 1 2 3 4 5 6 7

TOTAL HOURS: STRAIGHT TIME 30¼ OVERTIME

THIRTY AND 1/4

RECEIVED
SEP 29 1995
Accounts Payable

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X
AUTHORIZED CLIENT SIGNATURE

MERVIN HOLLYER
PRINT NAME

CLIENT TITLE

DEPT.

DATE 9/22/95

TELEPHONE NO.

EXT.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 9/24/95 Inv #: 053124571 Inv $: 257.99

Due Date: 10/11/95 Discount: _____ Terms: _____

Month/Yr: 10/95 Purchase Order #: —

Description: D. Riggins w/e 9/24/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	257.99

Voucher Prepared by: _____

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
CLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-24571 S	09	24	95	63725

AMOUNT DUE 257.99

5312457100924956372560025799 8

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
RIGGINS DEBORA	09/24	CLERK	24.50	10.53	257.99

RECEIVED
OCT 0 9 1995
Accounts Payable

SERVICED BY:

TERMS: PAYABLE UPON RECEIPT

TOTAL 257.99

PLEASE CHARGE TO 1995 RATE CASE EXPENSE

Olsten Staffing Services℠

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY	MO.	DAY	YEAR	OFFICE NO.
	9	24	95	531

EMPLOYEE NAME: DEBORA RIGGINS

COMPANY NAME: Southern States Utilities

DEPARTMENT	COST CTR. NO.	ASSIGNMENT NO.
1		59276

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE LENGTH OF ANY ASSIGNMENT IS NOT GUARANTEED

X Debora Riggins
EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

ALL OVERTIME MUST BE VERIFIED

REPORT ALL TIME TO NEAREST .25 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON						
TUES	9/19	12:00	6:00	6	—	6
WED	9/20	8:15AM	9:15PM	13	2.5	10.5
THU	9/21	8:00AM	5:00PM	9	1	8
FRI						
SAT		NOT WORKED				
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED
1 2 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME): STRAIGHT TIME 24.5; OVERTIME

MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)
Twenty-four and 5 tenths

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X
AUTHORIZED CLIENT SIGNATURE

PRINT NAME DEPT.

CLIENT TITLE DATE

TELEPHONE NO. EXT.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 4629 Vendor Name: Tews

Inv Date: 10/04/95 Inv #: 1011 Inv $: 701.70

Due Date: 10/25/95 Discount: _____ Terms: _____

Month/Yr: 10/95 Purchase Order #: —

Description: J Brotsch, S Claires w/e 10/01/95

Units: _____ Job Code: _____

Account Number PltResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
9000.595.99.1758.000.245	—	10.20
0001.59599.1861.000.245	95RA100	71.40 ✓
9000.570.99.1059.200.245		620.10

Voucher Prepared by: [signature]

THE TEWS COMPANY
P.O. BOX 540535
ORLANDO, FL 32854

INVOICE

CUSTOMER NUMBER	INVOICE DATE	INVOICE NO.	
17	10-04-95	1011	1

Week Ending: 10-01-95
PO :

SOUTHERN STATES UTILITIES
ATTN: CYNTHIA GRAHAM
1000 COLOUR PLACE
APOPKA FL 32703

THANKS FOR CALLING TEWS COMPANY
WE APPRECIATE YOUR BUSINESS

LAST NAME, FIRST NAME, MIDDLE INITIAL	DESCRIPTION		REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
JENNIFER M. BROTSCH (Ralph Tetrault)			8.00	10.20			81.60
	OT Hours	0.00 DBL	Hours	0.00	0.00	0.00	
SHARON D. CHARLES (Chuck Wood)			40.00	13.59			620.10
	OT Hours	3.75 DBL	Hours	0.00	[illegible]75	20.40	

R
O Charge 7 hours
Adj to Rate Case

TERMS: Due On Receipt

701.70

The Tews Company

Employee Name Jennifer Brotsch
Employee SSN# [redacted]
Week Ending Date (Sun) 10-1-95

Client Southern States Utilities
Address 1000 Color Place
Apopka, FL 32703

Time card must be signed by employee & client before check is issued.
Payroll Check Options: (Please X:)
Mail ✓
Pick Up ____

Time Sheet	Start	End	Less Lunch	Total Hours (Regular)	Overtime Hours	Supervisor Initials
Monday						
Tuesday						
Wednesday						
Thursday						
Friday	8:30A	6:30p	12-1p	8	1	KH
Saturday						
Sunday						

Employee Signature Jennifer M Brotsch
Client Signature Kathleen Heath

Employee Instructions:

- Press firmly (3 copies)
- Leave the client's copy of the completed time sheet with your supervisor
- To mail: Stamp the bottom copy of the time sheet and mail upon completion. Time cards due no later than Monday at 12:00 p.m.

CARD-THE TEWS COMPANY YELLOW-EMPLOYEE WHITE-CLIENT

REDACTED

The Tews Company

Employee Name Sharon D. Charles
Employee SSN# [redacted]
Week Ending Date (Sun) October 1, 1995

Client Southern States Utilities
Address 1000 Color Place
Apopka, FL 32703

Time card must be signed by employee & client before check is issued.
Payroll Check Options: (Please X:)
Mail ✓
Pick Up ____

Time Sheet	Start	End	Less Lunch	Total Hours (Regular)	Overtime Hours	Supervisor Initials
Monday	7:45	4:45	1hr	8		
Tuesday	7:30	6:30	1hr	8	2 hrs.	
Wednesday	7:30	5:00	1hr	8	30 min.	
Thursday	7:45	6:00	1hr	8	1hr 15 min	
Friday	7:45	4:45	1hr	8		
Saturday						
Sunday						

Employee Signature Sharon D. Charles
Client Signature [signature]

Employee Instructions:

- Press firmly (3 copies)
- Leave the client's copy of the completed time sheet with your supervisor
- To mail: Stamp the bottom copy of the time sheet and mail upon completion. Time cards due no later than Monday at 12:00 p.m.

RECEIVED
OCT 16 1995
Accounts Payable

CARD-THE TEWS COMPANY YELLOW-EMPLOYEE WHITE-CLIENT

Journal Entry Transaction Form

Prepared By:DRR Approved By: VJC Entered By:DRR

YEAR/PERIOD:	1995-11	Source Code	GJ	Journal #	20322
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	8482
Inter Co. Table	001	Reference Code	DRR	Auto Accrual?	N

DESCRIPTION: Reclass to proper cost element code

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.00001.591.99.1861.0000.190	95RA100			West Publishing Invoice #33467	(682.23)
2	001.00001.591.99.1861.0000.250	95RA100			West Publishing Invoice #33467	682.23
3	001.90001.605.99.6608.0000.166				PR Newswire Invoice #10358851 & 10366057	(126.50)
4	001.90001.605.99.6358.0000.150				PR Newswire Invoice #10358851 & 10366057	126.50
5	001.90001.591.99.6338.0000.150				Lewis, Longman & Walker,PA. Inv. #975,924 & 976	(2,554.90)
6	001.90001.591.99.6338.0000.152				Lewis, Longman & Walker,PA. Inv. #975,924 & 976	2,554.90
7	001.00001.635.99.1861.0000.140	95RA100			Wallace Computer Services, Inc. Invoice A75604010	(417.02)
8	001.00001.620.99.1861.0000.140	95RA100			Wallace Computer Services, Inc. Invoice A75604010	417.02
9	001.90001.635.99.6758.0000.185				U.S.A.P.Acquisitions Invoice #6602647	(119.45)
10	001.00001.620.99.1861.0000.185	95RA100			U.S.A.P.Acquisitions Invoice #6602647	119.45
11	001.90001.635.99.6758.0000.185				Postmaster of Apopka	(40,000.00)
12	001.90001.635.99.6757.0000.185				Postmaster of Apopka	40,000.00
13	001.90001.565.99.6758.0000.245				Olsten Staffing Serv.Inv.#23689,23884,24056 & 244	(1,507.91)
14	001.00001.565.99.1861.0000.245	95RA100			Olsten Staffing Serv.Inv.#23689,23884,24056 & 244	1,507.91
15	001.90001.565.99.6758.0000.185				Postmaster of Apopka	(8,700.00)
16	001.00001.620.99.1861.0000.185	95RA100			Postmaster of Apopka	8,700.00
17	001.90001.565.99.6758.0000.185				Postmaster of Apopka	(1,100.00)
18	001.90001.635.99.6757.0000.185				Postmaster of Apopka	1,100.00
Total Number of lines		22				
Total Debits		62241.74				
Total Credits		(62,241.74)				

APPENDIX DE305-B
PAGE 597 OF 2226

REPORT OF INCORRECT CHARGE

ACCOUNT # INCORRECTLY CHARGED: 90001.565.99.6758.0000.~~250~~ 245

CORRECT ACCOUNT # TO CHARGE: 00001.565.91.1861.0000.245 (95RA100)

PLANT/RSP # INCORRECTLY CHARGED:

CORRECT PLANT/RSP # TO CHARGE:

AMOUNT OF CHARGE: ~~$1506.00~~ ($1507.91)

MONTH OF CHARGE: September

EXPLANATION (Please attach copies of support documentation):

Temporary help should be charged to deferred rate case instead of expensed. Same RSP involved just different account #'s.

SIGNATURE (ORIGINATOR): Steve Gallis DATE: 10/24/95

SIGNATURE (RECEIVER): DATE:

Note 1: If you unable to determine which cost center should be charged, please contact the Budget Department for assistance.

Note 2: After this form has been completed and returned to the Budget Department, an adjusting journal entry will be written and forwarded to the Accounting Department. The change will be reflected *in the following month and may result in a negative*

Note 3: If support documentation is not available please list the vendor, invoice number, and the amount of the charge(s). This can found through S2K or use the directory to refer to a department that can be of assistance.

Note 4: All entries for any single account must be $50.00 or more for a journal entry to be prepared.

Accounts Payable Voucher

proved by: _____ Manual Check #: _____ Date: _____

pe: _____

endor #: 2900 Vendor Name: _____

v Date: 8/20/95 Inv #: 0531-23689 Inv $: 331 17

ue Date: 9/13/95 Discount: _____ Terms: _____

onth/Yr: 9/95 Purchase Order #: _____

escription: B. Simmons - W/E 8/20/95

nits: _____ Job Code: _____

ccount Number CResCtr.UC.AcctSubAcctCEC	Project Number	Dollar Amount
0001.565.99.6758.0000.245	_____	331 17

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906
MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-23689 S	08	20	95	63725

AMOUNT DUE 331.17

5312368910820956372560033117 3

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
SIMMONS BARRY	08/20	RECPT TYP	31.45	10.53	331.17

RECEIVED
AUG 31 1995
Accounts Payable

SERVICED BY | TERMS

PAYABLE UPON RECEIPT TOTAL 331.17

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 8/27/95 Inv #: 0531-23884 Inv $: 321.17

Due Date: 9/20/95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: —

Description: C. Cordoba w/e 8/27/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
9001.515.99.4758.0000.245		321.17

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906
MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-23884 S	08	27	95	63725

AMOUNT DUE
321.17

5312388480827956372560032117 4

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
CORDOBA CHRIST	08/27	RECPT TYP	30.50	10.53	321.17

RECEIVED
SEP 1 1 1995
Accounts Payable

SERVICED BY

TERMS

PAYABLE UPON RECEIPT TOTAL 321.1

Accounts Payable Voucher

oved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 9/03/95 Inv #: 0531-24056 Inv $: 326.43

Due Date: 9/20/95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: —

Description: R Collier w/e 9/3/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
9000.515.99.6758.0000.245		326.43

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
CLSTEN STAFFING SERVICES INC.
P.O. BOX 8906
MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-24056 S	09	03	95	63725

AMOUNT DUE
326.43

5312405620903956372560032643 9

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COLLIER ROBERT	09/03	RECPT TYP	31.00	10.53	326.4

RECEIVED
SEP 14 1995
Accounts Payable

SERVICED BY:

TERMS
PAYABLE UPON RECEIPT

TOTAL 326.4

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 9/17/95 Inv #: 0531-24403 Inv $: 529.14

Due Date: 10/04/95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: —

Description: W/E 9/10 & 9/17/95 R. Hilger

Units: _____ Job Code: _____

Account Number PltResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
9001.515.99.6758.0000.245		529.14

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906
MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-24403 S	09	17	95	63725

AMOUNT DUE 529.14

53124403609179563725600529149

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
HILGER ROBERT	09/10	RECPT TYP	14.75	10.53	155.32
HILGER ROBERT	09/17	RECPT TYP	35.50	10.53	373.82

RECEIVED
SEP 28 1995
Accounts Payable

SERVICED BY TERMS

PAYABLE UPON RECEIPT TOTAL 529.14

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5300 Vendor Name: E.D.D., Inc.

Inv Date: 10.30.95 Inv #: 15641 Inv $: 292.40

Due Date: 11.8.95 Discount: _____ Terms: _____

Month/Yr: 11.95 Purchase Order #: —

Description: C. Uchan w/e 10.29.95

Units: _____ Job Code: _____

Account Number Pkt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1861.0000.245	95RA100	292.40

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
10/30/95	15641	1	11/09/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:10/29			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40

RECEIVED
OCT 3 1 1995
Accounts Payable

SUB TOTAL	792.40
TAX	0.00
TOTAL	792.40
NET TO PAY	792.40

5302

WEEKLY TIME REPORT FOR WEEK ENDING OCT. 29 19 95 NO. 0340

TOTAL REGULAR TIME FOR WEEK— 40

NAME Christina J. Urban

TOTAL OVERTIME FOR WEEK—

DEPARTMENT S.S.U., Inc.

IN ORDER THAT WE MAY COMPLY WITH THE WAGE-HOUR LAW, EACH EMPLOYEE IS REQUIRED TO FILL IN THE TIME WORKED EACH DAY AND TURN IN THIS SLIP, SIGNED, AT THE END OF THE WEEK. IF CALLED AWAY DURING WORKING HOURS, NOTATION OF THIS TIME SHOULD BE MADE ON THE BACK OF THIS CARD.

		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
		HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.
MORNING	IN	9	00	8	00	8	00	8	00	8	00				
	OUT	11	30	11	30	11	30	11	30	12	00				
AFTERNOON	IN	12	00	12	00	12	00	12	30	12	30				
	OUT														
EVENING	IN														
	OUT	4	30	4	30	4	30	4	30	6	00				
TIME WORKED EACH DAY→		7	0	8	0	8	0	7	30	9	30				

[redacted] SIGNED Christina J. Urban OK'D BY Charles M. Rist 10/29/95

SOCIAL SECURITY ACCOUNT NUMBER

TOPS FORM NO. 3017

0000/. 625-99-1561.0000. 245

GSRA100

RECEIVED
OCT 3 1 1995
Accounts Payable

REDACTED

E.D.D., Inc.
2941 West S.R. 434 Suite 3
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
11/09/95	15744	1	11/19/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:11/5			
340	C. URBAN - SSU - C. BLISS	40	@ 19.8100/Hrs.	792.40

RECEIVED
NOV 10 1995
Accounts Payable

SUB TOTAL	792.40
TAX	0.00
TOTAL	792.40
NET TO PAY	792.40

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5302 Vendor Name: E.D.D., Inc.

Inv Date: 11.14.95 Inv #: 15757 Inv $: 762.69

Due Date: 11.22.95 Discount: _____ Terms: _____

Month/Yr: 11.95 Purchase Order #: —

Description: C. Urban w/e 11.12.95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.125.99.1861.0000.245	95RA100	762.69

Voucher Prepared by: _____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
11/14/95	15757	1	11/24/95

	DESCRIPTION			AMOUNT
340	WEEK ENDING:11/12 C. URBAN - SSU - C. BLISS	38.5	@ 19.8100/Hrs.	762.69

REC...
NOV 1 5 1995
Accounts Payable

SUB TOTAL	762.69
TAX	0.00
TOTAL	762.69
NET TO PAY	762.69

WEEKLY TIME REPORT FOR WEEK ENDING Nov. 12 1995 NO. 0340

NAME Christina J. Urban

DEPARTMENT S.S.U., Inc.

TOTAL REGULAR TIME FOR WEEK— 38.5

TOTAL OVERTIME FOR WEEK— 5.30

IN ORDER THAT WE MAY COMPLY WITH THE WAGE-HOUR LAW, EACH EMPLOYEE IS REQUIRED TO FILL IN THE TIME WORKED EACH DAY AND TURN IN THIS SLIP, SIGNED, AT THE END OF THE WEEK. IF CALLED AWAY DURING WORKING HOURS, NOTATION OF THIS TIME SHOULD BE MADE ON THE BACK OF THIS CARD.

		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
		HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.	HR.	MIN.
MORNING	IN	8	30	8	00	8	30	8	00	8	00				
	OUT	11	30	11	30	11	30	11	30	11	30				
AFTERNOON	IN	12	00	12	00	12	00	12	00	12	00				
	OUT														
EVENING	IN	4	30	4	00	4	00	6	00	4	00				
	OUT														
TIME WORKED EACH DAY→		7	30	7	00	7	00	9	30	7	30				

[redacted] SIGNED Christina J. Urban OK'd Linda Heller

SOCIAL SECURITY ACCOUNT NUMBER

TOPS FORM NO. 3017 LITHO IN U.S.A.

REDACTED

9 SRA100

0001.625.99.1861.0000.245

RECEIVED
NOV 13 1995
Accounts Payable

APPENDIX_____

PAGE_____ OF_____

E.D.D., Inc.
2941 West S.R. 434 Suite 300
Longwood, Florida 32779-4415
(407)-774-7776

SSU
SOUTHERN STATES UTILITIES, INC
ANGELA TREMAIN - ACCT.
1000 COLOR PL.
APOPKA FL 32703

INVOICE

DATE	NUMBER	PAGE	DUE DATE
11/14/95	15757	1	11/24/95

	DESCRIPTION			AMOUNT
	WEEK ENDING:11/12			
340	C. URBAN - SSU - C. BLISS	38.5	@ 19.8100/Hrs.	762.69

REC...
NOV 1 5 ...
Accounts Payable

SUB TOTAL	762.69
TAX	0.00
TOTAL	762.69
NET TO PAY	762.69

APPENDIX DR305-B

PAGE 610 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 11048 Vendor Name: Kelly Temp Svcs.

Inv Date: 12.11.95 Inv #: 49245475 Inv $: 438.00

Due Date: 1.3.96 Discount: _____ Terms: _____

Month/Yr: 12.95 Purchase Order #: —

Description: S. Acton

Units: _____ Job Code: _____

Account Number Plt.Res.Ctr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.615.99.1861.0000.245	95RA100	438.00

Voucher Prepared by: [signature]

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
12/11/95	49245475

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

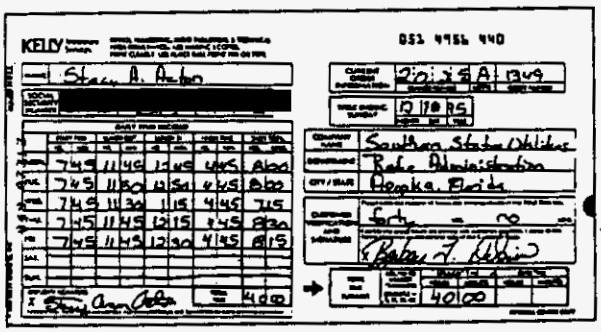
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	12/10	40.00	10.95			438.00

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 438.00



RECEIVED
DEC 19 1995
Accounts Payable

REDACTED

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 10-30-95 Inv #: 43228097 Inv $: 631.05

Due Date: 11-15-95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	631.05

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
10/30/95	43228097

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

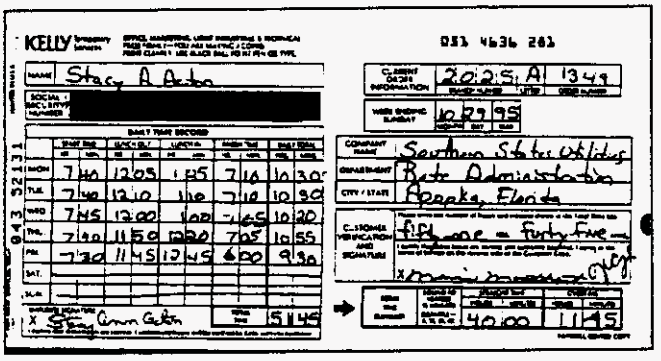
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	10/29	40.00	10.95	11.75	16.43	631.05

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 631.05



RECEIVED
NOV 0 6 1995
Accounts Payable

REDACTED

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 11-6-95 Inv #: 44227585 Inv $: 614.62

Due Date: 11-22-95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	614.62

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
11/06/95	44227585

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO: KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION: MAITLAND FL
BRANCH PHONE NO.: 407-788-6760
ORDER NO.: 2025 A1349 03
CUSTOMER NO.: 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8310

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN; .50=30 MIN; .75=45 MIN

EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	11/05	40.00	10.95	10.75	16.43	614.62

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 614.62

KELLY Temporary Services — 051 4895 390
Stacy A. Acton — 2025 A 1349

PLEASE CHARGE TO 1995 RATE CASE EXPENSE
051 4895 390

KELLY Temporary Services — OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

REDACTED

NAME: Stacy A. Acton
SOCIAL SECURITY NUMBER: [redacted]

CURRENT ORDER INFORMATION: 2025 | A | 1349 (BRANCH NUMBER | LETTER | ORDER NUMBER)

WEEK ENDING SUNDAY: 11 (MONTH) | 5 (DAY) | 95 (YEAR)

COMPANY NAME: Southern States Utilities
DEPARTMENT: Rate Department
CITY / STATE: Apopka Florida

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS.	DAILY TOTAL MINS.
MON.	7	40	11	45	12	45	7	10	10	30
TUE.	7	40	11	50	12	50	7	05	10	25
WED.	7	40	11	30	1	35	7	00	9	15
THU.	7	40	11	45	12	45	7	00	10	20
FRI.	7	40	11	55	12	55	7	00	10	20
SAT.										
SUN.										

EMPLOYEE SIGNATURE X [signature] — TOTAL TIME 50

CUSTOMER VERIFICATION AND SIGNATURE: RECEIVED NOV 06 1995 — I certify the above hours are correct and authorize payment. I agree to the Terms and Conditions shown on the Customer Copy. X [signature]

Accounting

TOTAL TIME SUMMARY

	REGULAR HOURS	REGULAR MINUTES	OVERTIME HOURS	OVERTIME MINUTES
	40	00	10	45

CUSTOMER COPY

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 11-13-95 Inv #: 45231321 Inv $: 569.44

Due Date: 12-6-95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	569.44

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
11/13/95	45231321

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN.; .50=30 MIN.; .75=45 MIN.

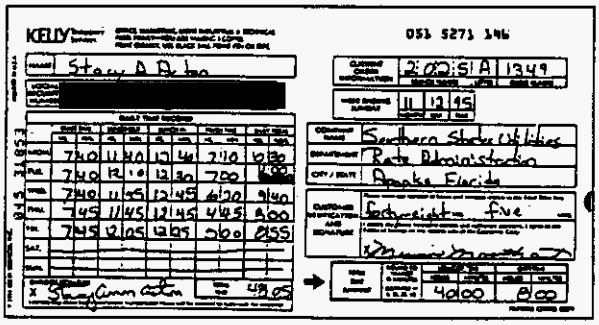
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	11/12	40.00	10.95	8.00	16.43	569.44

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 569.44



RECEIVED
NOV 2 1 1995
Accounts Payable

REDACTED

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 10/22/95 Inv #: 0531-25263 Inv $: 250.09

Due Date: 11/08/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: —

Description: S. Williams

Units: _____ Job Code: _____

Account Number PtL.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.1620.99.1861.0000.245	95RA02	250.09

Voucher Prepared by: [signature]

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906
MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25263 S	10	22	95	63725

AMOUNT DUE
250.09

53125263310229563725600250092

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
WILLIAMS SHARO	10/22	CLERK	23.75	10.53	250.09

RECEIVED
OCT 31 1995
Accounts Payable

SERVICED BY:

TERMS
PAYABLE UPON RECEIPT

TOTAL 250.09

APPENDIX DR3054

PAGE 6 20 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 10/22/95 Inv #: 0531-25255 Inv $: 16.48

Due Date: 11/08/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: —

Description: C Allen wle 10/22/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95CA100	16.48

Voucher Prepared by: [redacted]

[redacted]

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25255 S	10	22	95	63725

AMOUNT DUE
168.48

5312525591022956372560016848 4

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
ALLEN CHERYL E	10/22	CLERK	16.00	10.53	168.48

RECEIVED
OCT 31 1995
Accounts Payable

SERVICED BY:

TERMS
PAYABLE UPON RECEIPT

TOTAL 168.48

PLEASE CHARGE TO 1995 RATE CASE EXPENSE

Olsten Staffing Services

WEEK ENDING 10/22/95 CHECK NUMBER OFFICE NO. 531

EMPLOYEE NAME Cheryl Allen

SOCIAL SECURITY NO. 350-41-1165

DEPARTMENT NO. Utilities

COSTCTR/ACCT/ASSIGNMENT NO. 158588

Rate Admin

ASSIGNMENT STATUS: ☒ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.
I AGREE TO NOTIFY OLSTEN AT END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.
I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE LENGTH OF ANY ASSIGNMENT IS NOT GUARANTEED.

X Cheryl Allen
EMPLOYEE SIGNATURE

SEE REVERSE SIDE FOR INSTRUCTIONS AND TERMS OF OVERTIME SICK

ALL OVERTIME MUST BE VERIFIED

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON						
TUES						
WED	10/18	8	5	9	-1	8
THUR						
FRI	10/20	8	5	9	-1	8
SAT						
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED

1 2 3 4 5 6 7

TOTAL HOURS (EACH HOUR)

STRAIGHT TIME 16

OVERTIME

SHIFT DIFFERENTIAL

Sixteen and 00

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X Maureen Ayers-Klein
AUTHORIZED CLIENT SIGNATURE

PRINT NAME MERVIN MOOTHART DEPT. RATE ANALYST

CLIENT NAME RATE ANALYST DATE 10/31/95

(407) 880-6777 EXT. 235
TELEPHONE NO.

APPENDIX DR 305-B
PAGE 622 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 10/22/95 Inv #: D531-25257 Inv $: 431.20

Due Date: 11/08/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: —

Description: N Cook W/E 10/22/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.591.99.861.0000.245	95KA102	431.20

Voucher Prepared by: [signature]

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25257 S	10	22	95	63725

AMOUNT DUE
431.20

53125257510229563725600431205

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK NANCY E	10/22	CLERK	40.00	10.78	431.20

RECEIVED
OCT 31 1995
Accounts Payable

SERVICED BY:

TERMS: PAYABLE UPON RECEIPT

TOTAL 431.20

CLIENT COPY

Olsten Staffing Services

CHECK NUMBER

WEEK ENDING: MO. 10 DAY 22 YEAR 95 OFFICE NO. 531

SUNDAY

EMPLOYEE NAME: Nancy Cook

COMPANY NAME: Southern States Utilities

DEPARTMENT: Legal

COST CTR. NO. | ASSIGNMENT NO. 57328

ASSIGNMENT STATUS: ☒ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.
I AGREE TO NOTIFY OLSTEN AT THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR SUPPLYMENT AND I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.
I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE DURATION OF ANY ASSIGNMENT IS NOT GUARANTEED.

X [signature]

EMPLOYEE SIGNATURE

EMPLOYEE INSTRUCTIONS: SEE REVERSE SIDE

ALL OVERTIME MUST BE VERIFIED

DRAW A LINE THROUGH DAYS NOT WORKED | REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	10-16	8:15	5:00	8.75	1.00	7.75
TUES	10-17	8:15	5:00	8.75	1.00	7.75
WED	10-18	8:15	5:00	8.75	1.00	7.75
THU	10-19	8:15	6:15	9.75	1.00	8.50
FRI	10-20	8:15	5:00	8.75	1.00	7.75
SAT						
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED: 1 2 3 4 5 6 7

TOTAL HOURS STRAIGHT TIME: 40.00

TOTAL HOURS OVERTIME:

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)
I CERTIFY THAT THE ABOVE HOURS WORKED BY THE EMPLOYEE NAMED ON THIS TIME SHEET ARE CORRECT AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X [signature]

AUTHORIZED CLIENT REPRESENTATIVE

PRINT NAME: Donna Hall

CLIENT TITLE: Exec. Coord.

DEPT: Legal

TELEPHONE NO. 407-880-0058 EXT. 217

APPENDIX DR305-B
PAGE 624 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 10/29/95 Inv #: 0531-25429 Inv $: 84.24

Due Date: 11/15/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: _____

Description: S Crawford W/E 10/29/95

Units: _____ Job Code: _____

Account Number PtLResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0001.1620.99.1861.0000.245	95RA10	8424

Voucher Prepared by: _____

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25429 S	10	29	95	63725

AMOUNT DUE
105.30

5312542901029956372560010530 4

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
CRAWFORD SHARO	10/29	CLERK	10.00	10.53	105.30

RECEIVED
NOV 0 9 1995
Accounts Payable

SERVICED BY:	TERMS		
	PAYABLE UPON RECEIPT	TOTAL	105.30

PLEASE CHARGE TO 1995 RATE CASE EXPENSE - 8 HRS ONLY

Olsten Staffing Services — FIELD COPY — CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY	MO.	DAY	YEAR	OFFICE NO.

EMPLOYEE NAME: [illegible]

COMPANY NAME: [illegible]

DEPARTMENT	COST CTR. NO.	ASSIGNMENT NO.
[illegible]		

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT AND I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE DURATION OF ANY ASSIGNMENT IS NOT GUARANTEED.

X [illegible]
EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

ALL OVERTIME MUST BE VERIFIED

DRAW A LINE THROUGH DAYS NOT WORKED — REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
TUES	10-24	8 00	10 00			2
WED						
THUS						
FRIN						
SAMD						
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED
▶ 1 2 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME) | STRAIGHT TIME | OVERTIME | MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X [illegible]
AUTHORIZED CLIENT SIGNATURE

PRINT NAME [illegible] DEPT.

CLIENT TITLE [illegible] DATE

TELEPHONE NO. EXT.

10/24/95

Cindy -

Per our conversation 10/24/95, SSA will pay temps for 8 HRS only; Olsten will cover the 2 HRS worked on 10/24/95 because of their mistake in sending temps in on 10/24/95 (on 10/23/95).

Merin

Accounts Payable Voucher

Approved by: ✓ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 10/29/95 Inv #: 0531-25426 Inv $: 84.24

Due Date: 11/15/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: _____

Description: I Bailey w/e 10/29

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1801.0000.245	95RA00	84.24

Voucher Prepared by: [signature]

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25426 S	10	29	95	63725

AMOUNT DUE 84.24

5312542661029956372560008424 4

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
BAILEY ILEANA	10/29	CLERK	8.00	10.53	84.24

RECEIVED
NOV 0 9 1995
Accounts Payable

SERVICED BY:

TERMS: PAYABLE UPON RECEIPT

TOTAL 84.24

Accounts Payable Voucher

Approved by: ✓ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 10/29/95 Inv #: 0531-25428 Inv $: 455.46

Due Date: 11/15/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: —

Description: A Cook w/e 10/29

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.591.99.6758.0000.245		227.73
0001.591.99.1861.0000.245	95RA100	227.73

Voucher Prepared by: [signature]

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25428 S	10	29	95	63725

AMOUNT DUE
455.46

5312542821029956372560045 5469

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK NANCY E	10/29	CLERK	40.00	10.78	431.20
COOK NANCY E	10/29	OVERTIME	1.50	16.17	24.26

RECEIVED
NOV 09 1995
Accounts Payable

SERVICED BY:

TERMS
PAYABLE UPON RECEIPT

TOTAL 455.46

Accounts Payable Voucher

Approved by: ✓ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 11/05/95 Inv #: 0531-25591 Inv $: 226.40

Due Date: 11/29/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: —

Description: CAllen w/e 11/05/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	226.40

Voucher Prepared by: _____

APPENDIX DR-305-B

PAGE 633 OF 2226

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906
MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25591 5	11	05	95	63725

AMOUNT DUE 226.40

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

FOR THE SERVICES OF: ALLEN CHERYL

SERVICED BY	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
	11/05	CLERK	21.50	10.53	226.40

TERMS: PAYABLE UPON RECEIPT — TOTAL 226.40

RECEIVED
NOV 21 1995
Accounts Payable

PLEASE CHARGE TO 1995 CASE EXPENSE

Olsten Temporary Services — CHECK NUMBER

PRINT CLEARLY

WEEK ENDING: MO. 11 DAY 5 YEAR 95 OFFICE NO.

RECEIVED

SUNDAY

EMPLOYEE NAME: CHERYL Allen

COMPANY NAME: 550

DEPARTMENT: KATE DEPT — COST CTR. NO. — ASSIGNMENT NO. 58588

ARE YOU RETURNING ☐ YES ☐ NO
IF NO PLEASE CONTACT OLSTEN IMMEDIATELY

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN BY MAIL OR PHONE WITHIN 48 HOURS OF THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE.

X _____ EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

RATE ALL OVERTIME MUST BE VERIFIED.

REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	7 45	12			4 1/4
TUE	7 45	4 45	9	-1	8
WED	7 45	4 45	9	-1	8
THU	7 45	12 [illegible]			4 1/2
FRI					
SAT					
SUN					

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED ▶ 1 2 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME) — STRAIGHT TIME — OVERTIME — MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X _____ AUTHORIZED CLIENT'S SIGNATURE

PRINT NAME — DEPT.

CLIENT'S TITLE — DATE

TELEPHONE NO. — EXT.

CLIENT COPY

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 11/05/95 Inv #: 0531-25592 Inv $: 313.27

Due Date: 11/29/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: —

Description: M Beasley W/E 11/05/95

Units: _____ Job Code: _____

Account Number PtLResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	313.27

Voucher Prepared by: _____

Olsten Staffing ServicesSM

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25592 S	11	05	95	63725

AMOUNT DUE
313.27

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
BEASLEY MARGIE	11/05	CLK FILE	29.75	10.53	313.27

RECEIVED
NOV 21 1995
Accounts Payable

SERVICED BY:

TERMS: PAYABLE UPON RECEIPT

TOTAL 313.27

CLIENT COPY

Olsten Staffing Services

PLEASE CHARGE TO CASE & PROJECT RATE

PRINT CLEARLY

WEEK ENDING: MO. 11 DAY 5 YEAR 95

OFFICE NO. 531

EMPLOYEE NAME: BEASLEY MARGIE

COMPANY NAME: SSU

DEPARTMENT NO.

POST OR NO.

ASSIGNMENT NO.

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE
I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED OVERTIME.
I AGREE TO NOTIFY OLSTEN AT THE END OF EACH ASSIGNMENT, IF I FAIL TO DO SO, OLSTEN MAY CONSIDER THAT I AM NOT AVAILABLE FOR EMPLOYMENT AND I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.
I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE RESTRICTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE DURATION OF ANY ASSIGNMENT IS NOT GUARANTEED.

X
EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

ALL OVERTIME MUST BE VERIFIED

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAY TOTAL
MON	—					
TUES	10/31	11	5	6	—	7
WED	11/1	7	5	10	1	9
THU	11/2	7	5	10	1	9
FRI	11/3	7	5	10	1	9
SAT	—					
SUN	—					

DRAW A LINE THROUGH DAYS NOT WORKED
REPORT ALL TIME TO NEAREST 15 MINUTES

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED: 1 2 3 4 5 6

TOTAL HOURS: STRAIGHT TIME 22 R; OVERTIME

WRITTEN IN WORDS THE NUMBER OF HOURS WORKED (CLIENT) I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS LISTED ON THE REVERSE SIDE.

X
AUTHORIZED CLIENT SIGNATURE

PRINT NAME

DEPT.

CLIENT TITLE

DATE

TELEPHONE NO. EXT.

RECEIVED
NOV 0 3 1995
Accounts Payable

APPENDIX DR3058
PAGE 635 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 10/29/95 Inv #: 0531-25433 Inv $: 84.24

Due Date: 11/29/95 Discount: _____ Terms: _____

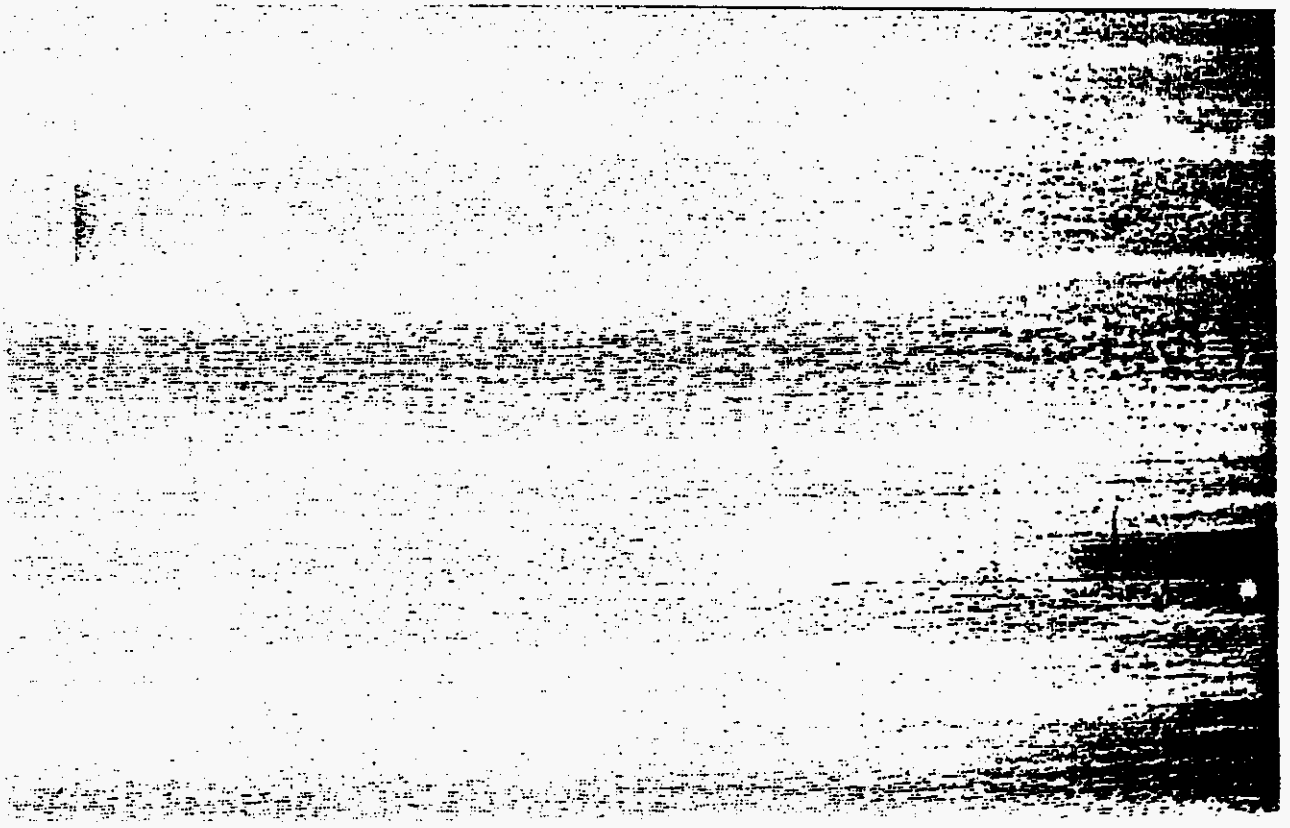
Month/Yr: 11/95 Purchase Order #: —

Description: S Williams wle 10/29/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.6209 9.1861.0000.245	95QA100	84.24

Voucher Prepared by: _____



Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906
MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25433 S	10	29	95	63725

AMOUNT DUE
84.24

53125433210299563725600084244

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
WILLIAMS SHARO	10/29	CLERK	8.00	10.53	84.24

RECEIVED
NOV 0 9 1995
Accounts Payable

SERVICED BY:

TERMS: PAYABLE UPON RECEIPT

TOTAL 84.24

PLEASE CHARGE TO 1995 RATE CASE EXPENSE

Olsten Staffing Services

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY MO. DAY YEAR OFFICE NO.

EMPLOYEE NAME

COMPANY NAME

RECEIVED
OCT 30 1995
Accounts Payable

DEPARTMENT COST CENTER/BUILDING

ASSIGNMENT STATUS ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.
I AGREE TO NOTIFY OLSTEN AT THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT AND I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.
I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE DURATION OF ANY ASSIGNMENT IS NOT GUARANTEED.

X
EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

DAY	DATE	IN	OUT	REPORT ALL TIME TO NEAREST 15 MINUTES TOTAL	LESS LUNCH	DAILY TOTAL
MON				8		
TUES						
WED						
THU						
FRI						
SAT						
SUN						

DRAW A LINE THROUGH DATE NOT WORKED

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED
1 2 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME)	OVERTIME	STRAIGHT TIME
		8 Hrs

DO NOT EXCEED

ALL OVERTIME MUST BE VERIFIED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)
I CERTIFY THAT THE ABOVE HOURS ARE CORRECT AND THAT I HAVE RECEIVED THE SERVICES LISTED ON THIS TIME SHEET AND AGREE TO PAY THE AMOUNS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X
AUTHORIZED CLIENT SIGNATURE

PRINT NAME DEPT.

CLIENT TITLE DATE

TELEPHONE NO. EXT.

APPENDIX DR30S-B
PAGE 637 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 10/29/95 Inv #: 0531-25425 Inv $: 252.72

Due Date: 11/29/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: —

Description: C Allen W/E 10/29/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0550[illegible]1.6209.1961.0000.245	95RA100	252.72

Voucher Prepared by: [signature]

[redacted]

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25425 S	10	29	95	63725

AMOUNT DUE
252.72

53125425810299563725600252726

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
ALLEN CHERYL E	10/29	CLERK	24.00	10.53	252.72

RECEIVED
NOV 0 9 1995
Accounts Payable

SERVICED BY:

TERMS: PAYABLE UPON RECEIPT

TOTAL 252.72

PLEASE CHARGE TO 1995 RATE CASE EXPENSE

Olsten Staffing Services

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY | MO. | DAY | YEAR | OFFICE NO.

10 | 31 | 15 | 531

EMPLOYEE NAME

COMPANY NAME

DEPARTMENT | COST CTR. NO. | ASSIGNMENT NO.

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT AND I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE DURATION OF ANY ASSIGNMENT IS NOT GUARANTEED.

X

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

ALL OVERTIME MUST BE VERIFIED

DRAW A LINE THROUGH DAYS NOT WORKED | REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON						
TUES	10	7:45	4:45	9	-1	8
WED	10/25	7:45	4:45	9	-1	8
THU		7:45	4:45	9	-1	8
FRI						
SAT						
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME) | STRAIGHT TIME | OVERTIME | 24

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X

AUTHORIZED CLIENT SIGNATURE

PRINT NAME | DEPT.

CLIENT TITLE | DATE

TELEPHONE NO. | EXT.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 11/12/95 Inv #: 0531-25758 Inv $: 376.45

Due Date: 11/29/95 Discount: _____ Terms: _____

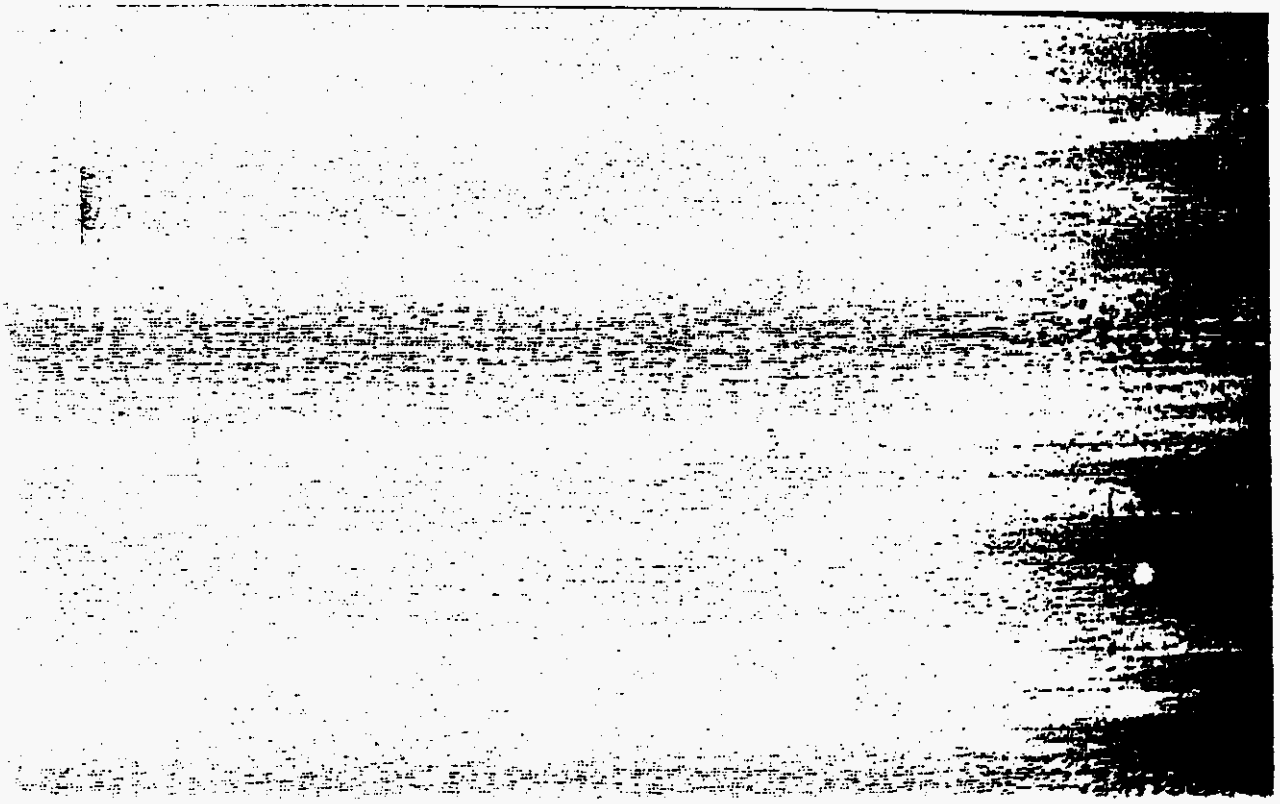
Month/Yr: 11/95 Purchase Order #: —

Description: C Allen W/E 11/12/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.245	95RA100	376.45

Voucher Prepared by: _____



Olsten Staffing Services

PAGE 1 OF 1

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906
MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25758 S	11	12	95	63725

AMOUNT DUE
376.45

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
ALLEN CHERYL E	11/12	CLERK	35.75	10.53	376.45

RECEIVED
NOV 27 1995
Accounts Payable

SERVICED BY:

TERMS
PAYABLE UPON RECEIPT

TOTAL 376.45

CLIENT COPY

APPENDIX DR305-B
PAGE 642 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 11/12/95 Inv #: 0531-25759 Inv $: 184.28

Due Date: 11/29/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: —

Description: M Beasley W/E 11/12/95

Units: _____ Job Code: _____

Account Number PltResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620 99.1861.0000.245	95RA100	184.28

Voucher Prepared by: [signature]

Olsten Staffing ServicesSM

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906
MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25759 S	11	12	95	63725

AMOUNT DUE
184.28

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
BEASLEY MARGIE	11/12	CLK FILE	17.50	10.53	184.28

RECEIVED
NOV 27 1995
Accounts Payable

SERVICED BY:

TERMS: PAYABLE UPON RECEIPT

TOTAL 184.28

CLIENT COPY

PLEASE CHARGE TO 1995 RATE CASE EXPENSE

Olsten Staffing Services

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING MO. DAY YEAR OFFICE NO.

SUNDAY

EMPLOYEE NAME

COMPANY NAME

DEPARTMENT

COST CTR. NO. ASSIGNMENT NO.

RECEIVED
NOV 27 1995
Accounts Payable

DRAW A LINE THROUGH DAYS NOT WORKED — REPORT ALL TIME TO NEAREST 15 MINUTES — ALL OVERTIME MUST BE VERIFIED

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	11/6	7:45	12:00	4.25		
TUES	11/7	7:45	12:00	4.25		
WED	11/8	7:45	12:00	4.25		
THU	11/9	7:45	12:00	4.25		
FRI	11/10					
SAT						

LAST NAME FIRST NAME MIDDLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED
1 2 3 4 5 6 7

TOTAL HOURS (IN ANY HOUR/MINUTE EQUIVALENT FORM)

STRAIGHT TIME

OVERTIME

NOT TO EXCEED

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I CERTIFY THAT THE ABOVE HOURS ARE CORRECT AND THAT THE EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO ASSUME ALL RESPONSIBILITY FOR ANY OLSTEN EMPLOYEE WHO WORKS UNDER THE TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

I AGREE TO ASSURE THAT I AM/I'M NOT AVAILABLE FOR EMPLOYMENT AND I MAY BE LIABLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE DURATION OF ANY ASSIGNMENT IS NOT GUARANTEED.

17.75

X
EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS & CONDITIONS ON REVERSE SIDE

AUTHORIZED CLIENT SIGNATURE

PRINT NAME

CLIENT TITLE

TELEPHONE NO.

DATE

EXT.

APPENDIX DR 363-B
PAGE 644 OF 2226

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-26230 S	12	03	95	63725

AMOUNT DUE
431.20

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK NANCY E	12/03	CLERK	40.00	10.78	431.20

VOUCHER NO:
PO NO.: —
VENDOR NO: 2900
INVOICE NO.: 0531-26230
INV DATE: 12/3/95 DUE DATE: 12/20/95
INVOICE AMOUNT: 431.20
DESCRIPTION: N Cook w/c 12/3
PROJECT NO:
G/L NO: 0001.591.99.6759.0336.245 — - 215.60
0001.591.99.1961.0000.245 95PA100 - 215.60
SERVICED BY: TERMS
APPROVED: (AUTHORIZED SIGNATURE ONLY)

RECEIVED
DEC 14 1995
Accounts Payable

PAYABLE UPON RECEIPT TOTAL 431.20

Olsten Staffing Services

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY	MO.	DAY	YEAR	OFFICE NO.
	8	3	1	3

EMPLOYEE NAME: N... K

COMPANY NAME: S... S... I...

DEPARTMENT	COST CTR. NO.	ASSIGNMENT NO.
Legal		57328

ASSIGNMENT STATUS: ☒ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT AND I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE DURATION OF ANY ASSIGNMENT IS NOT GUARANTEED.

X

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

ALL OVERTIME MUST BE VERIFIED

DRAW A LINE THROUGH DAYS NOT WORKED | REPORT ALL TIME TO NEAREST 15 MINUTES

DAY		IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	11	7	6	11	-1	10
TUES	11	7	2	6	-0	6
WED	11-24	7	6	11	-1	10
THU	11:30	9:00	5:00	7:30	-0	7:30
~~FRI~~	~~11:30~~	9:00	7:30	1.5	-1:00	9:50
SAT						
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED →

1 2 3 4 (5) 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME)

STRAIGHT TIME: 40.0

OVERTIME:

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X

AUTHORIZED CLIENT SIGNATURE

PRINT NAME — DEPT.

CLIENT TITLE — DATE

TELEPHONE NO. — EXT.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 11/12/95 Inv #: 0531-25761 Inv $: 409.64

Due Date: 11/29/95 Discount: _____ Terms: _____

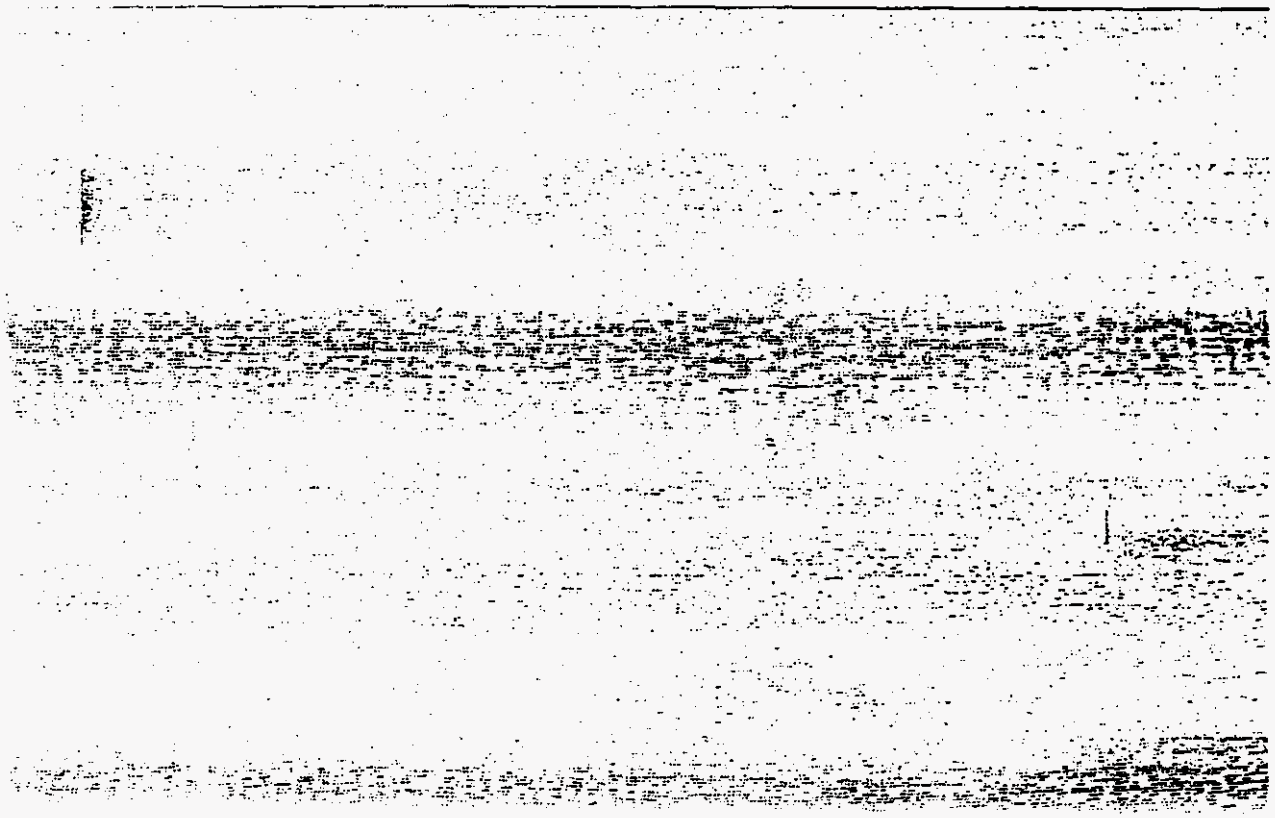
Month/Yr: 11/95 Purchase Order #: —

Description: N Cook wle 11/12/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
9000.591.99.6758.0000.245		204.82
0000.591.99.1861.0000.245	95RA100	204.82

Voucher Prepared by: _____



PAGE 1 OF 1

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906
MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

INVOICE NO.	MO.	DAY	YR.	CUST. NO
0531-25761 S	11	12	95	63725

AMOUNT DUE
409.64

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

Olsten Staffing Services SM

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK NANCY E	11/12	CLERK	38.00	10.78	409.64

TERMS

SERVICED BY:

PAYABLE UPON RECEIPT TOTAL 409.64

Olsten Staffing Services SM

CHECK NUMBER

PRINT CLEARLY

WEEK ENDING	MO.	DAY	YEAR	OFFICE NO.
SUNDAY	11	12	95	531

EMPLOYEE NAME
Nancy K

COMPANY NAME

DEPARTMENT | COST CTR. NO. | ASSIGNMENT NO.
57243

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE WORKING HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT AND I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE DURATION OF ANY ASSIGNMENT IS NOT GUARANTEED.

X Nancy E Cook
EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE.

CLIENT COPY

RECEIVED
NOV 16 1995
Accounts Payable

ALL OVERTIME MUST BE VERIFIED

DRAW A LINE THROUGH DAYS NOT WORKED | REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	11-6	9:15	6:00	8 75	1.00	7.75
TUES	11-7	9:00	6:15	9 25	-.50	8.75
WED	11-8	9:15	5:00	6.00	—	6.00
THU	11-9	9...	6:00	9:00	—	9.00
FRI	11-10	9:00	3:30	6.50	—	6.50
SAT						
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED
1 2 3 4 5 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME) | STRAIGHT TIME | OVERTIME | 38.00 | MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X
AUTHORIZED CLIENT SIGNATURE

PRINT NAME | DEPT.

CLIENT TITLE | DATE

TELEPHONE NO. | EXT.

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25431 S	10	29	95	63725

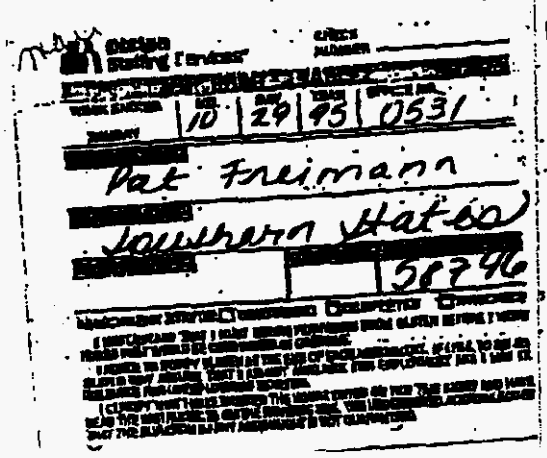
AMOUNT DUE
168.48

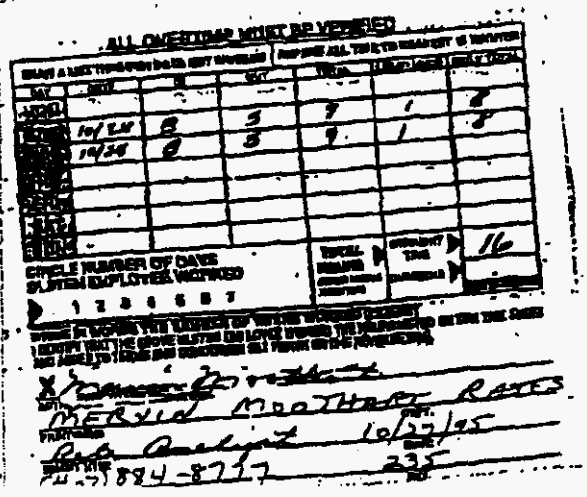
5312543161029956372560016848 4

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
FREIMANN PATRI	10/29	CLERK	16.00	10.53	168.48

VOUCHER NO:
PO NO.:
VENDOR NO: 2900
INVOICE NO.: 0531-25431
INV DATE: 10/29/95 DUE DATE: 12/1/95
INVOICE AMOUNT: 168.48
DESCRIPTION: P. Freimann w/e 10/29
PROJECT NO: 95RAND
G/L NO: 0001.620.99.1861.0000.245
SERVICED BY:
APPROVED: (AUTHORIZED SIGNATURE ONLY)
TERMS: PAYABLE UPON RECEIPT
TOTAL 168.48

RECEIVED
NOV 09 1995
Accounts Payable





PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906

MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25432 S	10	29	95	63725

AMOUNT DUE
157.95

5312543241029956372560015795 8

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
HICKS LINDA	10/29	CLERK	15.00	10.53	157.95

VOUCHER NO:
PO NO.:
VENDOR NO: 2900
INVOICE NO.: 0531-25432
INV DATE: 10/29/95 DUE DATE: 12/4/95
INVOICE AMOUNT: 157.95
DESCRIPTION: 1 HICKS W/C 10/29
PROJECT NO: 95RA10
G/L NO: 0001.620.99.186.1000.245

RECEIVED
NOV 09 1995
Accounts Payable

SERVICED BY:
APPROVED: (AUTHORIZED SIGNATURE ONLY)
TERMS: PAYABLE UPON RECEIPT
TOTAL 157.95

11/22 '95 08:16PM OLSTEN STAFFING S.C

SSU Southern States Utilities • 1000 Color Place • Apopka, FL 32703 • 407/880-0058

To: Olsten

From: MERVIN MOOTHART

REF: Linda Hicks

Time: Thur 10/26/95. 7.0 HRS

FRI 10/27/95 8.0 HRS

TOTAL Hours 15.0

Assignment #:

Mervin Moothart
Rate Analyst
10/27/95
(407) 884-8777 EXT. 235

58680

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25762 S	11	12	95	63725

AMOUNT DUE
236.93

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
MCNEIL CARLA M	11/12	CLERK	22.50	10.53	236.93

VOUCHER NO:
PO NO.:
VENDOR NO: 2900
INVOICE NO.: 0531-25762
INV DATE: 11/12/95 DUE DATE: 12/6/95
INVOICE AMOUNT: 236.93
DESCRIPTION: C McNeil WE 11/12
PROJECT NO: 95RA00
G/L NO: 0001.620.99.186.0000.245

RECEIVED
NOV 27 1995
Accounts Payable

SERVICED BY
APPROVED:
(AUTHORIZED SIGNATURE ONLY)
TERMS
PAYABLE UPON RECEIPT
TOTAL 236.93

NOV 29 '95 05:19PM OLSTEN STAFFING SVC

1-800 633-5162

Olsten Staffing Services

CHECK NUMBER 375225

PRINT CLEARLY

WEEK ENDING	MO.	DAY	YEAR	OFFICE NO.
SUNDAY	11	12	95	531

EMPLOYEE NAME: Caela M. McNeil

COMPANY NAME: Southern States Utilities

DEPARTMENT: Rate Dept. | COST CTR. NO. / ASSIGNMENT NO.: 80757

ASSIGNMENT STATUS: ☑ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT AND I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE DURATION OF ANY ASSIGNMENT IS NOT GUARANTEED.

X Caela McNeil
EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

ALL OVERTIME MUST BE VERIFIED

DRAW A LINE THROUGH DAYS NOT WORKED | REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON						
TUES						
WED	11/8	720	500	7½	-1	6½
THUR	11/9	743	445	9	-1	8
FRI	11/10	743	445	9	-1	8
SAT						
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME): STRAIGHT TIME 22½ | OVERTIME

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X Mervin Moothart
AUTHORIZED CLIENT SIGNATURE

MERVIN MOOTHART | RATES DEPT.
PRINT NAME

Rate Analyst | 11/9/95
CLIENT TITLE | DATE

407 884-8777 | 235
TELEPHONE NO. | EXT.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 4629 Vendor Name: Tews Co

Inv Date: 10/25/95 Inv #: 1027-1 Inv $: 311.20

Due Date: 11/22/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: —

Description: J. Brotsch wle 10/22/95

Units: _____ Job Code: _____

Account Number (Pit.ResCtr.UC.Acct.SubAcct.CEC)	Project Number	Dollar Amount
00001.595.99.1861.0000.245	95RA100	153.00
90001.595.99.6758.0000.245	—	163.20

Voucher Prepared by: _____

The Tews Company

Employee Name Jennifer Brotsch
Employee SSN# 510900156
Week Ending Date (Sun) 10/22/95

Client Southern States Utilities
Address 1000 Color Place
Apopka FL

Time card must be signed by employee & client before check is issued.
Payroll Check Options: (Please X:)
Mail
Pick Up ✓

Time Sheet	Start	End	Less Lunch	Total Hours (Regular)	Overtime Hours	Supervisor Initials
Monday	8:30	5:30	12-1	8		
Tuesday	—	—	—	—		
Wednesday	8:30	5:30	12-1	8		
Thursday	8:30	5:30	12-1	8		
Friday	8:30	~~5:30~~ 4:30	12-1	7		
Saturday						
Sunday						

31 (KH)

Employee Signature Jennifer Brotsch

Client Signature _____

Employee Instructions:

- Press firmly (3 copies)
- Leave the client's copy of the completed time sheet with your supervisor
- To mail: Stamp the bottom copy of the time sheet and *mail upon completion*. Time cards due no later than Monday at 12:00 p.m.

CARD-TIE TEWS COMPANY
YELLOW EMPLOYEE
WHITE-CLIENT

P.O. BOX 540535
ORLANDO, FL 32854

INVOICE

15 Hours to Rate Case 001.0000.595.99.1861.0000.245

16 Hours to Expenses 001.9000.595.99.6758.0000.245

K. Heath

CUSTOMER NUMBER	INVOICE DATE	INVOICE NO
17	10-25-95	1027-1

SOUTHERN STATES UTILITIES
ATTN: CYNTHIA GRAHAM
1000 COLOUR PLACE
APOPKA FL 32703

Week Ending: 10-22-95

THANKS FOR CALLING TEWS COMPANY
WE APPRECIATE YOUR BUSINESS

LAST NAME, FIRST NAME, MIDDLE INITIAL	DESCRIPTION	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
JENNIFER M. BROTSCH ENVIROMENTAL SERVICES		31.00	10.20			316.20

RECEIVED
NOV 08 1995
SSS SERVICES
ACCOUNTS PAYABLE

TERMS:	Due On Receipt	PAY THIS AMOUNT	316.20

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 4629 Vendor Name: Tews

Inv Date: 11/08/95 Inv #: 1048 Inv $: 318.75

Due Date: 11/22/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: _____

Description: B. Edouard W/E 11/05/95

Units: _____ Job Code: _____

Account Number PtLResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0001.595.99.1861.0000.245	95RA100	318.75

Voucher Prepared by: _____

The Tews Company

Employee Name: Barbara Edouard
Employee SSN#: 265-73-7597
Week Ending Date (Sun): 11/5/95

Client: S.S.U.
Address: 1000 Color Place
Apopka, Fla. 32703

Time card must be signed by employee & client before check is issued.
Payroll Check Options: (Please X:)
Mail _____
Pick Up _____

Time Sheet	Start	End	Less Lunch	Total Hours (Regular)	Overtime Hours	Supervisor Initials
Monday	11:00AM	5:30PM	1HR	4.45		KH
Tuesday	11:00AM	5:00PM	30MINS	5.25		KH
Wednesday	8:30	5:00	1HR	7.50		KH
Thursday	8:30	4:30	1HR	7.00		KH
Friday	8:00	4:00	30MIN	7.50		KH
Saturday						
Sunday						

Employee Signature: Barbara Edouard
Client Signature: Kathleen Heath

Employee Instructions:
- Press firmly (3 copies)
- Leave the client's copy of the completed time sheet with your supervisor
- To mail: Stamp the bottom copy of the time sheet and mail upon completion. Time cards due no later than Monday at 12:00 p.m.

WHITE-CLIENT YELLOW-EMPLOYEE CARD-THE TEWS COMPANY

31.95

THE TEWS COMPANY
P.O. BOX 540635
ORLANDO, FL 32854

INVOICE

CUSTOMER NUMBER	INVOICE DATE	INVOICE NO	
17	11-08-95	1048	1

Week Ending: 11-05-95
PO :

SOUTHERN STATES UTILITIES
ATTN: CYNTHIA GRAHAM
1000 COLOUR PLACE
APOPKA FL 32703

THANKS FOR CALLING TEWS COMPANY
WE APPRECIATE YOUR BUSINESS

LAST NAME, FIRST NAME, MIDDLE INITIAL	DESCRIPTION	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
BARBARA EDOUARD		31.25	10.20			318.75
Environmental Services	OT Hours 0.00 DBL	Hours	0.00	0.00	0.00	

RECEIVED
NOV 16 1995
ENVIRONMENTAL SERVICES
ACCOUNTS PAYABLE

APPENDIX _____ PAGE ____ OF ____

Journal Entry Transaction Form

Prepared By:DRR Approved By: Entered By:DR.

YEAR/PERIOD:	1995-12	Source Code	GJ	Journal #	20932
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	8736
Inter Co. Table	001	Reference Code	DRR	Auto Accrual?	N

DESCRIPTION: Reclass to proper cost element code

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.90001.565.99.6758.0000.245				Olsten Staff.,#24915,23882,24750,24569,24406,24234	(1,683.52)
2	001.00001.565.99.1861.0000.245	95RA100			Olsten Staff.,#24915,23882,24750,24569,24406,24234	1,683.52
3	001.00001.625.99.1861.0000.245	95RA100			E.D.D. #15-014,071,122,215,263,280,323,385,452,495,527 & 587	(8,850.15)
4	001.00001.625.99.1050.3406.270	95CA910			E.D.D. #15-014,071,122,215,263,280,323,385,452,495,527 & 587	8,850.15
5	001.00001.635.99.1861.0000.160	95RA100			Sharon Ball	(7.50)
6	001.00001.620.99.1861.0000.160	95RA100			Sharon Ball	7.50
7	001.90001.600.99.6758.0000.255				Naples Daily News Invoice #012493	(558.36)
8	001.00001.591.99.1810.0000.250				Naples Daily News Invoice #012493	558.36
9	001.90001.540.99.6758.0000.180				Itron Invoice #49736	(496.08)
10	001.90001.540.99.6757.0000.180				Itron Invoice #49736	496.08
11	001.90001.540.99.6758.0000.180				Itron Invoice #49736	(3,387.46)
12	001.90001.540.99.6757.0000.180				Itron Invoice #49736	3,387.46
13	001.01518.140.01.6353.0000.153				Technical Services, Inc. Inv.#9508083	(2,947.00)
14	001.01518.140.02.7355.0000.153				Technical Services, Inc. Inv.#9508083	2,947.00
15	001.01801.105.01.6205.0000.125				Home Depot Invoice #9011605	(115.38)
16	001.01801.105.01.6204.0000.125				Home Depot Invoice #9011605	115.38
17	001.00001.591.99.1861.0000.185	95RA100			United Parcel Service	(1,542.86)
18	001.00001.620.99.1861.0000.185	95RA100			United Parcel Service	1,542.86
Total Number of lines		22				
Total Debits		25,978.34				
Total Credits		(25,978.34)				

APPENDIX DR 305-B
PAGE 658 OF 2226

REPORT OF INCORRECT CHARGES

- ACCOUNT # INCORRECTLY CHARGED: 00001.625.99. 1861.0000.245
- CORRECT ACCOUNT # TO CHARGE: MAPPING PROJECT 95CA910 (00001.625.99.10[illegible] 245
- PLANT/RESP # INCORRECTLY CHARGED:
- CORRECT PLANT/RESP # TO CHARGE:
- AMOUNT OF CHARGES: $8850.15

MONTH OF CHARGES: AUGUST, SEPTEMBER, OCTOBER, 1995

EXPLANATION (PLEASE ATTACH COPIES OF SUPPORT DOCUMENTION):

INVOICE DATE	INVOICE #	AMOUNT
8/8/95	✓15014	$792.40 Aug.
8/16/95	~~13071~~ 15122	782.50 Aug.
8/22/95	~~15122~~ 15071	926.14 Aug.
8/31/95	✓15215	792.40 Aug.
9/6/95	✓15263	792.40 Sept.
9/13/95	✓15280	633.92 Sept.
9/19/95	✓15323	792.40 Sept.
9/30/95	✓15385	792.40 Oct.
10/3/95	✓15452	792.40 Oct.
10/9/95	✓15495	435.82 Oct.
10/17/95	✓15527	624.02 Oct.
10/25/95	✓15587	693.35 Oct.
		$ 8,850.15

12/07/95

SIGNATURE (ORIGINATOR): Linda M. Hall DATE: 12-7-95

SIGNATURE (RECEIVER): _____ DATE: _____

Note 1: If you are unable to determine which cost center should be charged, please contact the Budget Department for assistance.

Note 2: After this form has been completed and returned to the Budget Department, an adjusting journal entry will be written and forwarded to the Accounting Department. The change will be reflected in the following month and may result in a negative amount.

Note 3: If support documentation is not available please list the vendor, invoice number, and the amount of the charge(s). This can be found through S2K or use the directory to refer to a department that can be of assistance.

Note 4: All entries for any single account must be $50.00 or more for a journal entry to be prepared.

APPENDIX _____ PAGE _____ OF _____

Journal Entry Transaction Form

Prepared By:DRR Approved By: Entered By:DRR

YEAR/PERIOD: 1995-12 Source Code GJ Journal # 21047
Company 001 Batch Type (M = Monetary, S = Statistical) M Batch # 8786
Inter Co. Table 001 Reference Code DRR Auto Accrual? N
DESCRIPTION: Reclass to proper cost element code

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.00001.625.99.1861.0000.245	95RA100			E.D.D.Inc. Inv #15744,15757,15860 & 15641	(3,684.67)
2	001.00001.625.99.1050.3406.270	95CA910			E.D.D.Inc. Inv #15744,15757,15860 & 15641	3,684.67
3	001.00001.625.99.1620.0000.999				Personal Mini Storage	(2,554.00)
4	001.00001.565.99.1620.1000.999				Personal Mini Storage	2,554.00
5	001.90001.625.99.6758.0000.245				Kelly Services, Inc. Inv. #42252585	(359.62)
6	001.00001.625.99.1050.3406.270	95CA910			Kelly Services, Inc. Inv. #42252585	359.62
7	001.00001.625.99.1861.0000.210	95RA100			Eastman Kodak Company Invoice #325F23688	(339.20)
8	001.00001.620.99.1861.0000.210	95RA100			Eastman Kodak Company Invoice #325F23688	339.20
9	001.90001.605.99.6358.0000.150				Image Marketing Invoice #3981	(510.31)
10	001.90001.605.99.6758.0000.250				Image Marketing Invoice #3981	319.06
11	001.90001.605.99.6208.0000.135				Image Marketing Invoice #3981	191.25
12	001.90001.605.99.6208.0000.135				Mercury Printers #52849 & Journal #20527	(1,003.82)
13	001.90001.605.99.6758.0000.250				Mercury Printers #52849 & Journal #20527	1,003.82
14						-
15						-
16						-
17						-
18						-

Total Number of lines 13
Total Debits 8,451.62
Total Credits (8,451.62)

APPENDIX DR 305-B
PAGE 660 OF 2226

REPORT OF INCORRECT CHARGES

- ACCOUNT # INCORRECTLY CHARGED: #0001.625.99.1861.0000.245
-
- CORRECT ACCOUNT # TO CHARGE: MAPPING PROJECT 95CA910 001.60001.625.99.1050.3406.27
- .PLANT/RESP # INCORRECTLY CHARGED:
- CORRECT PLANT/RESP # TO CHARGE:
- AMOUNT OF CHARGES: $3684.67

MONTH OF CHARGES: NOVEMBER, 1995

EXPLANATION (PLEASE ATTACH COPIES OF SUPPORT DOCUMENTION):

INVOICE DATE	INVOICE #	AMOUNT
11/09/95	157444	$792.40
11/14/95	15757	$762.69
11/27/95	15860	$792.40
11/27/95	15860	$544.78
10/30/95	15641	$792.40
	TOTAL	$3,684.67

EDD TEMP DRAFTING CHRISTINA URBAN

SIGNATURE (ORIGINATOR): [signature] DATE: 1-2-96

SIGNATURE (RECEIVER): _____ DATE: _____

Note 1: If you are unable to determine which cost center should be charged, please contact the Budget Department for assistance.

Note 2: After this form has been completed and returned to the Budget Department, an adjusting journal entry will be written and forwarded to the Accounting Department. The change will be reflected in the following month and may result in a negative amount.

Note 3: If support documentation is not available please list the vendor, invoice number, and the amount of the charge(s). This can be found through S2K or use the directory to refer to a department that can be of assistance.

Note 4: All entries for any single account must be $50.00 or more for a journal entry to be prepared.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 11-20-95 Inv #: 46248738 Inv $: 454.43

Due Date: 12-6-95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	454.43

Voucher Prepared by: _____

[redacted]

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
11/20/95	46248738

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510762
DUN & BRADSTREET I.D.: 00-695-8316

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN; .50=30 MIN; .75=45 MIN.

EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	11/19	40.00	10.95	1.00	16.43	454.43

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 454.43

[redacted]

PLEASE CHARGE TO 1995 RATE CASE EXPENSE

-051 5148 409

KELLY Temporary Services OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

NAME: Stacy A Acton

SOCIAL SECURITY NUMBER: 311-16-1162

CURRENT ORDER INFORMATION: 2025 A 1349 (BRANCH NUMBER / LETTER / ORDER NUMBER)

WEEK ENDING SUNDAY: 11/19/95 (MONTH / DAY / YEAR)

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS.	DAILY TOTAL MINS.
MON.	7	40	12	00	1	30	5	15		
TUE.	7	45	12	00	12	30	4	45		
WED.	7	45	12	00	1	00	4	45		
THU.	7	45	12	00	1	00	4	45	8	00
FRI.	7	45	11	45	12	40	4	45		
SAT.										
SUN.										

EMPLOYEE SIGNATURE X [redacted]
I certify that these hours are correct. I understand hours will be verified by Kelly with the customer.

TOTAL TIME: 41 45

COMPANY NAME: [redacted]
DEPARTMENT: [redacted]
CITY / STATE: [redacted]

CUSTOMER VERIFICATION AND SIGNATURE
Please verify the number of hours and minutes shown on the Total Time box.
HRS. 41 MINS. 45
I certify that the time hours are correct and authorize payment. I agree to the terms of sale as on the reverse side of the Customer Copy.
X [redacted]

RECEIVED NOV 27 1995 Accounts Payable

TOTAL TIME SUMMARY

ROUNDED TO NEAREST 15 MINUTES (EXAMPLE — 0, 15, 30, 45)	STRAIGHT TIME HOURS	STRAIGHT TIME MINUTES	OVERTIME HOURS	OVERTIME MINUTES
	[redacted]	[redacted]	1	[redacted]

CUSTOMER COPY

© 1994 KELLY SERVICES, INC.
PRINTED IN U.S.A.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 11-27-95 Inv #: 47205570 Inv $: 262.80

Due Date: 12-13-95 Discount: _____ Terms: _____

Month/Yr: 12/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.6209.1861.0000.245	95RA100	262.80

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
11/27/95	47205570

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS .25=15 MIN; .50=30 MIN; .75=45 MIN

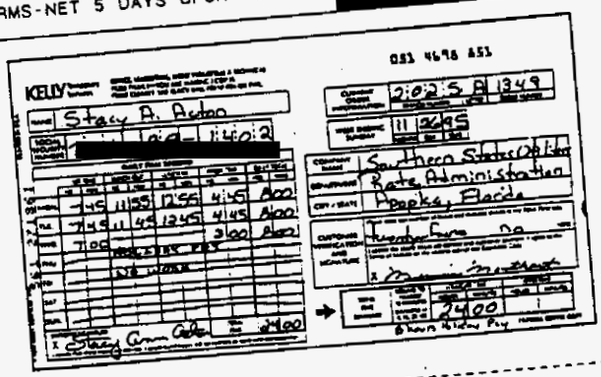
EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	11/26	24.00	10.95			262.80

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

TOTAL INVOICE $ 262.80

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT



REDACTED

RECEIVED
DEC 04 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 12-4-95 Inv #: 45239479 Inv $: 438.00

Due Date: 1-3-96 Discount: _____ Terms: _____

Month/Yr: 12/95 Purchase Order #: _____

Description: TEMPORARY SERVICE - STACY HCTON w/o 11/3/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.245	95RA100	438.00

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
12/04/95	48239479

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D. 38-1510762
DUN & BRADSTREET I.D. 00-695-9318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS
AS FOLLOWS .25=15 MIN.; .50=30 MIN.; .75=45 MIN

EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	12/03	40.00	10.95			438.00

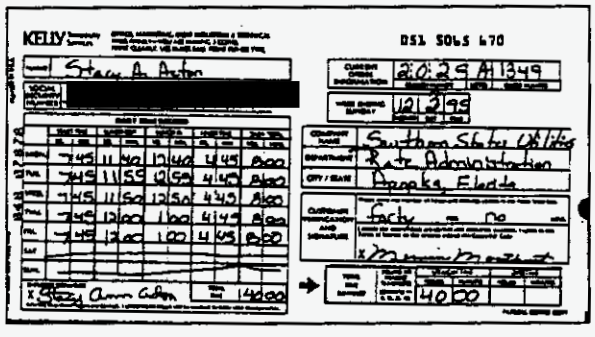
USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 438.00

RECEIVED
DEC 11 1995
Accounts Payable



REDACTED

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11048 Vendor Name: KELLY SERVICES

Inv Date: 10-23-95 Inv #: 42252577 Inv $: 438.00

Due Date: 11-8-95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: _____

Description: S. ACTON

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000245	95RA100	438.00

Voucher Prepared by: _____

KELLY Temporary Services

KELLY TEMPORARY SERVICES

A DIVISION OF KELLY SERVICES, INC.
OFFICE · MARKETING · LIGHT INDUSTRIAL · TECHNICAL

DATE	INVOICE NUMBER
10/23/95	42252577

SEND PAYMENT TO
KELLY SERVICES, INC.
P.O. BOX 198477
ATLANTA, GA 30384-8477

S S U SERVICES
1000 COLOR PL
APOPKA FL 32703-7797

PLEASE RETAIN THIS PART FOR YOUR RECORDS

CUSTOMER COPY

P.O. NUMBER
RELEASE NO.
DEPT. ORDERING
DEPT. USING

BRANCH LOCATION MAITLAND FL
BRANCH PHONE NO. 407-788-6760
ORDER NO. 2025 A1349 03
CUSTOMER NO. 782592-01

CORPORATE TAX I.D.: 38-1510782
DUN & BRADSTREET I.D. 00-695-8318

FRACTIONS OF AN HOUR ARE SHOWN IN DECIMALS AS FOLLOWS: .25=15 MIN; .50=30 MIN; .75=45 MIN

EMPLOYEE	SERVICE DESCRIPTION	SERVICE CODE	WEEK ENDING	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
SA ACTON	SECRETARIAL	SC40	10/22	40.00	10.95			438.00

USE KELLY'S EXPERTISE TO FILL YOUR FULL-TIME POSITIONS! WE NOW OFFER A RECRUITMENT SERVICE FOR FULL-TIME EMPLOYEES WHO BEGIN AS TEMPORARIES.

SEE REVERSE SIDE FOR SERVICE AGREEMENT

TERMS-NET 5 DAYS UPON RECEIPT

TOTAL INVOICE $ 438.00

PLEASE CHARGE TO 1995 RATE CASE EXPENSE

048 9764 978

KELLY Temporary Services OFFICE, MARKETING, LIGHT INDUSTRIAL & TECHNICAL

NAME Sta. D Acton

SOCIAL SECURITY NUMBER [redacted]

CURRENT ORDER INFORMATION BRANCH NUMBER 2025 LETTER A ORDER NUMBER 1349

WEEK ENDING SUNDAY MONTH 10 DAY 22 YEAR 95

COMPANY NAME S[illegible]

DEPARTMENT 3-1995

PAYMENT STATUS Payable

DAILY TIME RECORD

	START TIME HR.	START TIME MIN.	LUNCH OUT HR.	LUNCH OUT MIN.	LUNCH IN HR.	LUNCH IN MIN.	FINISH TIME HR.	FINISH TIME MIN.	DAILY TOTAL HRS.	DAILY TOTAL MINS.
MON.	7	45	11	45	12	45	4	45	8	00
TUE.	7	45	11	45	12	45	4	45	8	00
WED.	7	45	11	45	12	45	4	45	8	00
THU.	7	45	11	45	12	45	4	45	8	00
FRI.	7	45	11	45	12	45	4	45	8	00
SAT.										
SUN.										

EMPLOYEE SIGNATURE X

TOTAL TIME 40 00

CUSTOMER VERIFICATION AND SIGNATURE

Please enter total number of hours and minutes shown on the Total Time box: Forty HRS. 00 MINS.

I certify the above hours are correct and authorize payment. I agree to the Terms of Service on the reverse side of the Customer Copy.

X

TOTAL TIME SUMMARY

ROUND TO NEAREST 15 MINUTES (6 MINUTES = 0, 15, 30, 45)	STRAIGHT TIME HOURS	STRAIGHT TIME MINUTES	OVERTIME HOURS	OVERTIME MINUTES
	40	00		

CUSTOMER COPY

© 1994 KELLY SERVICES, INC. PRINTED IN U.S.A.

REDACTED

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25944 S	11	19	95	63725

AMOUNT DUE
420.42

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK,NANCY E	11/19	CLERK	39.00	10.78	420.42

PO NO: —
VENDOR NO: 2900
INVOICE NO: 0531-25944
INV DATE: 11/19/95 DUE DATE: 12/6/95
INVOICE AMOUNT: 420.42
DESCRIPTION: N Cook wle 11/19/95
PROJECT NO: —
G/L NO: 00001.591.99.1861.0000.245 95EA10D 210.21
G/L NO: 00001.591.99.6758.0000.245 — 210.21

RECEIVED
DEC 04 1995
Accounts Payable

SERVICE APPROVED: _____ TERMS
(AUTHORIZED SIGNATURE ONLY)
PAYABLE UPON RECEIPT TOTAL 420.42

INC.

8906

O.

25

T*
**

AMOUNT
390.40

390.40

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-26081 S	11	26	95	63725

AMOUNT DUE
258.72

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK NANCY E	11/26	CLERK	24.00	10.78	258.72

VOUCHER NO:
PO NO.: —
VENDOR NO: 2900
INVOICE NO.: 0531-26081
INV DATE: 11/26/95 DUE DATE: 12/13/95
INVOICE AMOUNT: 258.72
DESCRIPTION: N Cook wle 11/26/95
PROJECT NO: —
00001.591.99.1961.0000.245 95RA100 129.36
SERVICE NO: 00001.591.99.6158.0000.245 129.36
TERMS
APPROVED
AUTHORIZED SIGNATURE ONLY

RECEIVED
DEC 07 1995
Accounts Payable

PAYABLE UPON RECEIPT TOTAL 258.72

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2900 Vendor Name: Olsten

Inv Date: 11/05/95 Inv #: 0531-25594 Inv $: 431.20

Due Date: 11/29/95 Discount: _____ Terms: _____

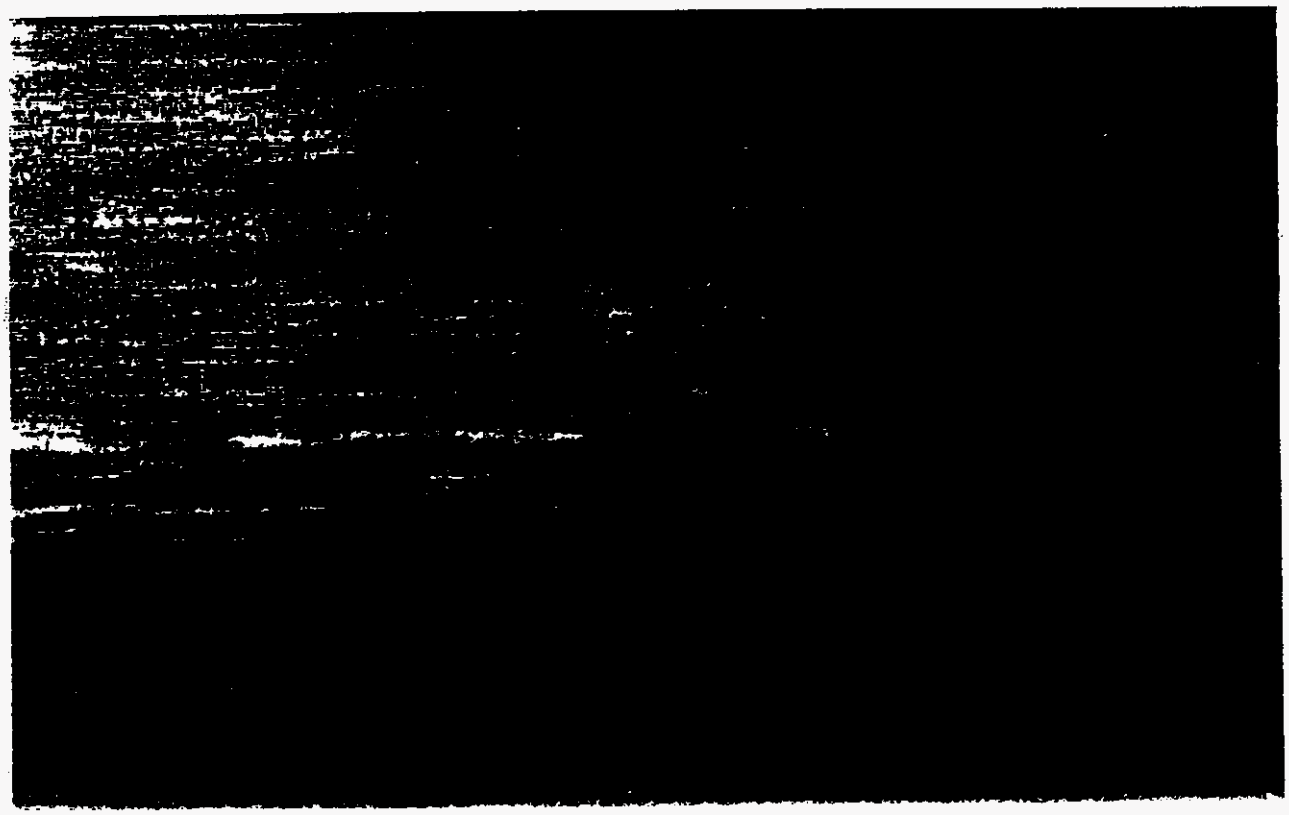
Month/Yr: 11/95 Purchase Order #: —

Description: W Cook W/E 11/05/95

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.5919.9.6758.0000.245		215.60
0001.5919.99.1861.0000.245	95RA100	215.60

Voucher Prepared by: _____



CLIENT COPY

Olsten

ALL OVERTIME MUST BE VERIFIED.

RECEIVED
NOV 17 1995
Accounts Payable

Olsten Staffing Services℠

PAGE 1 OF 1

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25594 S	11	05	95	63725

AMOUNT DUE
431.20

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK NANCY E	11/05	CLERK	40.00	10.78	431.20

RECEIVED
NOV 21 1995
Accounts Payable

SERVICED BY:

TERMS: PAYABLE UPON RECEIPT

TOTAL 431.20

APPENDIX DR305-B
PAGE 673 OF 2226

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
P.O. BOX 8906
MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-26420 S	12	10	95	63725

AMOUNT DUE
415.03

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK NANCY E	12/10	CLERK	38.50	10.78	415.03

VOUCHER NO:
PO NO.: —
VENDOR NO: 2900
INVOICE NO.: 0531-26420
INV DATE: 12/10/95 DUE DATE: 12/27/95
INVOICE AMOUNT: 415.03
DESCRIPTION: N Cook WE 12/10
PROJECT NO: —
G/L NO: 90001.591.99.6156 0000.245 — 207.62
90001.591.99.1861.0000245 9GRA100 207.51

RECEIVED
DEC 26 1995
Accounts Payable

SERVICED BY:
APPROVED: (AUTHORIZED SIGNATURE ONLY)
TERMS: PAYABLE UPON RECEIPT
TOTAL 415.03

Olsten Staffing Services — CHECK NUMBER

PRINT CLEARLY

WEEK ENDING SUNDAY: MO 12 | DAY 10 | YEAR 95 | OFFICE NO 231

EMPLOYEE NAME: Nancy K

COMPANY NAME: Dallas State Hospital

DEPARTMENT: Lab | COST CTR. NO. | ASSIGNMENT NO. 51378

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.

I AGREE TO NOTIFY OLSTEN AT THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT AND I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.

I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE DURATION OF ANY ASSIGNMENT IS NOT GUARANTEED.

X [signature]

EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

CLIENT COPY

ALL OVERTIME MUST BE VERIFIED

DRAW A LINE THROUGH DAYS NOT WORKED | REPORT ALL TIME TO NEAREST 15 MINUTES

DAY		IN	OUT	TOTAL	MEAL/LUNCH	DAILY TOTAL
MON	12-6	7:15	[illegible]	[illegible]	-.50	7.50
TUES	12-6	7:15	6:00	10.75	-1.00	7.75
WED	12-6	[illegible]	6:00	5.25	-1.00	4.25
THU	12-19	7:15	7:00	11.75	-1.00	8.75
FRI	12-13	7:15	6:00	9.25	-2.00	7.25
SAT						
SUN	12-16	7:00	1:15			5.25

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED: 1 2 3 4 (5) 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME): 37.25

STRAIGHT TIME: 37.25

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)

I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X [signature]

AUTHORIZED CLIENT SIGNATURE

PRINT NAME — DEPT.

CLIENT TITLE — DATE

TELEPHONE NO. — EXT

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 4629 Vendor Name: Tews

Inv Date: 12/6/95 Inv #: 1111 Inv $: 22056

Due Date: 12/20/95 Discount: _____ Terms: _____

Month/Yr: 12/95 Purchase Order #: —

Description: B Issues w/e 12/3

Units: _____ Job Code: _____

Account Number PltResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0001.515.99.1961.0000.245	95EA100	1839.
9001.515.99.6758.0000.245		202.18

Voucher Prepared by: _____



THE TEWS COMPANY
P.O. BOX 540535
ORLANDO, FL 32854

INVOICE

CUSTOMER NUMBER	INVOICE DATE	INVOICE NO.	
	12-06-95	1111	1

Week Ending: 12-03-95
PO :

SOUTHERN STATES UTILITIES
ATTN: CYNTHIA GRAHAM
1000 COLOUR PLACE
APOPKA FL 32703

THANKS FOR CALLING TEWS COMPANY
WE APPRECIATE YOUR BUSINESS

LAST NAME, FIRST NAME, MIDDLE INITIAL	DESCRIPTION	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
BRIAN E. ISAACS		24.00	9.19			220.56
	OT Hours 0.00 DBL	Hours 0.00		0.00	0.00	
	ACCOUNTING DEPARTMENT					

RECEIVED
DEC 11 1995
SSU SERVICES
ACCOUNTS PAYABLE

PAY THIS AMOUNT 220.56

TERMS: ~~Due On Receipt~~

REDACTED

The Tews Company

Employee Name Brian Isaacs
Employee SSN# [redacted]
Week Ending Date (Sun) 12/3/95

Client SSA
Address

Time card must be signed by employee & client before check is issued.
Payroll Check Options: (Please X:)
Mail X
Pick Up

Time Sheet	Start	End	Less Lunch	Total Hours (Regular)	Overtime Hours	Supervisor Initials
Monday	8	5	1	8		
Tuesday						
Wednesday	8	5	1	8		
Thursday						
Friday	8	4:30	0:30	8	admin	BB
Saturday					95RA100	2
Sunday				24		24

Employee Signature
Client Signature

Employee Instructions:

- Press firmly (3 copies)
- Leave the client's copy of the completed time sheet with your supervisor
- To mail: Stamp the bottom copy of the time sheet and mail upon completion. Time cards due no later than Monday at 12:00 p.m.

WHITE-CLIENT YELLOW-EMPLOYEE CARD-THE TEWS COMPANY

THE TEWS COMPANY
P.O. BOX 540535
ORLANDO, FL 32854

INVOICE

CUSTOMER NUMBER	INVOICE DATE	INVOICE NO.	
17	12-13-95	1140	1

Week Ending: 12-10-95
PO :

SOUTHERN STATES UTILITIES
ATTN: CYNTHIA GRAHAM
1000 COLOUR PLACE
APOPKA FL 32703

THANKS FOR CALLING TEWS COMPANY
WE APPRECIATE YOUR BUSINESS

LAST NAME, FIRST NAME, MIDDLE INITIAL	DESCRIPTION	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
BROWNER NO: ISAACS		24.00	9.19			220.56
	OT Hours 0.00 DBL	Hours 0.00		0.00	0.00	

PO NO.: —
VENDOR NO: 4629
INVOICE NO.: 1140
INV DATE: 12/13/95 DUE DATE: 12/27/95
INVOICE AMOUNT: 22056
DESCRIPTION: B Isaacs w/e 12/10/95
PROJECT NO: 00001.515.99.7861.0000.245 95RA100 13.79
G/L NO: 90001.515.99.6758.0000.245 206.77

RECEIVED
DEC 18 1995
Accounts Payable

APPROVED: (AUTHORIZED SIGNATURE ONLY)

PAY THIS AMOUNT 220.56

TERMS: Due Upon Receipt

REDACTED

The Tews Company

Employee Name Brian Isaacs
Employee SSN# [redacted]
Week Ending Date (Sun) 12-10-95

Client SSU
Address

Time card must be signed by employee & client before check is issued.
Payroll Check Options: (Please X:)
Mail X
Pick Up

Time Sheet	Start	End	Less Lunch	Total Hours (Regular)	Overtime Hours	Supervisor Initials
Monday	8	5	1	8		
Tuesday						
Wednesday	8	5	1	8		
Thursday					95RA100	1.5
Friday	8	5	1	8	Admin	22.5
Saturday						
Sunday				24		24.0

Employee Signature
Client Signature

Employee Instructions:
- Press firmly (3 copies)
- Leave the client's copy of the completed time sheet with your supervisor
- To mail: Stamp the bottom copy of the time sheet and mail upon completion. Time cards due no later than Monday at 12:00 p.m.

CARD-THE TEWS COMPANY
YELLOW-EMPLOYEE
WHITE-CLIENT

VOUCHER NO: _____

PO NO.: L133851

VENDOR NO: 4629

INVOICE NO.: 1050

INV DATE: 11/8/95 DUE DATE: 12/27/95

INVOICE AMOUNT: 283.05

DESCRIPTION: J. Bratsch wle 10/29

PROJECT NO: _____

95RA100 - 09501.595.99.1861.0000.245-81.60

G/L NO: 09501.595.99.6758.0000.245-201.45

APPROVED: _____ (AUTHORIZED SIGNATURE ONLY)

THE TEWS COMPANY
P.O. BOX 540535
ORLANDO, FL 32854

INVOICE

8 Hours to Rate Code 001.00001.595.99.1861.0000.245
19.75 Hours Expense 001.90001.595.99.6758.0000.245

K. Heath

SOUTHERN STATES UTILITIES
ATTN: CYNTHIA GRAHAM
1000 COLOUR PLACE
APOPKA FL 32703

CUSTOMER NUMBER	INVOICE DATE	INVOICE NO.	
17	11-08-95	1050	1

Week Ending: ~~11-05-95~~ 10/29/95
PO :

THANKS FOR CALLING TEWS COMPANY
WE APPRECIATE YOUR BUSINESS

LAST NAME, FIRST NAME, MIDDLE INITIAL	DESCRIPTION	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
JENNIFER M. BROTSCH Environmental Services	OT Hours 0.00 DBL	27.75 Hours	10.20 0.00	0.00	0.00	283.05

RECEIVED
NOV 10 1995
SS : SERVICES
ACCOUNTS PAYABLE

RECEIVED
DEC 26 1995
Accounts Payable

TERMS: Due On Receipt

PAY THIS AMOUNT 283.05

LOCAL PURCHASE ORDER **SOUTHERN STATES UTILITIES**
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 133851

DATE: 12/21/95 VENDOR: The Tewl Company VENDOR INVOICE # 1050
PLANT #: 90001 ADDRESS: P.O. Box 540535
DEPT.: 595 CITY: Orlando
STATE: FL ZIP: 32854

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT
		Temporary Help:		283 05
		Jennifer Brotech		
		Week Ending: 10/29/95		
		RECEIVED (13)		
		DEC 26 1995		
		Accounts Payable		
		Code 1: 001.00001.595.99.1861.0000.245		
		(8 hours)		
		Code 2: 001.90001.595.99.6758.0000.245		
		(19.75 hours)		
G.L. #		NOT VALID FOR PURCHASES OVER $500.00	TAX	
			TOTAL	283 05

ISSUED BY EMPLOYEE SIGNATURE K. Heath
AUTHORIZED BY SUPERVISOR SIGNATURE

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

The Tews Company

Employee Name Jennifer Broesch
Employee SSN# [redacted]
Week Ending Date (Sun) 10-29-95

Client [redacted]
Address [redacted]

Time card must be signed by employee & client before check is issued.
Payroll Check Options: (Please X:)
Mail ____
Pick Up ✓

Time Sheet	Start	End	Less Lunch	Total Hours (Regular)	Overtime Hours	Supervisor Initials
Monday	[illegible]	5:00	12-1	7.45		
Tuesday	[illegible]	5:15	12-1	8.15		
Wednesday	[illegible]	[illegible]	12-1	8		
Thursday	[illegible]	[illegible]		3.45		
Friday						
Saturday						
Sunday						

Employee Signature ____
Client Signature ____

Employee Instructions:
- Press firmly (3 copies)
- Leave the client's copy of the completed time sheet with your supervisor
- To mail: Stamp the bottom copy of the time sheet and mail upon completion. Time cards due no later than Monday at 12:00 p.m.

CARD-THE TEWS COMPANY YELLOW-EMPLOYEE WHITE-CLIENT

27.75 #10109 11/5/95

The Tews Company

Employee Name [redacted]
Employee SSN# [redacted]
Week Ending Date (Sun) 11/5/95

Client [redacted]
Address [redacted]

Time card must be signed by employee & client before check is issued.
Payroll Check Options: (Please X:)
Mail ____
Pick Up ✓

Time Sheet	Start	End	Less Lunch	Total Hours (Regular)	Overtime Hours	Supervisor Initials
Monday	[illegible]	4:45	1HR	4.45		KH
Tuesday	11:00AM	5:00	30 MINS	5.30		KH
Wednesday	[illegible]	5:00	1HR	7.30		KH
Thursday	[illegible]	1:30	1HR	6.30		KH
Friday	[illegible]	4:00	30MIN	7.30		KH
Saturday						
Sunday				31.15		

Employee Signature [redacted]
Client Signature [redacted]

Employee Instructions:
- Press firmly (3 copies)
- Leave the client's copy of the completed time sheet with your supervisor
- To mail: Stamp the bottom copy of the time sheet and mail upon completion. Time cards due no later than Monday at 12:00 p.m.

CARD-THE TEWS COMPANY YELLOW-EMPLOYEE WHITE-CLIENT

31.25 #10105 11/5/95

Received From The Tews Co.
NOV 17 1995
Environmental Services

Accounts Payable Voucher

Approved by: ✓ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 4467 Vendor Name: Top Talent

Inv Date: 12/22/95 Inv #: 756259 Inv $: 4852.0

Due Date: 1/3/96 Discount: _____ Terms: _____

Month/Yr: 12/95 Purchase Order #: _____

Description: J McDonald & N Pierson

Units: _____ Job Code: _____

Account Number PtLResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0001.603.99.1861.0000.245	95RAID	4852.0

Voucher Prepared by: _____

INVOICE

TopTalent.®
Staffing Services

REMIT TO: 1000 N. MAGNOLIA AVENUE, SUITE A
ORLANDO, FL 32803
TEL: (407) 839-6222

SSU INC.
1000 COLOR PLACE
APOPKA FL 32703

CUSTOMER NUMBER	INVOICE DATE	INVOICE NO	PAGE
002344	12/22/95	756259	1

K ENDING DATE	EMPLOYEE NAME	DESCRIPTION	REGULAR HOURS	REGULAR RATE	OVERTIME HOURS	OVERTIME RATE	AMOUNT
2/22	MCDONALD JENNIFER L	WORD PROCESSOR	31.00	11.20	.00	16.80	347.2(
2/22	PIOVESAN NANCY	CLERK	15.00	9.20	.00	13.80	138.0(

RECEIVED
JAN 0 2 1996
Accounts Payable

TERMS: DUE UPON RECEIPT

PAY THIS AMOUNT 485.2(

ORIGINAL INVOICE

REDACTED

NO ACCIDENT / NO INJURY

Employee certifies that no accident or injury was sustained while working on this assignment.

CUSTOMER NAME: 550
ADDRESS: 1000 Color Place
CITY: Apopka STATE: FL ZIP: 32703

AUTHORIZED CUSTOMER SIGNATURE
THE SIGNATURE BELOW CONSTITUTES ACCEPTANCE OF ALL INFORMATION ON THIS CARD
Eileen Ballard
SIGN HERE
COMMUNICATIONS
DEPARTMENT OR TITLE

EMPLOYEE SIGNATURE
Has assignment been completed? Y/N I certify that the hours shown were worked by me during the week indicated. I understand I am to contact the TopTalent office after completing an assignment.
[signature]
EMPLOYEE SIGN HERE

Completion of this time sheet certifies that the total number of hours indicated is correct.

We agree that TopTalent has incurred (and will continue to incur) expenses in screening and maintaining its staff of temporary employees and understand that if we want to transfer a TopTalent temporary to our payroll, a financial settlement or a term employment may be made by contacting TopTalent.

PRESS HARD: YOU ARE MAKING THREE COPIES

EMPLOYEE NAME: Jennifer McDonald
SOCIAL SECURITY: [redacted] WE DATE (FRI.): 12-29-95
JOB ORDER NO.

	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	TOTAL HRS.
SAT.					
SUN.					
MON.					
TUE.	12-26	8:00	5:00	1 hour	8
WED.	12-27	8:00	5:00	1 hour	8
THU.	12-28	8:00	5:00	1 hour	8
FRI.	12-29	8:00	5:00	1 hour	8

TOTAL HOURS FOR WEEK 32

REG. HRS.	O.T. HRS.	PAY RATE	ADVANCE	BONUS
32	—	7.00		
CUSTOMER NUMBER		BILL HRS.	BILL RATE	JOB CLASS

TopTalent. Staffing Services
CLIENT'S COPY

CUSTOMER NAME: 550
ADDRESS: 1000 Color Place
CITY: Apopka STATE: FL ZIP:

AUTHORIZED CUSTOMER SIGNATURE
THE SIGNATURE BELOW CONSTITUTES ACCEPTANCE OF ALL INFORMATION ON THIS CARD
Eileen Ballard
SIGN HERE
COMMUNICATIONS
DEPARTMENT OR TITLE

EMPLOYEE SIGNATURE
Has assignment been completed? — I certify that the hours shown were worked by me during the week indicated. I understand I am to contact the TopTalent office after completing an assignment.
[signature]
EMPLOYEE SIGN HERE

Completion of this time sheet certifies that the total number of hours indicated is correct.

We agree that TopTalent has incurred (and will continue to incur) expenses in screening and maintaining its staff of temporary employees and understand that if we want to transfer a TopTalent temporary to our payroll, a financial settlement or a term employment may be made by contacting TopTalent.

PRESS HARD: YOU ARE MAKING THREE COPIES

EMPLOYEE NAME: Jennifer McDonald
SOCIAL SECURITY: [redacted] WE DATE (FRI.): 12/21/95
JOB ORDER NO.

	DATE	TIME STARTED	TIME FINISHED	LESS LUNCH	TOTAL HRS.
SAT.					
SUN.					
MON.	12/18	9:00	6:00	1 hour	8
TUE.	12/19	9:00	6:00	1 hour	8
WED.	12/20	8:00	5:00	1 hour	8
THU.	12/21	8:00	3:00	—	7
FRI.					32

TOTAL HOURS FOR WEEK

REG. HRS.	O.T. HRS.	PAY RATE	ADVANCE	BONUS
CUSTOMER NUMBER		BILL HRS.	BILL RATE	JOB CLASS

TopTalent. Staffing Services
CLIENT'S COPY

64 HRS
× 7
448.00

95 RATE CASE

Resp to 605

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3098 Vendor Name: Adele Solis

Inv Date: 8.27.95 Inv #: _____ Inv $: 192.50

Due Date: 9.6.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: C12AA5

Description: SAS Programming Services - July

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.1.620.88.1861.0000.150	95RA100	192.50

Voucher Prepared by: _____

INVOICE

FROM:

Adele Solis
672 Starstone Dr.
Lake Mary, FL 32746

DATE: 8/27/95

TO:

Tony Issacs
Supervisor Rate Design
Southern States Utilities
1000 Color Place
Apopka, FL

DESCRIPTION OF WORK PERFORMED

SAS programming Services for July 1995	3.5 hours @ $55/hr
	Total: $192.50

Please make check payable to Adele Solis.

SEP 0 5 1995
Accounts Payable

9.7001.620.99.1861.0000.150 95RA100

OK/MB

Accounts Payable Voucher

Approved by: [signature] Manual Check #: _____ Date: _____

Type: _____

Vendor #: 3532 Vendor Name: Superior Wtr

Inv Date: 12/01/94 Inv #: 143000000554 Inv $: 12,619.42

Due Date: 12/20/94 Discount: _____ Terms: _____

Month Yr: 12/94 Purchase Order #: —

Description: R. Evcred Sept + Oct

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CBC	Project Number	Dollar Amount
0000L620.99.1861.0000.150	95RA100	12,619.42

Voucher Prepared by: [signature]

SUPERIOR WATER LIGHT AND POWER CO
P O BOX 519
SUPERIOR WI 54880

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA FLORIDA 32703

ACCT 14300000 S S U

==========

EXPENSES FOR ROBERT EVERED

SEPT RENT		715.00
SEPT PAYROLL (192 HRS)	RECEIVED	5,409.94
SECURITY DEPOSIT		200.00
TELEPHONE SEC DEPOSIT	DEC 0 1 1994	100.00
	SSU SERVICES ACCOUNTS PAYABLE	
OCT RENT		715.00
OCT PAYROLL (160 HRS)		4,579.63
ELECTRIC BILL		22.10
RENTAL CAR		556.75
AIR FARE		321.00

==========

TOTAL AMOUNT DUE **12,619.42**

==========

SOUTHERN STATES UTILITIES, INC. SUPERIOR WATER LIGHT & POWER — CHECK#: REMITTANCE ADVICE

	DESCRIPTION			AMOUNT
14300000 SSU	12/01/94	12,619.42	.00	12,619.42
	TOTALS	12,619.42	.00	12,619.42

PLEASE DETACH BEFORE DEPOSITING

SOUTHERN STATES UTILITIES, INC.
1000 COLOR PLACE
APOPKA, FL 32703
(407) 880-0058

CHECK# 140269 12/21/94

63-215 / 631 590

SunBank, N.A.
COLLEGE PARK OFFICE
ORLANDO, FL 32804

PAY Twelve Thousand Six Hundred Nineteen and 42 /100th Dollars

VOID AFTER 90 DAYS

AMOUNT
$******12619.42***

TO THE ORDER OF:

SUPERIOR WATER LIGHT & POWER
PO BOX 519
SUPERIOR WI 54880

SOUTHERN STATES UTILITIES, INC.

BY _____
$100,000 OR MORE REQUIRES TWO SIGNATURES

BY NON-NEGOTIABLE

[redacted]

REDACTED

Accounts Payable Voucher

Approved By: _____ Manual Check #: _____ Date: _____

Vendor #: 3532 Vendor Name: Superior Light

Inv Date: 2/06/95 Inv #: 14300000 SSU Inv $: 11,285.85

Due Date: 2/22/95 Discount: _____

Month/Yr: 2/95 Purchase Order #: — Job Code: _____

Description: Nov + Dec

Account Number	Project Number	Dollar Amount
0001.620.99.1861.0000.150	95RA100	√11,285.85

Voucher Prepared By: JJ

SUPERIOR WATER LIGHT AND POWER COMPANY
P O BOX 519
SUPERIOR WI 54880

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA FLORIDA 32703

ACCT:14300000 SSU

NOVEMBER RENT	715.00
NOVEMBER ELEC	54.04
CAR RENTAL	554.46
AIRFARE	595.00
NOVEMBER LABOR	4,351.66
DECEMBER RENT	715.00
DECEMBER ELEC	44.04
CAR RENTAL	603.52
TICKET DIFFERENCE	50.00
DECEMBER LABOR	3,603.13
TOTAL	**11,285.85**

RECEIVED
FEB 0 6 1995
Accounts Payable

Accounts Payable Voucher

Approved By: [signature] Manual Check #: _____ Date: _____

Vendor #: 3935 Vendor Name: Bob Evered

Inv Date: 3/24/95 Inv #: Bonus Inv $: 1500.00

Due Date: 3/27/95 Discount: _____

Month/Yr: 3/95 Purchase Order #: — Job Code: _____

Description: _____

Account Number	Project Number	Dollar Amount
0000620.99.1861.0000.150	95RA100	1500.00

Voucher Prepared By: JJ

March 24, 1995

TO: Morris Bencini

FROM: Judy Kimball

RE: Bonus Check

Would you please see that a check is cut through the Accounts Payable system in the amount of $1,500 made payable to Bob Evered. This payment represents a period-end bonus to recognize the work Bob did for SSU and the Rate Department in preparing the MFRs for the current rate filing while at the same time putting his personal life on hold for seven months while helping us out. We need the check no later than Thursday, March 30. Thanks for your help.

Juhi,

Please do a manual check and return to me by Tuesday, 3/28. Code to:

00001.620.99.1861.0000.150 - #95 RA 100

OK/mmb

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 3532 Vendor Name: Superior Wtr

Inv Date: 9/02/95 Inv #: R Evered Inv $: 18,914.13

Due Date: 9/20/95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: —

Description: Jan-Mar

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1811.0000.150	95RA100	18,914.13

Voucher Prepared by: _____

SUPERIOR WATER LIGHT & POWER COMPANY
P O BOX 519
SUPERIOR WI 54880
ATTENTION: KATHY POLANKA

INVOICE

AUGUST 2, 1995

Southern States Utilities
1000 Color Place
Apopka, FL 32703

EXPENSE: ROBERT E EVERED

DATES	ITEMS	AMOUNT	VOUCHER
1/1-1/31	JANUARY RENT	715.00	L097
11/9-12/13	ELECTRIC	53.38	L097
11/29-12-22	CAR RENTAL	512.87	L097
11/30/95	AIRFARE	535.00	A076
	JANUARY LABOR	3,131.34	A042
	FEBRUARY LABOR	4,464.60	B042
1/5/95	AIRFARE CANCELATION CHARGE	50.00	B066
1/27/95	FEBRUARY RENT	715.00	B066
12/31-1/11	TELEPHONE	68.51	B066
12/13-1-12	ELECTRIC	30.25	B066
1/5-2/3	CAR RENTAL	618.13	B066
	MARCH LABOR	6,868.57	C042
2/28/95	MARCH RENT	715.00	C071
1/12-3/6	ELECTRIC	54.32	C071
2/6-3/6	CAR RENTAL	605.41	C071
6/30/95	APARTMENT REFUND	(223.25)	F032
	TOTAL AMOUNT DUE	**18,914.13**	

RECEIVED
AUG 0 7 1995
Accounts Payable

ACCOUNTS PAYABLE EXPEDITING FORM

To: Karen Shafter From: Jody Javorowsky

Subject: Invoice Received Date: 8/10/95

Invoice #: 8/02/95 Vendor: Superior Wtr Light

Request # (1) 2 3*

_____ Need Purchase Order / Requisition

_____ Need Local Purchase Order / _____ (LPO # listed)

_____ Need Receiving Report

__X__ Need Approval

__X__ Need General Ledger Account Coding
Plant.RespCtr.Util.Acct.Sub.Cost
_____

Project Number Sub-Task
_____

_____ Need Purchase Order Amended Due to:

_____ *Additional item not on* Purchase Order

_____ Invoice amount higher / lower than Purchase Order

_____Other: The attached invoice is being considered as a capital item. Please process the appropriate Capital Authorization Request form to be approved by Scott Vierima and Project Number issued from the Capital Budget Department.

Take appropriate action and return this form to Account Payable immediately. If there is a problem with the above requests please contact the sender as soon as possible.
*If a third request is initiated, a copy of this expediting form will be forwarded to the next level of management.

Comments:

Approved By:_____ Date:_____

ACCOUNTS PAYABLE EXPEDITING FORM

To: Karen Shafter From: Jody Javorowsky

Subject: Invoice Received Date: 9/11/95

Invoice #: 8/02/95 Vendor: Superior Wtr Light

Request # 1 (2) 3*

_____ Need Purchase Order / Requisition

_____ Need Local Purchase Order / _____ (LPO # listed)

_____ Need Receiving Report

__X__ Need Approval

__X__ Need General Ledger Account Coding
Plant.RespCtr.Util.Acct.Sub.Cost
9001.620.99.1861.0000.150 95RA100

Project Number Sub-Task

_____

_____ Need Purchase Order Amended Due to:

_____ Additional item not on Purchase Order

_____ Invoice amount higher / lower than Purchase Order

_____ Other: The attached invoice is being considered as a capital item. *Please process the* appropriate Capital Authorization Request form to be approved by Scott Vierima and Project Number issued from the Capital Budget Department.

Take appropriate action and return this form to Account Payable immediately. If there is a problem with the above requests please contact the sender as soon as possible.
*If a third request is initiated, a copy of this expediting form will be forwarded to the next level of management.

Comments:

Approved By: K. L. Shafter Date: 9/12/95

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25942 S	11	19	95	63725

AMOUNT DUE
336.96

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
ALLEN CHERYL E	11/19	CLERK	32.00	10.53	336.96

VOUCHER NO:
PO NO.: —
VENDOR NO: 2900
INVOICE NO.: 0531-25942
INV DATE: 11/19/95 DUE DATE: 1/10/96
INVOICE AMOUNT: 336.96
DESCRIPTION: C Allen wle 11/19/95
PROJECT NO: 95RA100
G/L NO: 0001.620.99.186.0000.245
SERVICED BY:
APPROVED: AUTHORIZED SIGNATURE ONLY

[redacted] RECEIVED
DEC 04 1995
Accounts Payable

TERMS: PAYABLE UPON RECEIPT

TOTAL 336.96

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-25945 S	11	19	95	63725

AMOUNT DUE
373.82

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
MCNEIL CARLA M	11/19	CLERK	[redacted]	[redacted]	373.8[illegible]

VOUCHER NO:
PO NO.: —
VENDOR NO: 2900
INVOICE NO.: 0531-25945
INV DATE: 11/19/95 DUE DATE: 1/10/96
INVOICE AMOUNT: 373.82
DESCRIPTION: C. McNeil w/e 11/19/95
PROJECT NO: 95RH00
G/L NO: 0001.620.99.1861000.245

RECEIVED
DEC 04 1995
Accounts Payable

SERVICED BY:
APPROVED: (AUTHORIZED SIGNATURE ONLY)

TERMS: PAYABLE UPON RECEIPT

TOTAL 373.8[illegible]

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-26586 S	12	17	95	63725

AMOUNT DUE 401.56

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA
32703

ACCRUED

Plant # ____
GL # 9000.591.99.6758 0000.245
WO # ____
$ Amt. 401.56
Initials

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	Mo/Yr WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK NANCY E	12/17	CLERK	37.25	10.78	401.56

VOUCHER NO: ____
PO NO.: ____
VENDOR NO: 2900
INVOICE NO.: 0531-26586
INV DATE: 12/17/95 DUE DATE: 1/10/96
INVOICE AMOUNT: 401.56
DESCRIPTION: N Cook w/e 12/17
PROJECT NO: 9000.591.99.6758 0000.240 — 200.78
SERVICE BY GL NO: 9000.591.99.1861 0000.245 TERMS PAID 200.78

RECEIVED
DEC 29 1995
Accounts Payable

APPROVED: ____ (AUTHORIZED SIGNATURE ONLY) PAYABLE UPON RECEIPT TOTAL 401.56

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-26737 S	12	24	95	63725

AMOUNT DUE 393.47

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK [illegible] NO:	12/24	CLERK	36.50	10.78	393.47

PO NO.: —
VENDOR NO: 2900
INVOICE NO.: 0531-26737
INV DATE: 12/24/95 DUE DATE: 1/17/96
INVOICE AMOUNT: 393 47
DESCRIPTION: N Cook W/E 12/24/95
PROJECT NO: —
G/L NO: 90001.591.99.6758.0000.245 - 196.74
0000.591.99.1861.0000.245 9SRA100 - 196.73

RECEIVED
JAN 0 8 1996
Accounts Payable

SERVICED BY: APPROVED: (AUTHORIZED SIGNATURE ONLY) TERMS

PAYABLE UPON RECEIPT TOTAL 393.47

CLIENT COPY

Olsten Staffing Services℠ CHECK NUMBER

PRINT CLEARLY

WEEK ENDING	MO.	DAY	YEAR	OFFICE NO.
SUNDAY	12	24	95	531

EMPLOYEE NAME: Nancy Cook
COMPANY NAME: Southern States Utilities
DEPARTMENT: Legal
COST CTR. NO.:
ASSIGNMENT NO.: 57328

ASSIGNMENT STATUS: ☐ CONTINUING ☐ COMPLETED ☐ AVAILABLE

I UNDERSTAND THAT I MUST OBTAIN PERMISSION FROM OLSTEN BEFORE I WORK HOURS THAT WOULD BE CONSIDERED AS OVERTIME.
I AGREE TO NOTIFY OLSTEN AT THE END OF EACH ASSIGNMENT. IF I FAIL TO DO SO, OLSTEN MAY ASSUME THAT I AM NOT AVAILABLE FOR EMPLOYMENT AND I MAY BE INELIGIBLE FOR UNEMPLOYMENT BENEFITS.
I CERTIFY THAT I HAVE WORKED THE HOURS LISTED ON THIS TIME SHEET AND HAVE READ THE INSTRUCTIONS ON THE REVERSE SIDE. THE UNDERSIGNED ACKNOWLEDGES THAT THE DURATION OF ANY ASSIGNMENT IS NOT GUARANTEED.

X [signature]
EMPLOYEE SIGNATURE

SEE INSTRUCTIONS AND TERMS ON REVERSE SIDE

ALL OVERTIME MUST BE VERIFIED

DRAW A LINE THROUGH DAYS NOT WORKED | REPORT ALL TIME TO NEAREST 15 MINUTES

DAY	DATE	IN	OUT	TOTAL	LESS LUNCH	DAILY TOTAL
MON	12 18	7 45	6 00	8.25	-1.00	7.25
TUES	12 19	7 45	6 00	8.25	-.50	7.75
WED	12-19	9:30	6 00	8.50	-1.25	7.25
THU	12 20	9:30	4:30	7 00	-1.00	6.00
FRI	12-21	8:00	5:30	7 50	-1.25	6.25
SAT						
SUN						

CIRCLE NUMBER OF DAYS OLSTEN EMPLOYEE WORKED
1 2 3 4 (5) 6 7

TOTAL HOURS (DO NOT INCLUDE LUNCH TIME) STRAIGHT TIME 36.50 OVERTIME

MUST BE APPROVED

WRITE IN WORDS THE NUMBER OF HOURS WORKED (CLIENT)
I CERTIFY THAT THE ABOVE OLSTEN EMPLOYEE WORKED THE HOURS LISTED ON THIS TIME SHEET AND AGREE TO TERMS AND CONDITIONS SET FORTH ON THE REVERSE SIDE.

X [signature]
AUTHORIZED CLIENT SIGNATURE

PRINT NAME DEPT.

CLIENT TITLE DATE

TELEPHONE NO. EXT

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 74-2123641

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-26865 S	12	31	95	63725

AMOUNT DUE
172.49

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK NANCY E	12/31	CLERK	3.75	10.78	40.43
COOK NANCY E	12/31	CLERK	12.25	10.78	132.06

VOUCHER NO:
PO NO.: —
VENDOR NO: 2900
INVOICE NO: 0531-26865
INV DATE: 12/31/95 DUE DATE: 1/24/96
INVOICE AMOUNT: 172.49
DESCRIPTION: NICook wle 12/31/95
PROJECT NO: 95RA100
SERVICED BY:
GL NO: 0001.591.99.186.0000.245 ITEMS

RECEIVED
JAN 17 1996
Accounts Payable

APPROVED: (AUTHORIZED SIGNATURE ONLY)

PAYABLE UPON RECEIPT TOTAL 172.49

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 11-3296895

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-26992 S	01	07	96	63725

AMOUNT DUE
361.13

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK NANCY E	01/07	CLERK	33.50	10.78	361.13

VOUCHER NO:
PO NO.: —
VENDOR NO: 2900
INVOICE NO.: 0531-26992
INV DATE. 1/7/96 DUE DATE: 1/24/96
INVOICE AMOUNT. 361.13
DESCRIPTION: NCook Wk 1h
PROJECT NO: 9SLA00
G/L NO: 0001.591.99.1861.0000.245

RECEIVED
JAN 19 1996
Accounts Payable

SERVICED BY:
APPROVED: (AUTHORIZED SIGNATURE ONLY)
TERMS
PAYABLE UPON RECEIPT
TOTAL 361.13

PAGE 1 OF 1

Olsten Staffing Services℠

PLEASE REMIT TO:
OLSTEN STAFFING SERVICES INC.
** P.O. BOX 8906
**
** MELVILLE, NEW YORK 11747-8906
407 661-1111

TAX ID. 11-3296895

SOUTHERN STATES UTILITIES
ATTN: ACCTS PAYABLE
1000 COLOR PLACE
APOPKA FL
32703

INVOICE NO.	MO.	DAY	YR.	CUST. NO.
0531-27126 S	C1	14	96	63725

AMOUNT DUE
412.34

**PLEASE SEND PAYMENT*
TO OUR NEW ADDRESS

FOR THE SERVICES OF	WEEK ENDING	CLASSIFICATION	TOTAL HOURS WORKED	RATE PER HOUR	AMOUNT
COOK NANCY E	01/14	CLERK	38.25	10.78	412.3

VOUCHER NO:
PO NO.: —
VENDOR NO: 2900
INVOICE NO.: 0531-27126
INV DATE: 1/14/96 DUE DATE: 1/31/96
INVOICE AMOUNT: 412.34
DESCRIPTION: N COOK W/E 1/14/96
PROJECT NO: 95BA100
G/L NO: 0001.591.99.1861.0000.245

RECEIVED
JAN 24 1996
Accounts Payable

SERVICED BY:
APPROVED: (AUTHORIZED SIGNATURE ONLY)

TERMS
PAYABLE UPON RECEIPT

TOTAL 412.3

Accounts Payable Voucher

Prepared by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 10211 Vendor Name: JADE TECH

Inv Date: 6-13-95 Inv #: 9415 Inv $: 2,100.00

Due Date: 7-5-95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: 39701

Description: PROGRAMMING SUPPORT - 95 RATE CASE

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.615.99.1861.0000.150 (25%)	95RA100	✓2,100.00

Voucher Prepared by: _____

INVOICE

[illegible] Tech, Inc.
P. O. Box 4517
Clearwater, FL 34618
(813) 726-6099

Invoice Number: 94115
Invoice Date: June 13, 1995
Terms: Net 15 Days

PO# 39701

To:
Southern States Utilities
1000 Color Place
Apopka, FL 32703

Item No.	Description of Services	Hours	Hourly Rate	Extended Amount
1	Computer Programming Support 1995 Rate Case - Schedule E13	30	70.00	2,100.
	Invoice Total			$2,10

00001.615.99.1861.0000.150 95RC100

RECEIVED
JUN 20 1995
Accounts Payable

Accounts Payable Voucher

proved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 11,047 Vendor Name: Price Wtrhouse

Inv Date: 10/17/95 Inv #: 495960504 Inv $: 2241.00

Due Date: 11/15/95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: 40618

Description: Prof services

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.515.99.1861.0000.150	95RA100	2241.00

Voucher Prepared by: _____

Price Waterhouse LLP

October 17, 1995

#495-960-504
52344

Southern States Utilities Services, Inc.
1000 Color Place
Apopka, Florida 32703

Attention: Morris Bencini, Controller

Billing for professional services related to review of work papers by FPSC and OPC representatives. Time includes preparation of business correspondence, review of files, meetings with representatives of the FPSC and OPC, supervision of FPSC and OPC review and photocopying of selected work papers. Time incurred by:

J.M. Larson	1 hour @ $277	$ 277
R.J. Cepielik	3 hours @ $187	561
M.H. Myers	4 hours @ $115	448
B. L. Picket	4 hours @ $91	364
S.M. Saft	3 hours @ $83	249
Clerical	5 hours @ $57	285
		$2,184
Out-of-pocket expenses		57
Total invoice		$2,241

RECEIVED
NOV 0 2 1995
Accounts Payable

0001.515.99. 1868.0000. 150
95 EA 100

Payable when rendered
Tax Identification number 13-5326270

OK/MRB

REMIT TO: Price Waterhouse LLP P.O. Box 75647 Chicago IL 60675-5647
Include Remittance Copy with your payment

NOTE: SHADED FIELDS ARE REQUIRED

Southern States Utilties

RECEIVING REPORT

R/R 54534

PURCHASE ORDER NUMBER: 4618

PLANT NAME: Apopka

SUPPLIER: Price Waterhouse

PLANT NUMBER: 9CCC1

LINE ITEM #	QTY. REC'D.	DESCRIPTION				COMPLETE	INCOMPLETE
1	1	billing for professional services relative to review of					
		work performed by FPSC + OPC Reps. Time included					
		coordination of hearing schedules, review of					
		rules, motions w/ recs of the FPSC + OPC, supervision					
		of FPSC + OPC research + data gathering of actual work					
		done. Time incurred as follows:					
		T.A. Apdon	1 hr @	$277	=	$ 277	
		R.J. Lanza	3	187	=	561	
		M.A. Maurer	4	112	=	448	
		D.R. Haas	4	91	=	364	
		A.M. Hagel	3	83	=	249	
		Clerical	5	57	=	235	
		Out of pocket				57	
						$ 2 241	

RECEIVED
NOV 02 1995
Accounts Payable

FOR BLANKET USE ONLY

PURPOSE & NECESSITY

INVOICE #

DOLLAR AMOUNT $

W/O#:

G.L.#: 0CCC1.515.99.1861.0CC0.150

11/2/95 M. Lewis
DATE RECEIVED BY

11-2-95 C. Sapp
DATE CHECKED BY

REV. 8/94

ACCOUNTS PAYABLE

PURCHASE ORDER

Southern States Utilities
PURCHASING DEPARTMENT
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

Purchase Order: 40618 Print Number: 1
Date: 11/06/1995 Project: 95RA100
Requisitioner: Task:
Confirmed to:
Description: REQ. #33349 MORRIS BENCINI - DVM

Payment Terms: NET PAYABLE IN 30 DAYS
FOB: OUR PLANT
Ship via: ALREADY RCVD
Freight Terms: FREIGHT NOT APPLICABLE

Vendor:
ERICE WATERHOUSE
P.O. BOX 71911
CHICAGO, IL 60671-1914

Ship to:
SOUTHERN STATES UTILITIES, INC
1000 COLOR PLACE
APOPKA, FL 32703

Bill to:
SOUTHERN STATES UTILITIES, INC
1000 Color Place
Apopka, FL 32703

Line #	Item Code	Description	Due Date	Quantity	UOM	Unit Cost	Extended Cost
		CONTINUING PURCHASE ORDER. PREVIOUSLY ORDERED.					
1	515 PRO-0001	PROFESSIONAL SERVICES	10/17/1995	1.00	LOT	2,241.00	2,241.00
		NOTE: 8495-960-504					
		Acct Code: 001.00001.515.99.1861.0000.150					

RECEIVED
NOV 07 1995
Accounts Payable

Total $ 2,241.00

IMPORTANT: THIS ORDER IS SUBJECT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE.

AUTHORIZED SIGNATURE
JOHN HILTON, C.P.M., CPPB
BARBARA L. FENDER

ACCOUNTS PAYABLE

APPENDIX DR305B
PAGE 712 OF 2226

SSU
Southern States Utilities

83349

(604)

REQUISITION

NOTE: SHADED FIELDS ARE REQUIRED

PLANT/DEPT: Apopka / 90001
REQUESTED BY: M. Benante
REQUEST DATE: 11-1-95
DATE REQUIRED: ASAP.

VENDOR NAME: Price Waterhouse LLP
ADDRESS: P.O. Box 75647
Chicago, IL 60675-5647
PHONE NO:

SHIP TO: DEPT/PLANT # SSU
ADDRESS: Apopka
ATTN: M. Benante

PO #	SHIP VIA	FOB	DUE DATE	CONFIRMING	MAIL	TAXABLE
641P	X			—	Y	N

L/N	Item No.	QNTY	U/M	Item Description (include p/n, cat. #, mfg, model, size, etc.)	Account Code PLANT	RSP	UC	ACCT	SUB-A	CEC	Project Number (WO#) PRJCT	TASK	SUBT	Unit Price	Amount
1		1	LS	Billing for professional services	00001	515	99	1861	0000	150	PSRATCS			$2,241	$2,241
				rendered to review of work papers											
		5		by FPSC and OPC representatives.											
				Time includes preparation of											
				business correspondence, review											
				of files, meetings w/representa-											
				tives of the FPSC and OPC,											
				supervision of FPSC and OPC											
				review and photocopying of											
				selected work papers. Time											
				incurred by:											
				G.M. Farrow 1 hr @ $277											$277
				R.G. Capelli 3 hrs @ 187											561
				M.N. Myers 4 hrs @ 115											448
				B.J. Rochett 4 hrs @ 91											364
				L.M. Hoft 3 hrs @ 83											249
				Clerical 5 hrs @ 57											285
															57

APPROVALS

PURPOSE AND NECESSITY

☐ UN-BUDGETED

SUBTOTAL	$2,241
FL. TAX	
FREIGHT	
OTHER	
TOTAL	$2,241

ACCOUNTS PAYABLE

APPENDIX DR 30-B
PAGE 713 OF 2226



Manual Check #:

Vendor Name: M/C

Inv #: 5349504661421347 Inv $: 630.00

Discount: Terms:

Purchase Order #:

Vi 1-3-94
11-16-94
11-94

M r:

Description: K. Shoftes

Units: Job Code:

Account Number PtLResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
40001.620.99.1838.0000.205	93RA100	630.00
00001.000.99.1840.0000.000		615.00
40001.620.99.6208.0000.		15.00
00001.620.99.1861.0000.145 140		15.00

615.00 630.00 615.00

Voucher Prepared by:

APPENDIX DR305-B

PAGE 715 OF 2226

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name KAREN SHOFTER Pg. 1 of _____

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
9000	1.620. 99. 6758	0000. 205	$ 615.00 (95RA100)	COMPUTER SOFTWARE (FORECAST - DEC) FOR RATE DESIGN
			$	
9000	1.620.99.6758	.0000.205	$ 15.00 (95RA100)	DISKETTE (POPULATION PROJECTION DATA)
			$	
			$	
			$	
			$	
			$	RECEIVED
			$	NOV 14 1994
			$	SSU SERVICES ACCOUNTS PAYABLE
			$	
			$	
TOTAL			$ 630.00	

Inadvertent personal charges in the amount of $ —0— are included on this statement. My personal check # _____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Karen L. Shofter Date: 11/11/94

(Approval of next level of supervision required)

Approval: [signature] Date: 11/14/94

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 303 Vendor Name: Ken Jarvis

Inv Date: 2-9-95 Inv #: 303 Inv $: 18.69

Due Date: 2-15-95 Discount: _____ Terms: _____

Month/Yr: 2 95 Purchase Order #: _____

Description: Expense Report

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.515.99.1861.000.140	95RA100	18.69

Voucher Prepared by: _____

18.69 +
[illegible] -
22,413.64 +
218.4 +
[illegible] +
300.7 +
[illegible] +
62.78 +
[illegible] +
1,165.5 +
133.85 +
1,[illegible] +
244. +
824.15 +
59.75 +
56.95 +
418.97 +
219.34 +
424.97 +
293.9 +
1,[illegible] -
411.17 +
5.85 +
15. +

024

28,184.77 *

••0••

Travel Expense and Employee Reimbursement Report

Page 1 of 1

Employee Name KEN JARVIS
Employee No. 303
Date 2.9.95

Plant/Location Apopka
Mailing Address

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals (RECEIPTS REQUIRED)	Lodging (RECEIPTS REQUIRED)	Meals (inc tips) (RECEIPTS REQUIRED)	Other (RECEIPTS REQUIRED)	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Totals									Total Travel Expense A						

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
	Office Supplies		BINDERS + OTHER MATERIALS FOR ON ROAD ANALYSIS	18.69	000001	51	99	18611	000014	09SRA	1000
	Telephone										
	Postage										
	Other (Describe)										

* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card

Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Employee Signature _____ Date Feb 9, 1995

Supervisor Signature _____ Date 2/9/95

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount

18.69	Total A + B
	Less Direct Bill (Ttl 1's)
	Less Co. Credit Cards (Ttl 3's)
	Less Advance
18.69	Owed Employee
	Owed Company

TVL(7/92)

Original Accounting Office

PAGE 217 OF 232

APPENDIX D-65-10

OFFICE DEPOT
515 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701
(407) 830-6100

2.10 3579 0892 0030 007
SALE 02/08/95 07:56

7278216241 PRECUT TABS	2.99
MFG. LIST $6.30	
7891053247 DIVIDER	1.79
MFG. LIST $2.20	
5050525101 REPORT COVERS	12.68
MFG. LIST $23.71	
SUBTOTAL	17.46
FL 7% SALES TAX	1.23
TOTAL	18.69

ACCOUNT NUMBER	[redacted]
EXPIRATION DATE	04/95
MASTERCARD	18.69
APPROVAL CODE 00*	
CHANGE	.00

REDACTED

THANK YOU FOR SHOPPING AND SAVING AT
OFFICE DEPOT

Accounts Payable Voucher

Approved by: [signature]

Manual Check #: _____

Date: _____

Vendor #: 3571

Vendor Name: Colonial

Inv Date: 4-20-95

Inv #: 410055

Inv $: <220.52>

Due Date: 5-3-95

Discount: _____

Terms: _____

Month/Yr: 4-95

Purchase Order #: 38640

Description: ~~Acetone~~ Discharge on tax

Units: _____

Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001620.99.1161.0000.120 140	95RA100	<220.52>

Voucher Prepared by: [signature]

see next Voucher

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: _____ Vendor Name: Calamco

Inv Date: 4-11-95 Inv #: 1652752 Inv $: 22418.64

Due Date: 5-3-95 Discount: _____ Terms: _____

Month/Yr: 4-95 Purchase Order #: 38640

Description: Aspen

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001620.99.186.0000.140	95RA100	22418.64

Voucher Prepared by: _____

*** CREDIT MEMO ***

INVOICE

INVOICE NO.	DATE
910055	04/20/95

PLEASE REMIT TO:

COLAMCO INC
COMPUTER SUPPLIES AND ACCESSORIES

975 Florida Central Parkway
Suite 1100
Longwood, Florida 32750-7634
(407) 331-3737 • (800) 327-2722
FAX (407) 331-3831

SOLD TO 004407
SSU SERVICES
ACCOUNTS PAYABLE DEPT.
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO FOR BILLING ONLY

A SERVICE CHARGE OF 1½% PER MONTH (18% ANNUAL) WILL BE ADDED TO ALL PAST DUE ACCOUNTS.

ORDER NO.	SALESPERSON	DATE ORDERED	SHIP VIA	DATE SHIPPED
264889	RICHARD S. PARRETT	04/20/95	BEST WAY	04/20/95

CUSTOMER P.O. NO.	CUSTOMER CONTACT	TERMS	WAREHOUSE	PAGE
38640		NET 15 DAYS	1	1

NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION

PRODUCT NO. / DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	U/M	UNIT PRICE	EXTENSION
CRD SEMINOLE COUNTY 1% TAX SUR 1IS	-E	-1	-1	EA	0.000*	0.00
CHARGE BILLED IN ERROR ON INVOICE # 165752 DATED 4-11-95. PLEASE APPLY THIS CREDIT MEMO TO ORIGINAL INVOICE. THANK YOU						

RECEIVED
APR 24 1995
Accounts Payable

PLEASE PAY FROM THIS INVOICE:
STATEMENT ISSUED UPON REQUEST

INVOICE SUBTOTAL	HANDLING	ALLOWANCES	MISC. CHARGES	SALES TAX	FREIGHT	PAY THIS AMOUNT
0.00	0.00	0.00	0.00	-209.53	0.00	-209.53

PLEASE REMIT TO:

COLAMCO INC
COMPUTER SUPPLIES AND ACCESSORIES

975 Florida Central Parkway
Suite 1100
Longwood, Florida 32750-7634
(407) 331-3737 • (800) 327-2722
FAX (407) 331-3831

INVOICE

INVOICE NO.	DATE
165752	04/11/95

SOLD TO 004407
SSU SERVICES
ACCOUNTS PAYABLE DEPT.
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO S97
COLAMCO WAREHOUSE 97
BILL ONLY
RELEASE AS REQUESTED

A SERVICE CHARGE OF 1½% PER MONTH (18% ANNUAL) WILL BE ADDED TO ALL PAST DUE ACCOUNTS.

ORDER NO.	SALESPERSON	DATE ORDERED	SHIP VIA	DATE SHIPPED
267033	RICHARD S. PARRETT	03/30/95	OUR TRUCK - 1	04/11/95

CUSTOMER P.O. NO.	CUSTOMER CONTACT	TERMS	WAREHOUSE	PAGE
38640	STEVE	NET 15 DAYS	1	1

NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION

PRODUCT NO. / DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	U/M	UNIT PRICE	EXTENSION
N134523 / 134523 NASHUA DB500 8.5X11 CUTSHEET	120	120		CS	27.850*	3,342.00
N1 J24 / 134524 NASHUA DB500 8.5X11 3HD	600	600		CS	29.350*	17,617

RECEIVED
APR 12 1995
Accounts Payable

PLEASE PAY FROM THIS INVOICE
STATEMENT ISSUED UPON REQUEST

INVOICE SUBTOTAL	HANDLING	ALLOWANCES	MISC. CHARGES	SALES TAX	FREIGHT	PAY THIS AMT
20,952.00	0.00	0.00	0.00	1,466.64	0.00	22,418.64

ORIGINAL

NOTE: SHADED FIELDS ARE REQUIRED

Southern States Utilties

RECEIVING REPORT

R/R 58718

PURCHASE ORDER NUMBER: 38640

PLANT NAME: Apopka

SUPPLIER: Colemco

PLANT NUMBER: 90001

LINE ITEM #	QTY. REC'D.	DESCRIPTION	COMPLETE	INCOMPLETE
(1)	600	3-Hole Copy Paper 8½x11	✓	
(2)	120	Copy Paper 8½x11	✓	

RECEIVED
APR 26 1995
Accounts Payable

FOR BLANKET USE ONLY

INVOICE #

DOLLAR AMOUNT $

PURPOSE & NECESSITY: Copy paper for 1995 Rate Case. Stored at Colemco Draft as needed.

W/O#:

G. L #: 0001.620.99.1861.0000.140

4/25/95 L Gallo
DATE RECEIVED BY

4-25-95 G. Wishart
DATE CHECKED BY

REV. 8/94

ACCOUNTS PAYABLE

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: B216 Vendor Name: Office Depot

Inv Date: 1-24-95 Inv #: 389835J Inv $: 666.41

Due Date: 4-26-95 Discount: _____ Terms: _____

Month/Yr: 4-95 Purchase Order #: 3800

Description: Office Supplies

Units: _____

Account Number (Plt.ResCtr.UC.Acct.SubAcct.CEC)	Project Number	Dollar Amount
90001.620.99.6207.0000.140		12.14
90001.515.99.6208.0000.140		51.33
595.		11.65
591.		240.23
505.		41.85
635. 99.6207.0000.140		22.30
620. 99.6208.0000.140		5.29
565.		33.62
185.		2.32
540.		22.76
90001.620.99.1861.0000.140	95RA100	1218.40

Office DEPOT

SOLD TO: 10652929
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

CHARGED BY: 20006920010

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703-7797

INVOICE NUMBER: 003898352

SALE DATE: 1/26/95
STORE: 1085
REGISTER: 99
TRANS: 00430
TYPE: 00

Total Amount Due: 661.91

Purchase Order #:

S.K.U.	DESCRIPTION	QTY	PRICE	EXTENSION
0211227	EX FILE 15X10 AZ	2	10.99	21.98
0305466	8.5 X 11 WHITE PERF PAD	2	2.05	4.10
0802660	RIBBON/CALCULATOR UPC UNI	5	1.49	7.45
1181578	PAPERMATE STICK MED BU DZ	2	.79	1.58
3368738	HIGHLAND POST NOTE 3X3YEL	2	3.91	7.82
3410810	CLASP ENV 9 X 12 BROWN	1	4.49	4.49
3155800	INDEX - 11 X 8 1/2 TABS	12	.69	8.28
3158200	INDEX 11 X 8 1/2 TABS	12	.99	11.88
5765950	PT-30	1	199.99	199.99
4975780	5-YEAR POCKET PLANNER	1	1.99	1.99
0117 71	3M PLN PAPR TRANSPARENCY	1	34.49	34.49
0800 02	RIBBON/IBM WHEELWRITER CO	1	4.99	4.99
0433299	AMBERG PORTFOLIOS TANGS	7	3.99	27.93
0314310	HANGING FLDRS-LTR-1/5TABS	1	2.34	2.34
0314435	HANGING FLDRS-LGL-1/5TABS	1	3.69	3.69
0480236	SURGE PROT.6-OUTLET BASIC	1	9.99	9.99
0470625	INDEX 8TAB CLEAR 4-PACK	2	2.52	5.04
0435222	2" OVERLAY BINDER WHITE	36	2.87	103.32
0435214	1 1/2"OVERLAY BINDER WH.	24	2.47	59.28
0435156	1" OVERLAY BINDER WHITE	24	1.81	43.44
0508192	3M 8PK 3/4X1000 TAPE	1	4.99	4.99
0345637	4024 8 1/2X 11 BLUE--500	2	3.42	6.84
0111617	XEROGRAPHIC LABELS	1	18.99	18.99
0307512	EXPO ERASER	1	2.19	2.19
0525279	MESSAGE BARS WHITE 2-PK	1	5.89	5.89
0315515	FOLDERS-LTR 1/3 ASST	1	2.39	2.39
0308023	MAGAZINE FILE 2-PACK	6	3.18	19.08
	SALES TAX			37.47
	TOTAL			661.91

RECEIVED
APR 24 1995
Accounts Payable

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

OFFICE DEPOT INC
1-800-685-6900

Item Number		Item Description	Order Qty	Ship Qty	Unit Price	Total Cost
[illegible]	635	SURGE PROT 6-OUTLET WALL	1		9.99	9.99
[illegible]	635	INDEX STAB CLEAR 1-PACK	2	2	2.52	5.04
435222	95RA100	2" OVERLAY BINDER WHITE	36	36	2.87	103.32
435214	95RA100	1 1/2"OVERLAY BINDER WH	24	24	2.47	59.28
[illegible]	95RA100	1" OVERLAY BINDER WHITE	24	24	1.81	43.44
[illegible]	620	3M SPK D/4X1000 TAPE	1	1	4.99	4.99
[illegible]	565	402# 8 1/2X 11 BLUE--500	2	2	3.42	6.84
[illegible]	565	KEROGRAPHIC LABELS	1	1	18.99	18.99
[illegible]	185	EXPO ERASER	1	1	2.19	2.19
[illegible]	565	MESSAGE BARS WHITE 3-PK	1	1	5.89	5.89
[illegible]	540	FOLDERS-LTR 1/3 ASST	1	1	3.09	3.09
[illegible]	540	MAGAZINE FILE 2-PACK	6	6	3.18	19.08
		Item Totals	102	101		624.41
		Sub-Total				624.41
		Sales Tax 6.000%				37.47
		Total Order Amount				661.91

Balance Due ----------> .00

Method of Payment ..... House Account
Account Number ..... [illegible]
Authorization Number ..... [illegible]

Catalog List Prices		1,356.04
Office Depot Prices		614.44
You Saved	54%	741.60

Sign Here: _____ Date Delivered: 12

Please Print: JOSE CHARPY

RECEIVED
JAN 26 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 15216 Vendor Name: Office Depot

Inv Date: 3-10-95 Inv #: 9837349 Inv $: 650.47

Due Date: 4-26-95 Discount: _____ Terms: _____

Month/Yr: 4-95 Purchase Order #: 38440

Description: Office Supplies

Units: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.185.99.6208.0000.140		4.24
175		13.52
545		16.63
170		23.44
140		18.65
540		142.77
6235.99.6207.0000.140		24.53
6220.99.6208.0000.140		52.09
565		41.36
0000.620.99.1161.0000.140	95RA100	1303.24

10652929 9837349 0455 950309 PDC051C actual

Order Number: 9837349 Page # 2

* * * I N V O I C E * * *

OFFICE DEPOT, INC.
1-800-685-8800

Sku Number		Item Description	Order Qty	Ship Qty	Unit Price	Total Cost
308239	635	PAPER CLIP JUMBO REG-1000	1	1	2.93	2.93
306894		FABER AMERICAN PCL #2 72P	1	1	2.99	2.99
470625		INDEX 8TAB CLEAR 4-PACK	2	2	2.52	5.04
307660		LETTER/LEGAL HANGING FILE	1	1	7..99	7.99
825489		PAPER FASTENER 2"SET 50CT	2	2	1.99	3.98
391573	620	REPORT COVERS-RED-10/PK	1	1	12.68	12.68
407841	620	REPORT CVR LT BLU 10 PK	1	1	12.68	12.
469825	620	REPORT CVR RED 10 PACK	1	1	12.68	12.68
435230	95RA/00	3" OVERLAY BINDER WHITE	36	36	4.67	168.12
435222		2" OVERLAY BINDER WHITE	12	12	2.87	34.44
435214		1.1/2"OVERLAY BINDER WH.	24	24	2.47	59.28
435156		1" OVERLAY BINDER WHITE	12	12	1.81	21.72
316307	620	INDEX 11X8 1/2 TABS	3	3	2.38	7.14
418533	620	SECURITY ENVELOPE #6 3/4	1	1	2.49	2.49
129791	620	4OZ BOTTLE RUBBER CEMENT	1	1	.98	.98
341081	565	CLASP ENV 9 X 12 BROWN	2	2	4.49	8.98
341008		CLASP ENVELOPES 10 X 15	2	2	9.99	19.98
173047		3M MAGIC TAPE 3/4X1296	5	5	1.28	6.40
1 557		DATA BINDER STORAGE BOX	1	1	5.95	5.95
575985		PENTEL .7MM B LEAD 3PK	1	1	1.99	1.99

10652929 9837349 0455 950309 PDC051C actual

Order Number: 9837349 Page # 3

* * * I N V O I C E * * *

OFFICE DEPOT, INC.
1-800-685-8800

Item Totals	154	153	607.92
Sub-Total			607.92
Sales Tax (7.000%).....			42.55
Total Order Amount			650.47
Balance Due ---------->			.00

Method of Payment .....House Account
Account Number 20006920010
Authorization Number 078547

Catalog List Prices		1,339.33
Office Depot's Prices		607.92
You Saved	**54%**	731.41

Signature Gloria Wishart Cartons Delivered 17

Please Print Gloria Wishart

10652929 9837776 1852 850308 PDC053C

* * * C R E D I T M E M O * * *

OFFICE DEPOT, INC.
1-800-685-8800

Return Number : 9837776 Ord: 9708537
Route/Stop Nbr: 404/ 21 Store: 1085 Type: Delivery
Return Date : 8 Mar 1995 Wed Customer Number: 10652929
Delivery Date : 9 Mar 1995 Thr
Preferred Time: 8:30 am - 5:00 pm

Bill To	Ship To
SOUTHERN STATES UTILITIES	SOUTHERN STATES UTILITIES
1000 COLOR PL	1000 COLOR PL
APOPKA, FL 32703-7797	APOPKA, FL 32703-7797

Phoned By : 407-880-0058 DEBBIE X185

Sku Number		Item Description	Return Qty	Ship Qty	Unit Price	Total Cost
460147	140	UNIBALL DELUXE 3PACK BLK	4-	4-	4.49	17.96-
169854	620	ROLO-HD-PUNCH 50-SHEET	1-	1-	48.75	48.75-
		Item Totals	5-	5-		66.71-
		Sub-Total				66.71-
		Sales Tax (7.000%).....				4
		Total Return Amount				71.38-
		Refund Due Customer ---------->				71.38

Method of Credit .....House Account
Account Number 20006920010

Return Action .....RT RETURN ONLY
Return Reason .....CR CUSTOMER RELATED

Signature Gloria Wishart

Please Print Gloria Wishart

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: _____ Vendor Name: Office Depot

Inv Date: 2-22-95 Inv #: 623744 Inv $: 855.18

Due Date: 4-26-95 Discount: _____ Terms: _____

Month/Yr: 4.95 Purchase Order #: 38260

Description: Office Supplies

Units: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.620.99.6207.0000.140		47.23
90001.620.99.6208.0000.140		134.80
605		2.43
650		2.10
170		4.22
565		5.07
540		24.45
175		54.03
620		107.87
505		67.78
0001.665.99.1050.0000.140	94CA218	104.00
0001.620.99.1862.0000.140	95RA100	✓ 300.70

10652929 6231199 0453 750221 PDC051C actual

Order Number: 6231199 Page #

* * * I N V O I C E * * *

OFFICE DEPOT, INC.
1-800-685-8800

Sku Number		Item Description	Order Qty	Ship Qty	Unit Price	Total Cost
371641	620	ACCO HD STAPLE-5000CT 3/8	1	1	5.84	5.84
435222	95RA100	2" OVERLAY BINDER WHITE	24	24	2.87	68.88
435214		1.1/2"OVERLAY BINDER WH.	24	24	2.47	59.28
435156		1" OVERLAY BINDER WHITE	24	24	1.81	43.44
435230		3" OVERLAY BINDER WHITE	24	24	4.67	112.08
517458	620	MARKS A LOT JUMBO BLACK	2	2	1.99	3.98
315515	620	FOLDERS-LTR 1/3 ASST	2	2	2.39	4.78
807743	505	VIEW SLANT WHITE 3INCH	4	4	9.99	39.96
807925	505	VIEW SLANT WHITE 4IN	2	2	11.99	23.98
442012	665	ANTI-FATIGUE & FLOOR MAT	5	5	11.99	59
320705		SWING ARM LAMP/BLACK	1	1	8.88	8.88
181370		PAPERM DBL-END HIGHL-4AST	1	1	3.75	3.75
478206		POLY-VU NON-GLARE - 50	1	1	6.99	6.99
501965		LIQUID PAPER MULTI FLUID	1	1	3.44	3.44
470591		CLIP BD LTR.SZ. 2-PACK	2	2	1.56	3.12
817870		2X3 COMPACT LIGHTED MGNFR	2	2	5.99	11.98

** ORIGINAL INVOICE **

Office DEPOT

SOLD TO: 10652929
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

CHARGED BY: 20006920010

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703-7797

INVOICE NUMBER: 006231199

SALE DATE: 2/22/95
STORE: 1085
REGISTER: 99
TRANS: 00277
TYPE: 00

Total Amount Due: 855.18

Purchase Order #:

S.K.U.	DESCRIPTION	QTY	PRICE	EXTENSION
0124230	NAME BADGE-PLAIN-WHITE	1	2.29	2.29
0570127	PILOT BPS RET RED FIN 2PK	1	1.99	1.99
0408344	LIQUID PAPER WHITE 3PK	1	2.96	2.96
3611709	BOSTITCH STAPLES 3-PK	1	1.49	1.49
3711427	2"X55" BX SEAL TAPE CLEAR	2	3.99	7.98
3308023	MAGAZINE FILE 2-PACK	6	3.18	19.08
0408344	LIQUID PAPER WHITE 3PK	1	2.96	2.96
1730047	3M MAGIC TAPE 3/4X1296	1	1.28	1.28
0470591	CLIP BD.LTR.SZ. 2-PACK	1	1.56	1.56
[illegible]2764	BRTHR TC34Z WHT/BLK 3/8"	1	22.92	22.92
0 169	MEDIA MATE 3-1/2DISK CASE	1	3.49	3.49
08[illegible]3880	MOUSE PAD	1	2.78	2.78
3987750	CASH BOX W/TRAY	1	7.99	7.99
0438226	3M 3.5DSHD FMT 10 PACK	1	7.99	7.99
0480236	SURGE PROT.6-OUTLET BASIC	2	9.99	19.98
0416545	BATTERY ENERGIZER AA 8PK	1	5.29	5.29
3343731	BATTERY-ENERGIZER-9V/2PK	2	4.49	8.98
0824821	CRT/TERMINAL VALET,CLAMP	1	83.99	83.99
3997869	25' LINE CORD	1	4.99	4.99
0569533	60MIN MICRO CASS. 3PACK	1	3.94	3.94
0302174	ADD ROLLS 2 1/4"	2	3.96	7.92
0307389	STENO BOOK 6X9 GREGG GRN	2	5.98	11.96
0181578	PAPERMATE STICK MED BU DZ	1	.79	.79
0181610	PAPERMATE STICK FIN BU-DZ	1	.79	.79
3688720	HIGHLAND POST IT 1.5X2YEL	1	1.99	1.99
0203125	SANFORD MAJ ACC YEL DOZ	1	4.96	4.96
0203182	SANFORD MAJ ACC FLGRN DOZ	1	4.96	4.96
0497313	CALENDAR BASE	2	5.99	11.98
0305466	8.5 X 11 WHITE PERF PAD	1	2.05	2.05
0322305	ACCO-3HOLE 10-SHEET PUNCH	3	6.46	19.38
0203190	SANFORD MAJ ACC 6 COLOR	1	2.96	2.96
3991565	REPORT COVERS-BLACK-10/PK	2	12.68	25.36
3315580	INDEX - 11 X 8 1/2 TABS	15	.61	7.32
3315820	INDEX 11 X 8 1/2 TABS	12	.99	11.88
1149757	UNI-BALL BLUE MICRO 12 PK	2	5.84	11.68
1112680	SELF AD LBL SHT-1-1/2X3	2	2.27	4.54
3688720	HIGHLAND POST IT 1.5X2YEL	1	1.99	1.99
3716[illegible]1	ACCO HD STAPLE-5000CT 3/8	1	5.84	5.84
0435222	2" OVERLAY BINDER WHITE	24	2.87	68.88
0435214	1.1/2"OVERLAY BINDER WH.	24	2.47	59.28

RECEIVED
APR 24 1995
Accounts Payable

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

APPENDIX D1305-B

Accounts Payable Voucher

PAGE 734 OF 2226

Manual Check #: MK Date:

Vendor #: 5029 Vendor Name: Eastman Kodak

Inv Date: 5-12-95 Inv #: 013B03223 Inv $: $383.97

Due Date: 5-24-95 Discount: Terms:

Month/Yr: 5-95 Purchase Order #: 34365

Description: Toner for Copiers

Units: Job Code:

Account Number Plt.Res Ctr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.565.99.1861.0000.140	95RA100	383.97

Voucher Prepared by:

INVOICE

D.U.N.S. CODE 00-220-6183 E.I.N. 16-0417150

*** ORIGINAL ***

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	013B03223	05/17/9

CUSTOMER ORDER REFERENCE NUMBER	PAGE
39365	1 OF

EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER RECD DATE	SHIP DATE
		05/16/95	05/17/9

1-0- -675-670-007-93 714 S

E001160-2-02-02

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA UNITED PARCEL SERVICE			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	DEBBIE VAN METER 407 880 0058			
8	*EPRT L TONER CAT. NO. 808 6597 PRICED PER AGREEMENT NO. CRS1113725	M8	45.28	362.24
	PRICE & QTY VERIFIED WITH CUSTOMER CUSTOMER NOTIFIED OF PRICE BREAKS			
	*FLORIDA STATE TAX CAT. NO. 191 6055			21.73

RECEIVED
MAY 2 2 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

M

TERMS: NET 30 DAYS
$383.97 DUE 06/16/95

"Seller represents that with respect to its production of the articles and/or the performance of the services covered by this invoice, it has fully complied with the Fair Labor Standards Act of 1938, as amended."

INVOICE TOTAL
$ 383.97

846-8802-200 S (5/89)

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 15216 Vendor Name: OFFICE DEPOT

Inv Date: 1-21-95 Inv #: 3393368 Inv $: 643.52

Due Date: 5-10-95 Discount: _____ Terms: _____

Month/Yr: 5/95 Purchase Order #: 37906

Description: MISC. OFFICE SUPPLIES

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.620.99.6808.0000.140		61.32
00001.620.99.1862.0000.140	95RA100	62.78
90001.670.99.6207.0000.140		94.66
90001.182.99.6808.0000.140		161.72
516. 540.		136.97 126.07

Voucher Prepared by: _____

RECEIVED
APR 24 1995
Accounts Payable

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

OFFICE DEPOT Inc
1-800-685-8600

Order Number 37F73e3
Route/Stop Nbr. 104/021
Order Date : 16 Jan 1995 Mon
Delivery Date : 17 Jan 1995 Tue
Expected Time: 2:30 pm - 5:00 pm

Store 1767 Type Delivery
Customer Number 10e02929
P.O. Number 37F13e

Bill To
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

Ship To
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

Phoned By : 407-880-0056 DEBBIE PO REQUIRED OVER $1

Item Number		Item Description	Order Qty	Ship Qty	Unit Price	Total Cost
[illegible]	620	HIGHLAND POST IT 1 3X3\1L	1	1	1.99	1.99
[illegible]		READY INDEX JAN-DEC	10	10	3.29	32.90
[illegible]		ACCO 7HT STAPLER FULL-STR	1	1	9.99	9.99
[illegible]		GRPR CHAIR MAT CLEAR36X48	1	1	12.97	12.97
[illegible]	95RA 100	POM STAMPER DRAFT	10	10	4.19	50.90
[illegible]		STAMP PAD/INKED #1 FELT	2	2	1.49	2.98
[illegible]		POM STAMP INK 09 OZ BCK	1	1	1.99	1.99
[illegible]		FINGER MOISTENERS 3/8 DIA	2	2	1.99	3.98
[illegible]	670	LIQUID PAPER WHITE 22PK	1	1	7.91	7.91
[illegible]		STENO BOOK 6/9 SPEC GRN	2	2	5.99	10.98
[illegible]		HIGHLAND POST NOTE 3X3\PL	2	2	3.91	7.82
[illegible]		SUBSTITUTE STAPLES 3-PK	2	2	1.66	3.32
[illegible]		3M MAGIC TAPE 3/4X1296	4	4	1.28	5.12
[illegible]		BISTRI L MY /ORG FILM 8.5	2	2	5.66	11.32
[illegible]		TYPING STAND W/KEYPLEAT	1	1	36.95	36.95
[illegible]		MASTER-MIST-BLACK 99 OZ	1	1	2.89	2.89

RECEIVED
JAN 20 1995
Payable

OFFICE DIRECT, INC
1-800-[illegible]-5800

Item No.		Item Description	Order Qty.	Ship Qty.	Unit Price	Total Cost
[illegible]		RIBBON-IBM WHEELWRITER 10	1	1	1.99	[illegible]
[illegible]	182	HIGHLAND POST NOTE 3X3YEL	2	2	3.91	7.82
[illegible]		3M MAGIC TAPE 3/4X1296	1	1	1.22	5.12
[illegible]		CANON BJ8 CARTRIDGE BLK	1	1	24.89	24.89
[illegible]		C-CLT 11 3/4" 15# PB RCD	6	6	10.79	64.74
[illegible]	515	SANFORD MAG [illegible]	1	1	4.99	4.99
[illegible]		RIBBON-PLUGGER-TER DPG UNI	5	0	1.49	.00
[illegible]		PAPER FASTENER 2" BRT POST	1	1	1.99	1.99
[illegible]		3M 8PK 3/4X1296 TAPE	1	1	4.99	4.99
[illegible]		UNI-BALL DELUXE MICRO BLK	1	1	14.99	14.99
[illegible]		FINGER MOISTENER 1.5/8OZ	2	2	2.99	5.98
[illegible]		PROJ DISK 3DR EXTENDATAPE	10	10	1.99	19.
[illegible]		SCISSORS 8 PAIR BLUE	1	1	3.69	3.69
[illegible]		DESK ORGANIZER ALMOND	1	1	3.16	3.16
[illegible]		3 RING PRESTIGE BINDER OPEN	1	1	2.39	2.39
[illegible]		WASTEBASKET-BLACK [illegible]	1	1	4.99	4.99
[illegible]		POST-IT TAPE FLAGS YELLOW	3	3	1.69	5.07
[illegible]		[illegible] GL PD 11X8 1/2 3 HOLE	4	2	1.52	3.12
[illegible]		LASER PRINTR LBLS 1"X4-5/8	1	1	22.99	22.99
[illegible]	515	3M MAGIC TAPE 3/4X1296	2	2	1.38	2.76
[illegible]		LITHONIA DESK PAD	2	0	1.79	.00
[illegible]		[illegible]	1	1	19.99	19.99

RECEIVED
JAN 20 1995
Accounts Payable

		Item Description	Ordered	Shipped	Unit Price	Total
[illegible]	515	FOLDERS-LTR 1/3 ASST	3	3	2.39	4
[illegible]	540	INDEX TABS 1.5X1/2CLR ASS	10	10	3.22	22
[illegible]		STAN-ETTE LEGAL TRAY ALT	4	4	3.78	15
[illegible]		TAPE FLAG DPR NEON PINK	1	1	2.85	2.
[illegible]		3M 3.5DSHD FMT 10 PACK	2	2	6.99	13
[illegible]	540	HANGING FLDRS-LGL-1/5TABS	1	1	3.69	3.6
[illegible]		BOOKCASE -2 SHELF DAR	1	1	29.83	29.8
[illegible]		CLEAR BOOK ORGANIZER	1	1	7.99	7.9
[illegible]		BUSINESS CARD FILE SMOKE	1	1	2.29	2.2
[illegible]		POCKET AGENDA-BLACK	1	1	20.99	20.99
		Item Totals	130	114		
		Sub-Total				607.09
						607.09
		Sales Tax (6.000%)				36.43
		Total Order Amount				643.52
		Balance Due ---------->				.00

Method of Payment ..... **House Account**
Account Number 300069200010
Authorization Number 060826

Catalog List Prices		1,142.09
Office Depot's Prices		607.09
You Saved	**46%**	**535.00**

Signature Gloria J. Wishart Cartons Delivered 15

Please Print Gloria J. Wishart

RECEIVED
JAN 20 1995
Accounts Payable

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 15216 Vendor Name: OFFICE DEPOT

Inv Date: 4-28-95 Inv #: 149018639 Inv $: 236.33

Due Date: 5-17-95 Discount: _____ Terms: _____

Month/Yr: 5/95 Purchase Order #: L129666

Description: INDEX - 5 TAB

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.000.140	95RA100	√236.33

Voucher Prepared by: _____

Office DEPOT℠

SOLD TO:

CHARGED BY: 20006920010

INVOICE NUMBER: 149018639

SOUTHERN STATES UTILITIES

SALE DATE: 4/28/95
STORE:
REGISTER:
TRANS:
TYPE:

RECEIVED
MAY 1 2 1995
Accounts Payable

S.K.U.	DESCRIPTION	QTY	PRICE	EXTENSION
03360669	WRITE ON INDEX-5TAB WHITE	1	.99	.99

ORIGINAL INVOICE APPENDIX D12585-B

Office DEPOT

SOLD TO: 10652929 742
SOUTHERN STATES UTILITIES PAGE OF 2226
1000 COLOR PL
APOPKA, FL 32703-7797

CHARGED BY: 20006920010

INVOICE NUMBER: 149018639

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703-7797

SALE DATE: 4/28/95
STORE: 0149
REGISTER: 1
TRANS: 08639
TYPE: 00

Total Amount Due: 236.33

Purchase Order #: 129666

S.K.U.	DESCRIPTION	QTY	PRICE	EXTENSION
03606669	WRITE ON INDEX-5TAB WHITE	72	.99	71.28
03606669	WRITE ON INDEX-5TAB WHITE	72	.99	71.28
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	1.09	1.09
03606685	WRITE ON INDEX-8TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	1.09	1.09
03606685	WRITE ON INDEX-8TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99
03606669	WRITE ON INDEX-5TAB WHITE	1	.99	.99

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 15216 Vendor Name: OFFICE DEPOT

Inv Date: 4-6-95 Inv #: 557995 Inv $: 1,523.62

Due Date: 5-17-95 Discount: _____ Terms: _____

Month/Yr: 5/95 Purchase Order #: 38701

Description: GENERAL OFFICE SUPPLIES

Units: _____

Account Number (Fil.ResCtr.UC.Acct.SubAcct.CEC)	Project Number	Dollar Amount
90001.595.99.6208.0000.140		120.57
565.		7.54
175.		6.73
605.		14.86
505.		10.22
592.		9.14
540.		180.23
635.99.6207.0000.140		20.83
00001.620.99.1861.0000.140	95RA100	1,153.50 ✓

** ORIGINAL INVOICE **

Office DEPOT℠

SOLD TO: 10652929
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

CHARGED BY: 20006920010

INVOICE NUMBER: 000557995

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703-7797

SALE DATE: 4/06/95
STORE: 1085
REGISTER: 99
TRANS: 00706
TYPE: 00

Total Amount Due: 1523.62

Purchase Order #:

S.K.U.	DESCRIPTION	QTY	PRICE	EXTENSION
0808071	BINDER 3-RING 3IN 8.5IN	1	4.89	4.89
0314310	HANGING FLDRS-LTR-1/5TABS	3	2.35	7.05
0348268	VLMBRSTL67 8.5/11 CNRY	1	6.29	6.29
0345637	4024 8 1/2X 11 BLUE--500	20	5.39	107.80
0345645	4024 8 1/2X11-GREEN-500	200	5.39	1078.00
0305466	8.5 X 11 WHITE PERF PAD	1	2.99	2.99
0453993	10' EXT CORD 16/3" GREY	1	6.49	6.49
0480236	SURGE PROT.6-OUTLET BASIC	1	9.99	9.99
0182733	POINTGUARD FLAIR RED 12PK	1	8.99	8.99
0345850	HANGING FILE TAB-2" CLEAR	5	.98	4.90
0177907	RING BINDER 2" BLACK	4	2.39	9.56
0308478	PAPER CLIP #1 GEM 1000CT	1	.79	.79
0550657	SIGN HERE POST-IT TAPEFLG	1	2.79	2.79
0626044	MINI-POSTIT TAPE FLAGS	1	2.99	2.99
0550665	POST-IT-GLUE STICK 7G	1	.99	.99
0113167	REINFORCEMENTS-WHITE	1	.99	.99
0823880	MOUSE PAD	10	2.78	27.80
0340653	DELUX MAGNIFIER LAMP-WHT	1	49.99	49.99
0453944	6 OUTLET 3 CONDUCTOR STRI	10	7.99	79.90
0346767	ASST RUBBER BANDS 1LB BAG	1	1.77	1.77
0113167	REINFORCEMENTS-WHITE	1	.99	.99
0450031	HANGING FILE POCKET 4PK	1	7.99	7.99
	SALES TAX			99.68
	TOTAL			1523.62

RECEIVED
MAY 1 2 1995
Accounts Payable

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 15216 Vendor Name: OFFICE DEPOT

Inv Date: 4-14-95 Inv #: 713949 Inv $: 588.64

Due Date: 5-17-95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: 39042

Description: GENERAL OFFICE SUPPLIES

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.515.99.6208.0000.140		73.77
175.		109.20
505.		10.68
180.		46.55
540.		100.84
00001.620.99.1861.0000.140	95RA100	133.86 ✓
90001.620.99.6208.0000.140		100.74

Voucher Prepared by: _____

** ORIGINAL INVOICE **APPENDIX DR 305-B Page

Office DEPOT℠

SOLD TO: PAGE 929 746 OF 2226
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

CHARGED BY: 20006920010

INVOICE NUMBER: 000713949

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703-7797

SALE DATE: 4/14/95
STORE: 1085
REGISTER: 99
TRANS: 00365
TYPE: 00

Total Amount Due: 588.64

Purchase Order #:

S.K.U.	DESCRIPTION	QTY	PRICE	EXTENSION
0411009	UNI-BALL DELUXE MICRO RED	1	14.99	14.99
0184580	PENTL ROLL WRITERS BK 12P	1	6.89	6.89
0807925	VIEW SLANT WHITE 4IN	3	11.99	35.97
0430074	DOCUMENT FRAME 8.5X11 3PK	1	5.99	5.99
0479220	6"X10" #0 BUBBLE MAILERS	1	3.49	3.49
0103945	OFFICE RULER-STIFF	2	.79	1.58
0500629	OXFORD LG PRTFILE GRANITE	9	9.99	89.91
0823880	MOUSE PAD	2	2.78	5.56
0341008	CLASP ENVELOPES 10 X 15	1	9.99	9.99
0408344	LIQUID PAPER WHITE 3PK	1	2.96	2.96
0308478	PAPER CLIP #1 GEM 1000CT	1	.79	.79
0306894	FABER AMERICAN PCL #2 72P	1	2.99	2.99
0181578	PAPERMATE STICK MED BU DZ	1	.79	.79
1173047	3M MAGIC TAPE 3/4X1296	2	1.28	2.56
413641	UNDATED DESK PAD CALENDAR	1	5.99	5.99
4801137	LARGE PC 2 PCE DUST COVER	1	8.48	8.48
04800020	UNIVERSAL MONITOR DUST CV	1	9.23	9.23
04800038	UNIV. LASER PRINTER COVER	1	9.95	9.95
0480236	SURGE PROT.6-OUTLET BASIC	10	9.99	99.90
0373837	PAPERMATE FLEX BP MED BLU	1	5.99	5.99
04388226	3M 3.5DSHD FMT 10 PACK	1	6.99	6.99
0315580	INDEX - 11 X 8 1/2 TABS	15	.61	9.15
0315820	INDEX 11 X 8 1/2 TABS	10	.99	9.90
0435222	2" OVERLAY BINDER WHITE	36	2.87	103.32
0435156	1" OVERLAY BINDER WHITE	12	1.81	21.72
0406892	AT&T 25FT CORD BLACK	1	4.99	4.99
0517474	MARKS-A-LOT 2PK BLK	1	1.49	1.49
0409615	BOOKCASE -6 SHELF OAK	1	59.99	59.99
0808857	ACCO BINDER CLIP SM 12CT	6	.47	2.82
0808865	ACCO BINDER CLIP MED 12CT	6	.96	5.76
	SALES TAX			[illegible]
	TOTAL			588.64

RECEIVED
MAY 12 1995
Accounts Payable

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 258 Vendor Name: Smith Wilson

Inv Date: 5/05/95 Inv #: 188203 Inv $: 1305.92

Due Date: 5/17/95 Discount: _____ Terms: _____

Month/Yr: 5/95 Purchase Order #: 39247

Description: Copy paper

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.1620.99.1961.0000.140	95RA100	1305.92

Voucher Prepared by: _____

PLEASE REMIT TO:

SHIP VIA	PACKING LIST NO.	PKGS.
LAKE (12)/B	01784121001	?

THE SMITH WILSON CO.

P.O. BOX 568507 · ORLANDO, FLORIDA 32856-8507

PHONE (407) 841-7390 TOLL FREE (800) 334-5988

FAX (407) 648-9015 TOLL FREE (800) 793-8145

INVOICE

SPECIAL INSTRUCTIONS

Contact: DEBBIE VAN METER 407-880-0058 Order Instr.: PO# REQ FOR ALL DEPTS

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

RATE DEPT
SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

PG: 1

INVOICE NO.	CUSTOMER PURCHASE ORDER NO.	INVOICE DATE	ORDER DATE	TERMS	CUSTOMER NO.
188203	39247	05/05/95	05/04/95	NET 10TH EOM	9105

PRODUCT NO.	ORDERED	SHIPPED	U/M	B/O	DESCRIPTION	LIST PRICE	NET PRICE	EXTENSION
********** Department: 620 - RATE DEPT **********								
HAM-10286-3	200	200	REAM	0	PAPER,LTR,TAN,HAMMERMILL	8.95	6.16	1232.0

RECEIVED
MAY 08 1995
Accounts Payable

QUESTIONS ? CALL LINDA MAYLAND (x133) at 841-7390

X Gloria Wishart

YOU SAVED $ 558.00

FREIGHT	0.00
TAX	73.92
PLEASE REMIT	1,305.92

TERMS: As specified on the original invoice and/or order form. Any amounts not paid when due are subject to a FINANCE CHARGE of 1½% per month on the unpaid balance which is an ANNUAL PERCENTAGE RATE OF 18%. We shall be entitled to recover any costs incurred in enforcing collection of this account, including but not limited to reasonable attorney's fees.

RETURN POLICY: Returns without authorization cannot be accepted. No merchandise can be returned without a copy of our invoice attached. Special order merchandise and furniture are not returnable. All returned merchandise must be received in resalable condition.

SHORTAGES: Shortages must be reported within 72 hours.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 48 Vendor Name: AA Casey

Inv Date: 5-31-95 Inv #: 114663 Inv $: 24.00

Due Date: 6-14-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: 39253

Description: Screw Posts

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.91861.0000.140	95RA100	✓ 24.00

Voucher Prepared by: _____

A.A. CASEY CO. of DAYTONA

TOOL SPECIALTIES, EQUIPMENT & FASTENERS
1100 NO. NOVA ROAD
DAYTONA BEACH, FLORIDA 32117
PHONE: (904) 253-6158
FAX (904) 238-0973
1-800-247-6065

DATE	INVOICE
05/31/95	114663

SOLD TO
SSU
SOUTHERN STATES
UTILITIES
1000 COLOR PLACE
APOPKA. FL. 32703

SHIP TO
** INVOICE **

(407)880-0058

TAX JURISDICTION NO. / DESCRIPTION: 001 STATE TAX JUR. 1

TAX EXEMPT:

LOC.	DATE ORDERED	DATE SHIPPED	SHIP VIA	JOB NO.	CUST. ORDER NO.	SALESPERSON	CLK	TERMS	COPY	PAGE
01	05/01/95	05/31/95			LP078599	0	03	NET 30 DAY		01

ITEM	ORDERED / BACKORDERED	SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT
INVOICE MISC EA	INVOICE 750.00	750.00	INVOICE 3716K 4 SCREW POST	INVOICE .3069	230.18
			PC PM DEL O/T		

RECEIVED
JUN 05 1995
Accounts Payable

SALES AMOUNT	SALES TAX	SHIPPING CHARGE		CODE	DEPOSIT	CASH	CODE	
230.18	13.82							244.00

TERMS: NET 30 Days. Please Pay From This Invoice. STATEMENT UPON REQUEST.
A.A. CASEY COMPANY RETAINS TITLE TO EQUIPMENT ON THIS INVOICE UNTIL PAID IN FULL.

PLEASE PAY THIS AMOUNT

PACKED BY: _____

DELIVERED BY: _____

RECEIVED BY: _____ DATE: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 5-8-95 Inv #: 114030 Inv $: 824.15

Due Date: 6-14-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: 39253

Description: 8' Screwposts

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.140	95RA100	824.15

Voucher Prepared by: [signature]

[illegible] ayable

230.18	13.82							244.0
SALES AMOUNT	SALES TAX	SHIPPING CHARGE		CODE	DEPOSIT	CASH	CODE	

TERMS: NET 30 Days. *Please Pay From This Invoice.* *STATEMENT* UPON REQUEST.
A.A. CASEY COMPANY RETAINS TITLE TO EQUIPMENT ON THIS INVOICE UNTIL PAID IN FULL.

PLEASE F
THIS AMO

PACKED BY: _____

DELIVERED BY: _____ RECEIVED BY: _____ DATE: _____

CO. of DAYTONA

SPECIALTIES, EQUIPMENT & FASTENERS
1100 NO. NOVA ROAD
DAYTONA BEACH, FLORIDA 32117
PHONE: (904) 253-6158
FAX (904) 238-0973
1-800-247-6065

DATE	INVOICE
05/08/95	114030

** INVOICE **

SOLD TO
SSU
SOUTHERN STATES
UTILITIES
1000 COLOR PLACE
APOPKA. FL. 32703

SHIP TO

(407)880-0058

TAX JURISDICTION NO. / DESCRIPTION: 001 STATE TAX JUR. 1

TAX EXEMPT

LOC.	DATE ORDERED	DATE SHIPPED	SHIP VIA	JOB NO.	CUST. ORDER NO.	SALESPERSON	CLK	TERMS	DPT	PA
	04/24/95	05/08/95		LP078599	39253	0	03	NET 30 DAY	010	

ITEM	ORDERED / BACKORDERED	SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT
INVOICE	INVOICE		INVOICE	INVOICE	
MISC EA	500.00	500.00	3707K 1-1/4 SCREW POST	.0850 *	42.50
MISC EA	500.00	500.00	3708K 1-1/2 SCREW POST	.0954 *	47.70
MISC EA	1500.00	1500.00	3710K 2 SCREW POST	.1084 *	162.60
MISC EA	500.00	500.00	3715K 3-1/2 SCREW POST	.2720 *	136.00
MISC EA	500.00	500.00	37155K 3-3/4 SCREW POS	.2980 *	149.00
MISC EA	750.00	.00	3716K 4 SCREW POST	.3069	.00
MISC EA	500.00	500.00	3714K 3 SCREW POST	.2255 *	112.75
SC EA	500.00	500.00	37145K 3-1/4 SCREW POS	.2539 *	126.95
			PC-DA		
			DELIVER BY JAY NEED MONDAY ASAP		

RECEIVED
MAY 15 1995
Accounts Payable

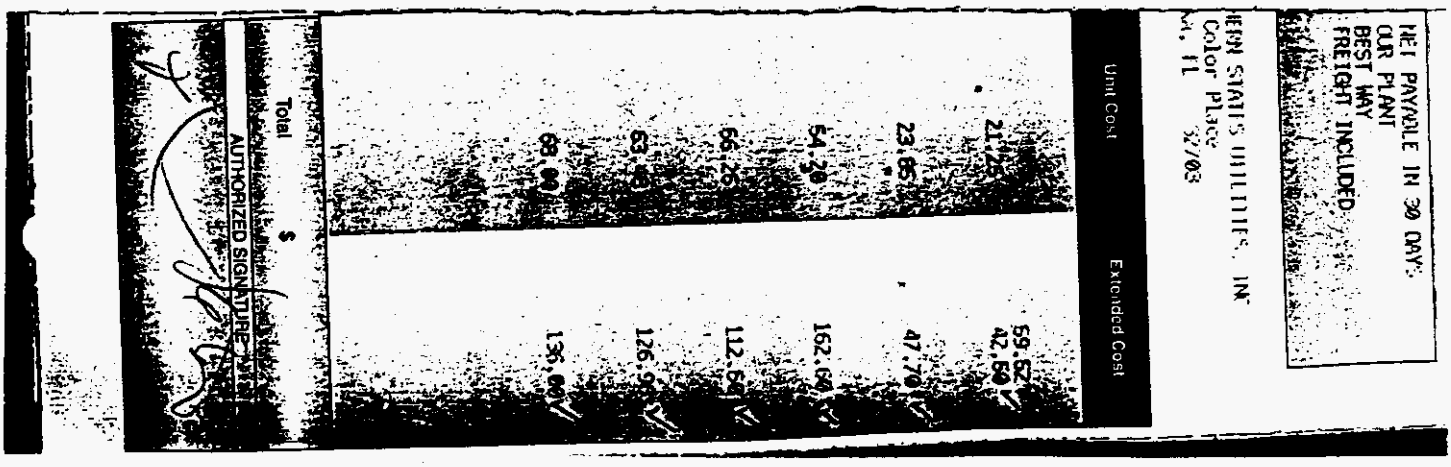
SALES AMOUNT	SALES TAX	SHIPPING CHARGE		CODE	DEPOSIT	CASH	CODE
777.50	46.65						.15

TERMS: NET 30 Days. Please Pay From This Invoice. STATEMENT UPON REQUEST.
A.A. CASEY COMPANY RETAINS TITLE TO EQUIPMENT ON THIS INVOICE UNTIL PAID IN FULL.

PLEASE PAY THIS AMOUNT

PACKED BY: _____

DELIVERED BY: _____ RECEIVED BY: _____ DATE: _____



Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3571 Vendor Name: Colamco

Inv Date: 6-23-95 Inv #: 171229 Inv $: 34.75

Due Date: 7-5-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: LIJ391

Description: formatted disk

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.605.99.1861.000.140	95RA10	34.75

Voucher Prepared by: _____

PLEASE REMIT TO:

COLAMCO INC
COMPUTER SUPPLIES AND ACCESSORIES

975 Florida Central Parkway
Suite 1100
Longwood, Florida 32750-7634
(407) 331-3737 • (800) 327-2722
FAX (407) 331-3831

INVOICE

INVOICE NO.	DATE
171229	06/23/95

SOLD TO
004407
SSU SERVICES
ACCOUNTS PAYABLE DEPT.
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO
SSU SERVICES
1000 COLOR PLACE
APOPKA, FL 32703
ATTN. CINDY LUKE / IS DEPT.

A SERVICE CHARGE OF 1½% PER MONTH (18% ANNUAL) WILL BE ADDED TO ALL PAST DUE ACCOUNTS.

ORDER NO	SALESPERSON	DATE ORDERED	SHIP VIA	DATE SHIPPED
274387	RICHARD S. PARRETT	06/21/95	OUR TRUCK - 1	06/21/95

CUSTOMER P.O. NO.	CUSTOMER CONTACT	TERMS	WAREHOUSE	PAGE
L122391		NET 15 DAYS	1	1

NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION

PRODUCT NO. / DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B O	U/M	UNIT PRICE	EXTENSION
138003F / 12881 3.5 DS/HD IBM PC FORMAT 3M	50	50		EA	0.750*	37.50

RECEIVED
JUN 26 1995
Accounts Payable

PLEASE PAY FROM THIS INVOICE:
STATEMENT ISSUED UPON REQUEST

INVOICE SUBTOTAL	HANDLING	ALLOWANCES	MISC. CHARGES	SALES TAX	FREIGHT	PAY THIS AMOUNT
37.50	0.00	0.00	0.00	2.25	0.00	39.75

ORIGINAL

PURCHASE ORDER

SSU
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 122391

DATE: 6/21/95 VENDOR: Colamco VENDOR INVOICE #

PLANT #: 900001 ADDRESS:

DEPT.: IS CITY:

STATE: ZIP:

QTY.	U/M	DESCRIPTION	AMOUNT
50		3M TBM Formatted High Density DS Diskettes	37.50
		00001.605.99.1861.0000.250	
		NOT VALID FOR PURCHASES OVER $250.00 — TAX TOTAL	39.75

RECEIVED
JUN 26 1995
Accounts Payable

ISSUED BY EMPLOYEE SIGNATURE: Cindy G Luke

AUTHORIZED BY SUPERVISOR SIGNATURE: [illegible]

REASON FOR PURCHASE: Diskettes needed to produce Labels for Customer notification of Rate Increase as Filed

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

Accounts Payable

PLEASE PAY FROM THIS INVOICE:
STATEMENT ISSUED UPON REQUEST

INVOICE SUBTOTAL	HANDLING	ALLOWANCES	MISC. CHARGES	SALES TAX	FREIGHT	PAY THIS AMOUNT
37.50	0.00	0.00	0.00	2.25	0.00	39.75

ORIGINAL

Payable Voucher

Manual Check #: _____ Date: _____

Vendor #: 957 Vendor Name: Data Comm

Inv Date: 5-3-95 Inv #: D0878223 Inv $: 56.95

Due Date: 6-7-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: G13/868

Description: Surge Suppressors

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.186.1000.~~254~~ 140	95RA100	✓56.95

Voucher Prepared by: [signature]

RECEIVED
MAY 08 1995
Accounts Payable

ACCOUNTS 30 DAYS AND OVER ARE SUBJECT TO A FINANCE CHARGE OF 1 1/2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE OF 18% TO BE APPLIED TO THE UNPAID BALANCE.

SALES TAX	F.O.B	SHIPPING & HANDLING	TOTAL DUE
	WILMINGTON	7.00	56.95

Please return below stub with payment:

ORIGINAL

FEDERAL TAX ID #0611927

INVOICE

PLEASE REMIT TO:
Parts Source
WAREHOUSE
P.O. Box 8934
Boston, Massachusetts 02266-8934

P.O. Box 8934, Boston, Massachusetts 02266-8934
Sales: 800-328-2261 Fax: 908-363-4823
Acctg: 800-445-9681 Fax: 908-370-8721

SHIP TO (IF OTHER THAN "SOLD TO")

PLEASE REFER TO YOUR ACCOUNT NUMBER AND INVOICE NUMBER IN ALL COMMUNICATIONS REGARDING THIS INVOICE	ACCOUNT NUMBER
	3871

SSU GENERAL OFFICES
1000 COLOR PLACE
APOPKA, FL 32703

L131868	05/03/95
YOUR PURCHASE ORDER NUMBER AND DATE	

INVOICE NUMBER	INVOICE DATE	SHIPPED VIA	DATE SHIPPED	Payment Due by 05/18/95
D0878223	05/03/95	Airborne Expr	05/03/95	

ORDERED	SHIPPED	ITEM NO.	DESCRIPTION	UNIT PRICE	EXTENDED PRI
1	1	DSP1000	ISOBAR ULTRA 4 OUTLETS DIAGNOSTIC *MBG*	49.95	49.95

RECEIVED
MAY 08 1995
Accounts Payable

ACCOUNTS 30 DAYS AND OVER ARE SUBJECT TO A FINANCE CHARGE OF 1 1/2% PER MONTH WHICH IS AN ANNUAL PERCENTAGE OF 18% TO BE APPLIED TO THE UNPAID BALANCE.

SALES TAX	F.O.B	SHIPPING & HANDLING	TOTAL DUE
	WILMINGTON	7.00	56.95

Please return below stub with payment:

ORIGINAL

FEDERAL TAX ID #061192

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5229 Vendor Name: Eastman Kodak

Inv Date: 5-30-95 Inv #: 013B07865 Inv $: 418.97

Due Date: 6-21-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: 39493

Description: toner

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.565.99.1861.0000.140	95RA100	✓418.97

Voucher Prepared by: [signature]

INVOICE

D.U.N.S. CODE 00-220-6183 E.I.N. 16-0417150

*** ORIGINAL ***

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	013B07865	05/30/95

CUSTOMER ORDER REFERENCE NUMBER	PAGE
39493	1 OF 1

EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER REC'D DATE	SHIP DATE
		05/25/95	05/25/95

1-0- -675-670-007-93 714 S1

E0068Z8-2-02-02

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA AIR			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	DEBBIE VANMETER 407-880-0058			
8	*EPRT L TONER CAT. NO. 808 6597 PRICED PER AGREEMENT NO. CRS1113725	S3	45.28	362.24
	PRICE & QTY VERIFIED WITH CUSTOMER			
	TRANSPORTATION CAT. NO. 103 4016			35.00
	*FLORIDA STATE TAX CAT. NO. 191 6055			21.73

RECEIVED
JUN 05 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

M

TERMS: NET 30 DAYS
$418.97 DUE 06/29/95

INVOICE TOTAL
S 418.97

Seller represents that with respect to its production of the articles

APPENDIX IX 305-5

Inv Date: [illegible]

Due Date: 6-21-95

Month/Yr: 6-95

Description: Developer

Units:

Inv #: 013B14647 PAGE 160 OF 2226

Discount:

Inv $: 219.34

Terms:

Purchase Order #: 39641

Job Code:

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.565.9.1861.0000.140	95RA100	219.34

Voucher Prepared by: [signature]

5731708 REFERENCE NUMBER | 13R14691 | PAGE 1 OF 1

EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER REC'D DATE	SHIP DATE
39641		06/13/95	06/14/95

*** ORIGINAL ***

1-0- -675-670-007-93 714 S1

K000874-2-0-02

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA UNITED PARCEL SERVICE			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	DEBBIE VANLARE 407 880 0058			
2	*BTL 2.5KG EPRT L DEVELOPER CAT. NO. 121 4675 PRICED PER AGREEMENT NO. CRS1113725	S2	103.46	206.92
	*FLORIDA STATE TAX CAT. NO. 191 6055			12.42

RECEIVED
JUN 19 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

M

TERMS: NET 30 DAYS
$219.34 DUE 07/14/95

"Seller represents that with respect to its production of the articles and/or the performance of the services covered by this invoice, it has fully complied with the Fair Labor Standards Act of 1938, as amended."

INVOICE TOTAL
$ 219.34

846-8802-200 S (5/89)

46 Manual Check #: _____ Date: _____

Vendor #: 5229 Vendor Name: Eastman Kodak

Inv Date: 6-23-95 Inv #: 013B18115 Inv $: 424.91

Due Date: 7-5-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: 39722

Description: toner

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.565.99.1861.0000.140	95RA100	424.91

Voucher Prepared by: CM

D.U.N.S. CODE 00-220-8183 E.I.N. 16-0417150

*** ORIGINAL ***

EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER REC'D DATE	SHIP DATE
39722		06/21/95	06/21/9

1-0- -675-670-014-93 714 S

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA AIR			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	DEBBIE VANMETER 407 880 0058			
8	*EPRT L TONER CAT. NO. 808 6597 PRICED PER AGREEMENT NO. CRS1113725	S3	45.28	362.24
	PRICE & QTY VERIFIED WITH CUSTOMER			
	TRANSPORTATION CAT. NO. 103 4016			41.00
	*FLORIDA STATE TAX CAT. NO. 191 6055			21.73

RECEIVED
JUN 2 8 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

TERMS: NET 30 DAYS
$424.97 DUE 07/23/95

INVOICE TOTAL
$ 424.97

"Seller represents that with respect to its production of the articles and/or the performance of the services covered by this invoice, it has fully complied with the Fair Labor Standards Act of 1938, as amended."

846-8802-200 S (5/89)

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 15216 Vendor Name: OFFICE DEPOT

Inv Date: 5-6-95 Inv #: 850667 Inv $: 836.54

Due Date: 6-14-95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: 39225

Description: MISC. OFFICE SUPPLIES

Units: _____ Job Code: _____

Account Number Pfl.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.515.99.6208.0000.140		309.45
591.		137.95
605.		30.91
620.		64.33
0001.620.99.1861.0000.140	95RA100	✓ 293.90

Voucher Prepared by: _____

Office DEPOT℠

SOLD TO:

CHARGED BY: 20006920010

INVOICE NUMBER: 000850667

SOUTHERN STATES UTILITIES

SALE DATE: 5/06/95
STORE:
REGISTER:
TRANS:
TYPE:

S.K.U.	DESCRIPTION	QTY	PRICE	EXTENSION
0553248	SHARPIE 5PK ASST.	1	3.59	3.59
0621516	SHARPIE ULTRA-FINE ASST5P	1	3.59	3.59
0920884	LEGAL INDEX 1-25	2	3.79	7.58
0920900	INDEX,LTR SIDE TAB 26-50	4	3.79	15.16
0920967	INDEX,LTR SIDE TAB 51-75	4	3.79	15.16
	SALES TAX			54.21
	TOTAL			836.54

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

** ORIGINAL INVOICE **APPENDIX 12L305-B

Office DEPOT

SOLD TO: PAGE 2929 766 OF 2226
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

CHARGED BY: 20006920010

INVOICE NUMBER: 000850667

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703-7797

SALE DATE: 5/06/95
STORE: 1085
REGISTER: 99
TRANS: 00284
TYPE: 00

Total Amount Due: 836.54

Purchase Order #: 39225

S.K.U.	DESCRIPTION	QTY	PRICE	EXTENSION
0808857	ACCO BINDER CLIP SM 12CT	12	.47	5.64
0221515	WASTEBASKET-BLACK 41 QT	1	4.99	4.99
0435222	2" OVERLAY BINDER WHITE	36	2.87	103.32
0435230	3" OVERLAY BINDER WHITE	24	4.67	112.08
0435214	1.1/2"OVERLAY BINDER WH.	24	2.47	59.28
0360669	WRITE ON INDEX-5TAB WHITE	50	.99	49.50
0373738	PANASONIC ELECTRI STAPLER	3	64.99	194.97
0594333	EXPRESS/PRP 3.5 DISK FILE	1	3.99	3.99
0103150	ROLO-2-HOLE PUNCH 25-SHEE	1	10.79	10.79
0626044	MINI-POSTIT TAPE FLAGS	3	2.99	8.97
0373407	DRAWER TRAY SMOKE	1	2.35	2.35
0184580	PENTL ROLL WRITERS BK 12P	1	6.89	6.89
0823690	CALCULATOR INKROLL-PR-42	2	2.99	5.98
0196451	PENCIL CUP-SMOKE	1	1.79	1.79
0307264	WHILE YOU WERE OUT PADS	1	1.37	1.37
346007	DATA BINDER-14X11-LT.BLUE	12	1.99	23.88
207464	FST FOLDERS RECYC LEGAL	1	16.99	16.99
0182121	LIQUID PAPER-CANARY YELLO	1	.98	.98
0182139	LIQUID PAPER-PINK	1	.98	.98
0182154	LIQUID PAPER-GREEN	1	.98	.98
0182162	LIQUID PAPER-GOLDENROD	1	.98	.98
0405803	FILE PRO FRAME 2PK LEGAL	2	3.99	7.98
0102145	PRSX DTA BDR-EXRD-14-7/8X	8	1.99	15.92
0195644	BUSINESS CARD HOLDER-CLEA	1	.55	.55
0367771	RING BINDER 2" BLUE	2	2.39	4.78
0435859	DRYLINE CORRECTION SINGLE	1	4.99	4.99
0435917	DRYLINE REFILL CORRECT SN	1	1.99	1.99
0420950	ASTRO ORBIT ORANGE	1	7.99	7.99
0552984	ZEZE MECH PENCIL 5PK .5MM	1	4.28	4.28
0453928	10' EXTENSION CORD GREY	1	1.99	1.99
0435230	3" OVERLAY BINDER WHITE	1	4.67	4.67
0362160	BOSTITCH-440 STAP COMBO	1	6.97	6.97
0346049	DATA BNDR-9.5X11-LT. BLUE	10	1.99	19.90
0936484	JACKET.LTR/LGL.PNCHD.3/4"	10	.79	7.90
0812503	SWIFTAB 1.5IN WHITE WRITE	7	1.79	12.53
0112326	FILE FOLDER LABELS-GREEN	2	1.79	3.58
0112284	FILE FOLDER LABELS-BLACK	2	1.79	3.58
0112409	FILE FOLDER LABELS-YELLOW	1	1.79	1.79
0112318	FILE FOLDER LABELS-DK RED	1	1.79	1.79
0920926	LEGAL INDEX A-Z	1	3.79	3.79

RECEIVED
JUN 08 1995
Accounts Payable

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

Accounts Payable Voucher

Approved by: _____

Manual Check #: _____ Date: _____

Type: _____

Vendor #: 15216 Vendor Name: OFFICE DEPOT

Inv Date: 5-10-95 Inv #: 888302 Inv $: <1,095.79>

Due Date: 6-14-95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: 38701

Description: CREDIT TO INV # 557995

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
20001.620.99.1861.0000.140	95RA100	✓ <1,095.79>

Voucher Prepared by: _____

RECEIVED
JUN 05 1995
Accounts Payable

937-3600
(800) 729-7744

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

ORIGINAL INVOICE

Office DEPOT℠

SOLD TO: 10652929
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

CHARGED BY: 2000692001●

INVOICE NUMBER: 000888302

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703-7797

SALE DATE: 5/10/95
STORE: 1085
REGISTER: 99
TRANS: 00094
TYPE: 00

otal Amount Credited: 1095.79

Purchase Order #: 38701

S.K.U.	DESCRIPTION		QTY	PRICE	EXTENSION
345645	MERCHANDISE RETURNED		190-	5.39	1024.10- 71.69-
		SALES TAX			
		TOTAL			1095.79-

RECEIVED
JUN 0 8 1995
Accounts Payable

937-3600
(800) 729-7744

REMIT TO: OFFICE DEPOT INC. P.O. BOX 628000 ORLANDO, FL 32891-8263

APPENDIX DE 305-3

Accounts Payable Voucher PAGE 769 OF 2226

Manual Check #: _____ Date: _____

23007 Vendor Name: Wallace Comp

: 5/19/95 Inv #: A756D4-01D Inv $: 41.17

Date: 6/14/95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: 39398

Description: printer ribbons

Units: _____ Job Code: _____

Account Number Pit.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.6399.1861.0000.140	95EA10	41.17 ✓

Voucher Prepared by: [signature]

WALLACE
COMPUTER SERVICES, INC.

CORPORATE HEADQUARTERS: HILLSIDE, ILLINOIS 60162-2079
TELEPHONE (708) 449-8600 D-U-N-S 00-552-4541

Not Just Products. Solutions.®

REGARDING THIS ORDER

PURCHASE ORDER NO.	39398
CONTRACT NO.	R0302
PAYMENT TERMS	NET 30 DAYS
INVOICE AMOUNT	417.02
SALES REFERENCE NO.	873339
SALES REPRESENTATIVE	DOLLAR, ROGER B.
DISTRICT/SALES NO.	33450 04268

INVOICE: A75604-010
PAGE NO: 1

INVOICE DATE: 05/19/95
PAST DUE AFTER 06/18/95
ORDER TYPE: N-OT-

SEND REMITTANCE WITH ONE COPY OF THIS INVOICE TO:
WALLACE COMPUTER SERVICES, INC.
PO BOX 905046
CHARLOTTE, NC
28290-5046

IF YOU HAVE A QUESTION ABOUT THIS INVOICE, PLEASE CALL YOUR SALES REPRESENTATIVE OR CALL CUSTOMER SERVICE AT 1-708-377-1096.

PLANT: 60 CONTINENTAL RIBBON

CUSTOMER NO: 0013065-001-0001-0000

SOLD TO: SOUTHERN STATES UTILITY
1000 COLOR PLACE
APOPKA FL 32703

ATTN: ACCOUNTS PAYABLE

SHIPPED TO: SOUTHERN STATES UTILITY
1000 COLOR PLACE
APOPKA FL 32703

ATTN: CANDY

ORDER DATE	DATE SHIPPED	SHIPPED FROM	F.O.B.	FRT. TERMS	CARRIER	TAX CODE	PACKAGES	TOTAL WEIGHT
05/18/95	05/19/95	BRENHAM TX	PLANT	PREPAID	U P S	01	1	17.00

ITEM NO. / DESCRIPTION / JOB NO.	QUANTITY ORDERED	UOM	QUANTITY BACK ORDERED	QUANTITY SHIPPED	PRICE	UOM	TAX CODE	AMOUNT
5203 IBM PRINTER RIBBON 04827 IBM1040282 60-60001-0000	6	EA	0	6	64.65	EA	01	387.90

RECEIVED
MAY 25 1995
Accounts Payable

TOTAL EXT	387.90
FL SALES TAX	23.27
FREIGHT	~~5.85~~
TOTAL DUE	~~417.02~~ 411.17

CHARGE PER MONTH
DATE

CONDITIONS PRINTED ON THE REVERSE OF THE GOODS DESCRIBED ABOVE

ORIGINAL INVOICE

PAGE 770 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 23007 Vendor Name: Wallace

Inv Date: 5/19/95 Inv #: A95L04-01D Inv $: 585

Due Date: 6/2/95 Discount: _____ Terms: _____

Month/Yr: 6/95 Purchase Order #: 39398

Description: freight

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000162599.1801.0000140	✓95RA00	585

Voucher Prepared by: _____

APPENDIX PAGE

WALLACE
COMPUTER SERVICES, INC.

CORPORATE HEADQUARTERS: HILLSIDE, ILLINOIS 60162-2079
TELEPHONE (708) 449-8600 D-U-N-S 00-552-4541

Not Just Products. Solutions.™

PURCHASE ORDER NO. 39398
CONTRACT NO. R0302
PAYMENT TERMS NET 30 DAYS
INVOICE AMOUNT 417.02
SALES REFERENCE NO. 873339
SALES REPRESENTATIVE DOLLAR, ROGER B.
DISTRICT/SALES NO. 33450 04268

INVOICE: A75604-010
PAGE NO: 1
INVOICE DATE: 05/19/95
PAST DUE AFTER 06/18/95
ORDER TYPE: N-OT-

SEND REMITTANCE WITH ONE COPY OF THIS INVOICE TO:
WALLACE COMPUTER SERVICES, INC.
PO BOX 905046
CHARLOTTE, NC
28290-5046

IF YOU HAVE A QUESTION ABOUT THIS INVOICE, PLEASE CALL YOUR SALES REPRESENTATIVE OR CALL CUSTOMER SERVICE AT 1-708-377-1096.

PLANT: 60 CONTINENTAL RIBBON
CUSTOMER NO: 0013065-001-0001-0000

SOLD TO:
SOUTHERN STATES UTILITY
1000 COLOR PLACE
APOPKA FL 32703

ATTN: ACCOUNTS PAYABLE

SHIPPED TO:
SOUTHERN STATES UTILITY
1000 COLOR PLACE
APOPKA FL 32703

ATTN: CANDY

ORDER DATE	DATE SHIPPED	SHIPPED FROM	F.O.B.	FRT. TERMS	CARRIER	TAX CODE	PACKAGES	TOTAL WEIGHT
05/18/95	05/19/95	BRENHAM TX	PLANT	PREPAID	U P S	01	1	17.00

ITEM NO. / DESCRIPTION / JOB NO.	QUANTITY ORDERED	UOM	QUANTITY BACK ORDERED	QUANTITY SHIPPED	PRICE	UOM	TAX CODE	AMOUNT
5203 IBM PRINTER RIBBON 04827 IBM1040282 60-60001-0000	6	EA	0	6	64.65	EA	01	387.90

RECEIVED
MAY 25 1995
Accounts Payable

6/15/95 We should pay freight per Barb C.

1 1/2 % LATE CHARGE PER MONTH AFTER DUE DATE

TOTAL EXT	387.90
FL SALES TAX	23.27
FREIGHT	~~5.85~~
TOTAL DUE	~~417.02~~ 411.17

THIS SALE IS SUBJECT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE. ACCEPTANCE BY PURCHASER OF DELIVERY OF THE GOODS DESCRIBED ABOVE INDICATES ACCEPTANCE OF SUCH TERMS AND CONDITIONS.

ORIGINAL INVOICE

APPENDIX UEBO's PAGE 772 OF 2226

Vendor Name: A.I. Casey of Daytona

Inv Date: 7-19-95 Inv #: 120527 Inv $: 672.68

Due Date: ~~7-26-95~~ 8/9/95 Discount: Terms:

Month/Yr: 7-95 Purchase Order #: 39837

Description: Screen posts

Units: Job Code:

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.630.99.1861.0000.140	95RA100	672.68

Voucher Prepared by:

...EQUIPMENT & FASTENERS
1100 NO. NOVA ROAD
DAYTONA BEACH, FLORIDA 32117
PHONE: (904) 253-6158
FAX (904) 238-0973
1-800-247-6065

DATE	INVOICE
07/19/95	120527

** INVOICE **

SOLD TO
SSU
SOUTHERN STATES
UTILITIES
1000 COLOR PLACE
APOPKA. FL. 32703

SHIP TO
MERVIN

(407)880-0058

TAX JURISDICTION NO. / DESCRIPTION: 001 STATE TAX JUR. 1

TAX EXEMPT:

LOC.	DATE ORDERED	DATE SHIPPED	SHIP VIA	JOB NO.	CUST. ORDER NO.	SALESPERSON	CLK	TERMS	COPY	PAGE
01	07/10/95	07/19/95			39839	0	03	NET 30 DAY		01

ITEM	ORDERED / BACKORDERED	SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT
INVOICE	INVOICE		INVOICE	INVOICE	
MISC EA	2000.00	2000.00	1" 3706K SCREW POST	.0709 *	141.80
MISC EA	1500.00	1500.00	1-3/4 3709K SCREW POST	.1067 *	160.05
MISC EA	2500.00	2500.00	2-1/4 3711K SCREW POST	.1331 *	332.75
			PC-DA DELIVER O/T		

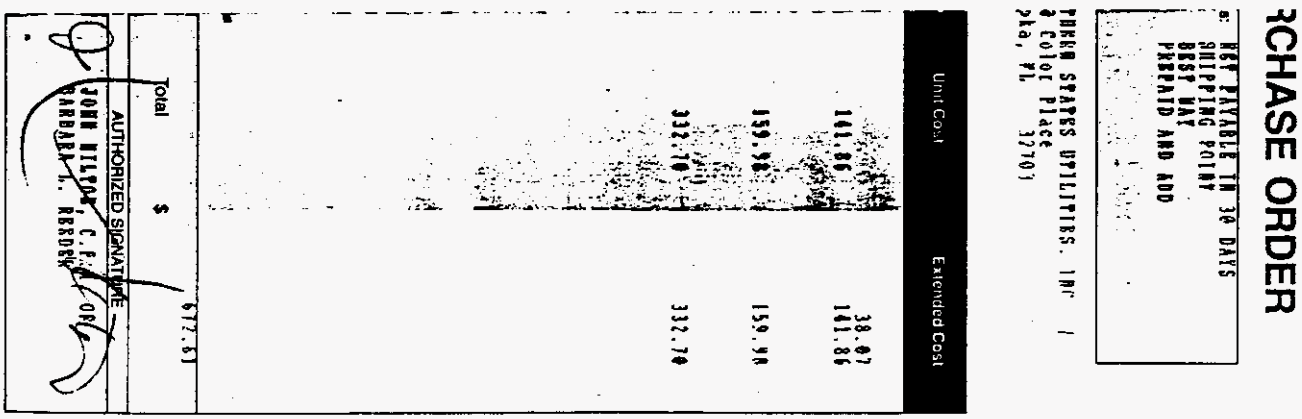
SALES AMOUNT	SALES TAX	SHIPPING CHARGE		CODE	DEPOSIT	CASH	CODE	
634.60	38.08							672.68

PLEASE PAY THIS AMOUNT

TERMS: NET 30 Days. Please Pay From This Invoice. STATEMENT UPON REQUEST.
A.A. CASEY COMPANY RETAINS TITLE TO EQUIPMENT ON THIS INVOICE UNTIL PAID IN FULL.

PACKED BY: _____

DELIVERED BY: _____ RECEIVED BY: _____ DATE: _____



Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2053 Vendor Name: Bair's Printing

Inv Date: 7.31.95 Inv #: 9407 Inv $: 15.90

Due Date: 8.23.95 Discount: _____ Terms: _____

Month/Yr: 7-95 Purchase Order #: L13428

Description: "Certificate" Stamp - for D. Henry - interrogatories

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.591.99.1161.0000.140	SRA100	15.90

Voucher Prepared by: _____

Baie's Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009427

INVOICE DATE: 07/31/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 07/31/95
DUE DATE..: 08/30/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: ~~DEBBIE~~ 132428
P.O. DATE.....: 07/28/95
OUR ORDER NO..: 9427
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
1 KNOB STAMP	"CERTIFICATE. . . "	1.00	1.00	E	15.00	15.00	*

NET AMOUNT: 15.00
TAX: 0.90 *
TOTAL DUE: 15.90

NOTICE
By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods **MUST** be accompanied by this bill.

Received By Debbie VanMeter

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 7.27.95 Inv #: 9402 Inv $: 15.90

Due Date: 8.23.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: C132428

Description: "Certificate" Stamp - for D. Henry, Fr Interrogatories

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.591.A.186.0000.140	5RA100	15.90

Voucher Prepared by: [signature]

Boie's Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009402

INVOICE DATE: 07/27/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 07/27/95
DUE DATE..: 08/26/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: ~~DEBBIE~~ 132428
P.O. DATE.....: 07/26/95
OUR ORDER NO..: 9402
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
1 KNOB STAMP	"CERTIFICATE. . ."	1.00	1.00	E	15.00	15.00	*

NET AMOUNT:	15.00
TAX:	0.90 *
TOTAL DUE:	15.90

NOTICE

By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods **MUST** be accompanied by this bill.

Received By Debbie VanMeter

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

* Receiving verbal approval

Approved by: for El. Time 7/11/95

Accounts Payable Voucher

Manual Check #: _____ Date: _____

Vendor #: ~~3609~~ 3765 Vendor Name: D. Rhoads-Petty Cash

Inv Date: 7.10.95 Inv #: _____ Inv $: 395.08

Due Date: 7.12.95 Discount: _____ Terms: _____

Month/Yr: 7.95 Purchase Order #: _____

Description: Petty Cash Fund

Units: _____

Account Number Pl.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.605.99.1861.0000.200	95RA100	4.47
1806.570.02.1050.0000.271	94CA0446 *	65.50
90001.591.99.6208.0000.135		27.10
90001.565.99.6758.0000.240		11.78
00001.625.99.1862.0000.135	94EA015	15.00
90001.600.99.6758.0000.205		20.00
90001.565.99.6508.0000.160		88.90
201.515.99.6208.0000.140		13.56
00001.605.99.1861.0000.140	95RA100	10.15
90001.605.99.6758.0000.250		10.15
90001.591.99.6758.0000.250		4.00
00001.605.99.1861.0000.200	95RA100	27.47
90001.590.99.6758.0000.165		10.00
90001.515.99.6758.0000.201		10.00
510.570.01.1050.0000.270	94CC512 *	30.00
989.570.01.1050.0000.270	93CW255 *	17.00
947.570.01.1050.0000.270	94CW062 *	30.00

SOUTHERN STATES UTILITIES, INC.
PETTY CASH VOUCHER

Pg. 1 of 2

DATE	VENDOR	PLANT #	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	FOR GENERAL OFFICE USE ONLY: GENERAL LEDGER ACCOUNT NO.
				BEGINNING BALANCE IN FUND	104.92	
6/26/95	M. Dorsey	00001	Coffee & Cups Rate Cs. Mtg	M. Dorsey	4.47	(95 RATE) 001.0000.605.99.1861.0000.200
4/17/95	Clerk Cir. Court	90001	Commencement Notices	W. Hendricks	65.50	001.01806.570.02.1050.0000.271
4/22/95	Orange Cnty Lib.	90001	Copy Card	D. Henry	5.00	001.90001.591.99.6208.0000.135
4/30/95	Albertson's	90001	Kitchen Supplies	Arlene Gethleman	6.90	001.90001.565.99.6758.1800.240
5/13/95	Orange Cnty Lib.	90001	Copies	D. Henry	5.00	001.90001.591.99.6208.0000.135
5/13/95	Pharmor	90001	Lunch Room Supplies	Arlene Gethleman	2.21	001.90001.565.99.6758.1800.240
5/22/95	Osceola Cnty Clerk of Ct	00001	Copies Made	Chuck Bliss	15.00	001.00001.625.99.1862.0000.135
5/15/95	Central Fl. Human Resource Assn.	90001	Dinner Meeting	Donna Clausen	20.00	001.90001.600.99.6758.0000.205
5/15/95	FPSC	90001	diskette - Weekly Summary of Orders	Donna Henry	3.50	001.90001.591.99.6208.0000.135
06/06/95	Earl K. Wood	90001	Trailer Registration	John Hilton	25.60	001.90001.565.99.6508.0000.160
06/06/95	Earl K. Wood	90001	Tag Purchase	John Hilton	35.10	001.90001.565.99.6508.0000.160
6/6/95	Office Depot	90001	Office Supply	Ginger Clark	13.56	001.90001.515.99.6208.0000.140
6/7/95	Eckerd Drugs	00001	Film Purchase	JoAnn Harris	10.15	001.00001.605.99.1861.0000.250
6/7/95	Eckerd Drugs	90001	Film Purchase	JoAnn Harris	10.15	001.90001.605.99.6758.0000.250
6/29/95	Earl K Wood	90001	TAG Registration	John Hilton	28.20	001.90001.565.99.6508.0000.160
6/12/95	Seminole Cnty	90001	Aerial Map	Donna Henry	4.00	001.90001.591.99.6758.0000.250
				FUND REIMBURSEMENT		
				ENDING FUND BALANCE		

Prepared By _____ Date _____

Approved By _____ Date _____

APPENDIX DR305-B
PAGE 780 OF 2226

SOUTHERN STATES UTILITIES, INC.
PETTY CASH VOUCHER

DATE	VENDOR	PLANT #	MATERIAL/SUPPLIES SERVICE PURCHASED	INTENDED USE	$ AMOUNT	FOR GENERAL OFFICE USE ONLY: GENERAL LEDGER ACCOUNT NO.
				BEGINNING BALANCE IN FUND		
6/22/95	Goodings	00001	Food for Customer Serv. Rate Ca. TRAINING	M. Dorsey	$11.91 ✓	001.00001.605.99.1861.0000.200
6/23/95	Dawkins Dairy	00001	Food for Rate C. Training	M. Dorsey	$15.56 ✓	001.00001.605.99.1861.0000.200
6/17/95	Albertsons	90001	Lunch Room Supply	A. Gettleman	2.67 ✓	001.90001.565.99.6758.1800.240
4/26/95	U.S. Post Mkr.	90001	Postage	M. Dorsey	10.00 ✓	001.90001.590.99.6758.0000.185
6/21/95	PSC	90001	Disk of Weekly Summary	D. Hervey	6.70 ✓	001.90001.591.99.6208.0000.135
7/7/95	PSC	90001	Copies of Bedocs	D. Hervey	4.30 ✓	001.90001.596.99.6208.0000.135
6/22/95	Library	90001	Copy of Listing of Libraries	E. Ballard	2.60 ✓	001.90001.591.99.6208.0000.135
7/7/95	Nations Bk.	90001	CASHIER Check	K. Ritter	10.00	001.90001.515.99.6758.0000.201 94CC572
7/7/95	Lake County	00560	Recording Fees	J. Sturdevant	30.00	001.00560.570.01.1050.0000.270 93CW255
7/6/95	Citrus Cnty	00989	Recording Fees	J. Sturdevant	17.00	001.01989.570.01.1050.0000.270 94CW062
7/6/95	Citrus Cnty	00987	Recording Fees	J. Sturdevant	30.00	001.00987.570.01.1050.0000.270

FUND REIMBURSEMENT	$395.08
ENDING FUND BALANCE	$500.00

Prepared By — Date: 7/10/95

Approved By — Date: 7/10/95

APPENDIX XV-B
PAGE 781 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2023 Vendor Name: KINKO'S

Inv Date: 7-2-95 Inv #: 640033085-93 Inv $: 178.90

Due Date: 7-2-95 Discount: _____ Terms: _____

Month/Yr: 7/95 Purchase Order #: H29678

Description: COLLATED TABS

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.6200.99.1861.0000.140	958900	178.90

Voucher Prepared by: _____

kinko's
the copy center

Please remit payment to:

Kinko's Customer Administrative Services
(formerly Kinko's National A/R)
P.O. Box 8033
Ventura, CA 93002-8033

Questions? call:
1-800-488-3705

INVOICE
Official Bill of Sale
Terms Net 30 Days
Please Reference Invoice # Below

Invoice#:0640033085

Receipt #: 107877 Year: 94 Store: 1
Customer #: 6400300004 0000
Customer : SOUTHERN STATES UTILITIES
Auth. User: SOUTHERN STATES UTILITIES
Reference : RATES DEPT.

Date: 07/02/93 5:27 PM Co-worker: TT

Qty	Price	Disc.	Amount
FULL OTHER COLLATED TABS			
3049	0.30	0.00	91.20
FULL OTHER COLLATED TABS			
1408	0.70	0.00	985.60
DTP MAC FULL SPECIAL PRICE ,			
10	25.00	0.00	25.00

Delivery Address

D.D.

Co-worker's Initials

* Alice Textor
Signature

* Alice Textor
Print Name

9001.620.58.6208.00000.135
9SRA100

SUBTOTAL	1101.80
TAX	77.13
TOTAL	1178.93

Thank you for choosing Kinko's
Your Branch Office
Kinko's - the copy center
445 W STATE ROAD 436
SUITE 104
ALTAMONTE SPRINGS, FL 32714

Get Connected With The Kinko's Charge Card.

- *Faster Checkout*
- *Single, Monthly Automated Billing Statements*
- *Customized Billing Capabilities*
- *Convenient, Easy To Use*
- *Recognition As A Valued Customer*
- *Accepted At Participating Kinko's In The United States And Canada*

STORE COPY - WHITE
A/R COPY - YELLOW
CUSTOMER COPY - PINK

kinko's®

the copy center

445 W. State Road 436
Altamonte Springs, FL 32714
(407) 682-4440 Fax (407) 682-6670
OPEN 24 HOURS

Bus./Org Name SSU - [illegible] Plate -1 +/
Customer Name [illegible]
Phone [illegible] Ext.
Home Phone 788-0058 ext. 232
May we contact you after 10 p.m.? Y ☐ N ☐ Phyllis
Address

DELIVER YES ☐ NO ☐

Bin
Bags
Boxes

Date Taken	Date Due
6/30/95	6/30/95
12 AM PM	ASAP AM PM

ORDER TAKER (Name, NOT Initials) Dawn

KEY-OP Ker

FINISHING WORK

QUALITY CHECKED

COPIES

Quantity 18/14 Stock Tab-3H

Circle 1:1 1:2 2:2 2:1 Collate Hand Place

Reduce/Enlarge ____ %

Staple

Fold (enclose sample) Letter Half Z-Fold Other

Binding SP VB TB HB PB WB

Covers Print Cover ☐ Include ☐

Padding # Sheets/Pad

Drilling 3HD Other

Cutting 1/2 1/3 1/4 Other

COLOR COPIES

Quantity

Paper Size

☐ full size ☐ auto zoom

☐ reduce/enlarge ____ %

SPECIAL INSTRUCTIONS

15 sets of 18 tabs 5 hole

14 sets of 10 tabs 3 hole

2x 28 tabs

RECEIVED
JUL 06 1995
Accounts Payable

CUSTOMER SIGNATURE

I have reviewed the above instructions and they are in accordance with my specifications.
Kinko's will only hold orders for 30 days.

ITEMIZED COSTS

Refer to Quote#

Department	Quantity	SS-DS	Paper	# of Originals
FS	324	1-25		20
FS	140	1-25		30
FS MAC				28.00

Subtotal	
Tax	
Total	

TOTAL

Cashier Form of Payment CA CK CC INV

Trans# Account #

P.O.# Tax Exempt #

THE KINKO'S SATISFACTION GUARANTEED!

All of our co-workers are empowered to insure that we exceed your expectations for quality, timeliness, and dependability. At anytime, if you feel that we are not meeting these expectations, please contact the manager or an assistant manager at (407) 682-4440. Thank you for choosing Kinko's.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 15216 Vendor Name: OFFICE DEPOT

Inv Date: 6-26-95 Inv #: 030035256 Inv $: 34.23

Due Date: 7-26-95 Discount: _____ Terms: _____

Month/Yr: 7/95 Purchase Order #: L129675

Description: COPIER LASER SHEET

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.140	95RA100	34.23

Voucher Prepared by: _____

** ORIGINAL INVOICE **

Page

Office DEPOT

SOLD TO: 10652929
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

CHARGED BY: 20006920010

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703-7797

INVOICE NUMBER: 030035256

SALE DATE: 6/26/95
STORE: 0030
REGISTER: 3
TRANS: 05256
TYPE: 00

Total Amount Due: 34.23

Purchase Order #: 129675

S.K.U.	DESCRIPTION		QTY	PRICE	EXTENSION
08270	COPIER LABEL FULL SHEET		1	31.99	31.99
		SALES TAX			2.24
		TOTAL			34.23

RECEIVED
JUL 17 1995
Accounts Payable

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 16216 Vendor Name: OFFICE DEPOT

Inv Date: 6-23-95 Inv #: 030016639 Inv $: 34.23

Due Date: 7-26-95 Discount: _____ Terms: _____

Month/Yr: 7/95 Purchase Order #: L129674

Description: COPIER LABEL SHEET

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.140	95RA100	34.23

Voucher Prepared by: _____

** ORIGINAL INVOICE **

Office DEPOT℠

SOLD TO: 10652929
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

CHARGED BY: 20006920010

INVOICE NUMBER: 030016639

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703-7797

SALE DATE: 6/23/95
STORE: 0030
REGISTER: 1
TRANS: 06639
TYPE: 00

Total Amount Due: 34.23

Purchase Order #: 129674

S.K.U.	DESCRIPTION		QTY	PRICE	EXTENSION
8270	COPIER LABEL FULL SHEET		1	31.99	31.99
		SALES TAX			2.24
		TOTAL			34.23

RECEIVED
JUL 17 1995
Accounts Payable

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

Accounts Payable Voucher

Approved by: [signature] Manual Check #: _____ Date: _____

Type: _____

Vendor #: 4328 Vendor Name: PKgs

Inv Date: 6/29/95 Inv #: 32097 Inv $: 4280

Due Date: 7/9/95 Discount: _____ Terms: _____

Month/Yr: 7/95 Purchase Order #: L133454

Description: boxes

Units: _____ Job Code: _____

Account Number PtLResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1861.0000.140	95RA100	4280

Voucher Prepared by: [signature]

P.k.g.'s®

P.K.G.'S (Orlando)
905 N. Orlando Avenue
Maitland, Florida 32751
(407) 645-1450 (407) 645-1421-F

[redacted]

PKG I.D. 8906.7

POUNDS	ZONE	

SEND TO

RECIPIENT'S NAME (PLEASE PRINT) PHONE NUMBER (VERY IMPORTANT)

COMPANY DEPARTMENT

RECEIVED
JUN 30 1995
Accounts Payable

EXACT STREET ADDRESS APT. NO.

CITY STATE ZIP CODE

FROM

NAME COMPANY

STREET 6/SRA 100

CITY AND STATE WHITE OAKS ZIP CODE

WORK PHONE HOME PHONE

I have read and agree to the Terms and Conditions set forth on the back of this form.
YOUR SIGNATURE: DATE: 6/2/

DESCRIPTION OF CONTENTS DECLARED VALUE
$

FOR STORE USE ONLY

☐ Customer Packaged
☐ Contains No Fragiles
☐ _____

SHIP VIA ☐ 2nd Day ☐ Next Day

Shipping/Handling 7.00
Material/Packaging 3.40
C.O.D. Item 625.00
Misc. Amount
TOTAL C.O.D. AMT.
Gift Wrapping
Excess Value
Pick Up
Misc. Charges
Tax 44.80
P.k.g.'s Total

10 DAYS - 454-
3 x 6 x 24

© 1991 P.k.g.'s Inc.

Charles M. Bliss 6/29/95

Accounts Payable Voucher

Approved by: * Received verbal approval from D. Lin 7/10/95

Manual Check #: _____ Date: _____

Vendor #: 1457 Vendor Name: Vicki Stamyk - Petty Cash

Inv Date: 7-10-95 Inv #: _____ Inv $: 384.92

Due Date: 7-12-95 Discount: _____ Terms: _____

Month/Yr: 7-95 Purchase Order #: —

Description: Petty Cash Fund

Units: _____

Account Number (Pl.ResCtr.UC.Acct.SubAcct.CEC)	Project Number	Dollar Amount
90001.570.99.1059.2000.200		18.04
.140		29.07
.240		34.78
90001.580.99.1059.2000.135		95.13
.140		5.50
00001.625.99.1861.0000.140	95RA100	52.97
00001.515.99.1861.0000.200	95RA100	40.80
984.570.01.1050.0000.270	93CW6255 *	19.00
1106.570.02.1050.0000.270	93CW6256	24.50
1427.570.02.1050.0000.270	93CW6663	9.42
993.570.01.1050.0000.270	93CW6662	1.81
2101.570.02.1050.0000.270	94CW4774	8.59
00001.625.99.1861.0000.135	94EA008	1.74
90001.625.99.6208.0000.140		23.52
90001.570.99.1059.2000.205		20.00

SOUTHERN STATES UTILITIES, INC.
PETTY CASH VOUCHER
Page 2 of 2

Date	Vendor	Plant	Material/Supplies/Service Purchased and Intended Use	Beginning Balance	Amount	General Ledger Account Number
	Beginning Balance			$391.42		
5/9/95	Marilyn Dorsey	90001	Coffee for 3 meetings held at the Kravitz	391.42	✓ 7.50	001.90001.570.99.1059.2000.200
5/9/95	Trish Beckham	90001	Coffee for 1 meeting held at the Kravitz	383.92	✓ 1.50	001.90001.570.99.1059.2000.200
5/16/95	Property Appraiser of Polk County	90001	Aerial Photos of Lake Gibson	382.42	✓ 4.00	001.90001.570.99.1059.2000.140
5/24/95	Walmart	90001	Photo Developing	378.42	✓ 7.30	001.90001.570.99.1059.2000.140
5/26/95	Eckerd	90001	Photo Developing	371.12	✓ 15.71	001.90001.570.99.1059.2000.140
5/22/95	Walmart	90001	Batteries	355.41	5.50	001.90001.580.99.1059.2000.140
6/6/95	Walmart	90001	Duplicate Keys for 175A Semoran	349.91	✓ 2.06	001.90001.570.99.1059.2000.140
6/16/95	Seminole County Government	90001	Osceola County Tax Maps	347.85	✓ 36.00	001.90001.580.99.1059.2000.135
6/16/95	Robert M. Day Property Appraiser	90001	Seminole County Tax Maps	311.85	✓ 16.00	001.90001.580.99.1059.2000.135
6/20/95	Lake County Public Services	90001	17 Tax Maps	295.85	✓ 36.38	001.90001.580.99.1050.2000.135
6/21/95	Office Depot	90001	Back Up Tapes for Plot Files	259.47	✓ 14.97	001.90001.625.99.1861.0000.140 W/O #95RA100
6/23/95	Tropical Fasteners	90001	Washers for Rate Case Maps	244.50	✓ 38.00	001.90001.625-99.2861.0000.140 W/O #95RA100
6/28/95	Papa John's Pizza	90001	Employee Recognition - Rate Case Participation	206.50	✓ 40.80	001.90001.515.99.6758.0000.235
6/29/95	Seminole County Public Works	90001	Maps	165.70	✓ 6.75	001.90001.580.99.1050.2000.135
7/7/95	Walmart	90001	Kitchen Supplies	158.95	✓ 34.78	001.90001.570.99.1059.2000.240
7/7/95	Walmart	90001	Soft Drinks for VLX Deposition	124.17	✓ 7.82	001.90001.570.99.1059.2000.200
7/7/95	7-Eleven	90001	Ice for VLX Deposition	116.35	✓ 1.27	001.90001.570.99.1059.2000.200
				115.08		

Total Reimbursement	$384.92
Ending Petty Cash Balance	$115.08

Vicki Stavnyk
Prepared By

7/10/95
Date

Approved By

7/10/95
Date

APPENDIX DL905-B
PAGE 792 OF 2226

SOUTHERN STATES UTILITIES, INC.
PETTY CASH VOUCHER
Page 1 of 2

Date	Vendor	Plant	Material/Supplies/Service Purchased and Intended Use	Beginning Balance	Amount	General Ledger Account Number
	Beginning Balance			$12.94		
4/21/95	Check Received from A/P			12.94	+237.06	
4/25/95	Citrus County Clerk of Courts	989	Recording Fees - Notice of Commencement	250.00	19.00	001.989.570.01.1050.0000.270 W/O #93CW255
4/25/95	Clerk of Circuit Court Marion County	1106	Recording Fees - Notice of Commencement	231.00	24.50	001.1106.570.02.1050.0000.270 W/O #93CW256
4/27/95	Acme Stamp & Sign	90001	Stamp Pad	206.50	3.44	001.90001.625.99.6208.140
4/27/95	Acme Stamp & Sign	90001	Rubber Stamp	203.06	11.61	001.90001.625.99.6208.140
5/2/95	Food Lion	1427	Picture Development	191.45	4.66	001.1427.570.02.1050.0000.140 270 W/O #93CW663
5/2/95	Walmart	993	Picture Development	186.79	1.81	001.993.570.01.1050.0000.140 270 W/O #93CW662
5/2/95	Walmart	2701	Picture Development	184.98	3.49	001.2701.570.02.1050.0000.140 270 W/O #94CW479
5/3/95	Florida Utilities Coordinating Committee	90001	Meeting of Florida Utilities Coordinating Committee (FDOT Update) for Rick Foster	181.49	10.00	001.90001.570.99.1059.2000.205
5/3/95	Florida Utilities Coordinating Committee	90001	Meeting of Florida Utilities Coordinating Committee (FDOT Update) for Fernando Platin	171.49	10.00	001.90001.570.99.1059.2000.205
5/4/95	Walgreens	2701	Photo Development	161.49	5.10	001.2701.570.02.1050.0000.140 W/O #94CW479
5/4/95	Walgreens	1427	Photo Development	156.39	4.76	001.1427.570.02.1050.0000.140 W/O #93CW663
5/8/95	Office Depot	90001	Battery for Portable Phone	151.63	8.47	001.90001.625.99.6208.0000.140
5/8/95	Draftsmans Choice Blueprinting	90001	Two Bluelines 30" x 42"	143.16	1.74	001.90001.625.99.1862.0000.135 W/O #94EA008
5/9/95	Check Received from Accts Payable			141.42	+250.00	
				[illegible]		
				[illegible]	$391.42	

Prepared By _____ *Date* _____

Approved By _____ *Date* _____

APPENDIX DL 30S - B
PAGE 793 OF 2226

04/25/95

CITRUS COUNTY CLERK OF COURTS
BETTY STRIFLER, CLERK
INVERNESS, FLORIDA 34452

Sugar Mill Woods
93CW255
001.989.570.01.1050.0000.270

SOUTHERN STATES UTILITIES

RECEIPT		234071	
RECORDING FEE	15.00	FILE NUMBER	855367
COPY & CERTIFICATION	4.00	BOOK NUMBER	1077
		PAGE NUMBER	1081- 1083
TOTAL CHARGE	19.00		
PAYMENTS	19.00 CASH	BETTY STRIFLER, CLERK	10:25AM
		K LAMBERT	, DC

RECORDING

PETTY CASH

NUMBER

DATE 4/25/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
Notice of Commencement	~~$00~~ 00
001.989.570.01.1050.0000.270	19 00
w/o #93cw255	24 50
	~~43~~ 50
CHARGE TO ACCOUNT TOTAL	~~50~~ 00

Received By Paula Salmon Approved By V. Stanfield

9672

FRANCES E. THIGPIN
MARION COUNTY
CLERK OF CIRCUIT COURT
April 25, 1995 09:41
Receipt # 17413 Drawer DRAWER1
COPY
Operator: ef
Amount 24.50
Instrument # 95026503
Book # 2132 Page # 969 Time 09:39
Recording Fee 19.50
Copies 4.00
Certification 1.00
Reference: SOUTHERN ST UTIL-MCMANAN CO
Cash 25.00
Refunded 0.50

Marion Oaks
WWTP
93CW256
001.1106.570.02.1050.0100.270

APPENDIX DL305-B
PAGE 794 OF 2226

ACME STAMP & SIGN CO., INC. 65953

RUBBER STAMPS AND MARKING DEVICES
FOR BUSINESS, PROFESSIONAL OR PERSONAL USE
READY-MADE OR MADE TO ORDER

PHONE 898-5550 FAX 898-6467

• QUALITY-SERVICE

822 N. MILLS AVE.
ORLANDO, FLORIDA 32803

CUSTOMER'S ORDER NO. DATE April 4 1995

SOLD TO Southern States Utilities (SSU Services)

ADDRESS

880-3533 Linda — 880-3773

QTY.	PART NUMBER	DESCRIPTION	PRICE	AMOUNT
1	Rubber	Stamp		10 95
		Gal. pool. 625.99.6208 140		
		Charles Black 5/1/95		
		FLORIDA SALES TAX		66
		SHIPPING		

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL

RECEIVED BY CASH TOTAL 11 61

ACME STAMP & SIGN CO., INC. 66584

RUBBER STAMPS AND MARKING DEVICES

FOR BUSINESS, PROFESSIONAL OR PERSONAL USE
READY-MADE OR MADE TO ORDER

PHONE 898-5550 FAX 898-6467

• QUALITY-SERVICE

822 N. MILLS AVE.
ORLANDO, FLORIDA 32803

CUSTOMER'S ORDER NO. DATE 5-1 19 95

SOLD TO SSU Sewer

ADDRESS

QTY.	PART NUMBER	DESCRIPTION	PRICE	AMOUNT
1		#3 Stamp Gad		31
		001.90001.625.94.6608.140		
		Charles Mac Bliss 5/1/95		
		FLORIDA SALES TAX		19
		SHIPPING		

ALL ORDERS PAID ROOM MUST BE ACCOMPANIED BY THIS BILL

RECEIVED BY CASH TOTAL 34

0.00 *

0.00 *

0.00 *

Petty Cash
STAMP - 34.00 +
STAMP - 11.61 -
STAMP - 3.54 -
Petty Cash - 19.05 *
Returned to
Vickie Starzyk

PETTY CASH

NUMBER

DATE 4/27/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
Acme Stamp	~~34 00~~
	3 34
001.90001.625.99.6208.140	11 61
CHARGE TO ACCOUNT TOTAL	14 76

Received By Linda Hedbor Approved By V. Starzyk

9672

PETTY CASH

NUMBER

DATE 5/2/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Food Lion - Picture Developing	4	66
Zephyr Shores WWTP		
As Built - Film w/O# 93CW663		
001.1427.570.02.1050.0000.140		
CHARGE TO ACCOUNT TOTAL	4	66

Received By Nancy Salmon Approved By N. Tawney

9672

001.1427.570.02.1050.0000.140
w/o # 93CW663

FOOD LION #783 STORE PHONE 783-2400
CUSTOMER SERVICE 1-800-210-9569

THANK YOU FOR LETTING ME SERVE YOU!
BERTIE, CASHIER

KODAK GOLD+ 200		4.39 H
**** TAX	.27 BAL	4.66
CASH		10.00
CHANGE		5.34

TOTAL ITEMS PURCHASED 1
5/02/95 11:24 0783 07 0099 14
SAVE UP TO 20% ON SELECTED PRODUCTS
REGISTER NOW FOR OUR M.V.P. PROGRAM

PETTY CASH

NUMBER

DATE 5/2/95

DESCRIPTION OF ITEM/SERVICE PURCHASED		AMOUNT	
Walmart - Photos	w/o		
001.993.570.01.1050.0000.140	93CW662	1	81
001.2701.570.01.1050.0000.140	w/o#93CW479	3	49
CHARGE TO ACCOUNT	TOTAL	5	30

Received By Maudie Salmon Approved By V. Dawyle

9872

WALMART 479

w/o 93CW662 + 93CW663

WE SELL
FOR LESS
STORE #1374
STORE #1374 ALTAMONTE SPRINGS, FLORIDA

ST# 1374 OP# 00000024 TE# 28 TR# 03425
PHOTO PROCES 007874220323 - 825 3.26 J
PHOTO PROCES 007874220323 #440 1.69 J
SUBTOTAL 4.95
SALES TAX 1 0.35
TOTAL 5.30
MCARD TEND 5.30

ACCOUNT [redacted]N-10/96.
APPROVAL #YS7178
TRANS ID -
VALIDATION -
PAYMENT SERVICE - N
CHANGE DUE 0.00

TC# 9582J2655216717
THANK YOU
FOR SHOPPING WITH US
04/14/95 17:12:14

CUSTOMER COPY

PETTY CASH

NUMBER

DATE 5/3/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
F.D.O.T. Conference	10	00
001.90001.570.99.1059.2000.205		
CHARGE TO ACCOUNT TOTAL	10	00

Received By Richard Foster Approved By V. Daugh

9672

Florida Utilities Coordinating Committee

Coordination Through Cooperation

Florida Utilities Coordinating Committee — Coordination Through Cooperation — 1932 — 62 Years of Service

Received From: Richard Foster

Ten & 00/100 Dollars

For meeting of Florida Utilities Coordinating Committee

By: Arlene Brown McGee

PETTY CASH

NUMBER

DATE 5/2/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
FDOT Conference	10	00
001.90001.570.99.1059.2000.205		
CHARGE TO ACCOUNT TOTAL	10	00

Received By [signature] Approved By V. Stanzyk

9872

Florida Utilities Coordinating Committee

Coordination Through Cooperation

Florida Utilities Coordinating Committee — Coordination Through Cooperation — 1932 — 62 Years of Service

Received From: Fernando Platin

Ten & 00/100 **Dollars**

For meeting of Florida Utilities Coordinating Committee

By: Arlene Brown McGee

PETTY CASH

NUMBER

DATE May 8, 1995

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Office Supplies - Office Depot	8	47
90001.625.99.6208.0000.140		
CHARGE TO ACCOUNT TOTAL	8	47

Received By Linda Hadden Approved By V. Stanzyk

9672

OFFICE DEPOT
7687 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32809
(407) 855-9405

90001-625-99-6208-0000-140

2.10 33 1199 0023 002
SALE 05/08/95 15:21

166150805 GEMINI TA24B BAT 7.99
MFG. LIST $9.95
SUBTOTAL 7.99
FL 6% SALES TAX .48
TOTAL 8.47

CASH 20.00
CHANGE 11.53

Battery for Panasonic phone Linda Hadden

THANK YOU FOR SHOPPING AND SAVING AT
OFFICE DEPOT

Draftsmans Choice Blueprinting

"Serving Osceola County"

6827

Deliver To School Board Facilities Dept

Address

City/State/Zip

DATE WANTED	TIME WANTED	REMARKS
4-28-95		

QUAN	DESCRIPTION	AMOUNT
2	Blueline 30x42	1 74

RECEIVED APR 28 1995 CONSTRUCTION SERVICES

All accounts are due and payable when your order is picked up or delivered. Charges can only be made when a pre-arranged agreement has been made. All unpaid balances bear an interest rate of 18%.

DELIVERY CHGS.

SALES TAX

RECEIVED BY:

AMT. DUE 1 74

718 N. BERMUDA AVENUE • KISSIMMEE, FL 34741 • (407) 933-7770

Arrange O.C. Public School Plats at Maitland Estates

90001-625-99 1812.000.1S

94ER008

Pd 5/2/95 GR

PETTY CASH

NUMBER

DATE 5/8/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Draftsmans Choice Blueprinting	1	74
2- Bluelines 30x42		
W/O # 94EA008		
90001.625.99.1862.00001235		
CHARGE TO ACCOUNT TOTAL	1	74

Received By Lindsay Hoelsken Approved By V. Stanzyk

9672

PETTY CASH

Marilyn Dorsey $ 7.50

FOR Coffee for 3 meetings @ $2.50 ea

CHARGE TO ACCOUNT 001.90001.570.99.1059.2000.200

SIGNED V. Stanzyk MD DATE 5/9/95

TOPS FORM 3009 LITHO IN U.S.A.

PETTY CASH

Trish Beckham TB $ 1.50

FOR Coffee for meeting @ Gravity

CHARGE TO ACCOUNT 90001.570.99.1059.2000.200

SIGNED V. Stanzyk DATE 5/9/95

TOPS FORM 3009 LITHO IN U.S.A.

PETTY CASH

NUMBER

DATE 5/18/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
Property Appraiser of Polk	4 00
CHARGE TO ACCOUNT TOTAL	4 00

Received By Naudi Salmon Approved By N. Stanczyk

9672

Approved by Gerald Lewis, Comptroller

Form CF 1
Sec. 219.04, F.S.

EDWIN H. COLEMAN, PROPERTY APPRAISER OF POLK

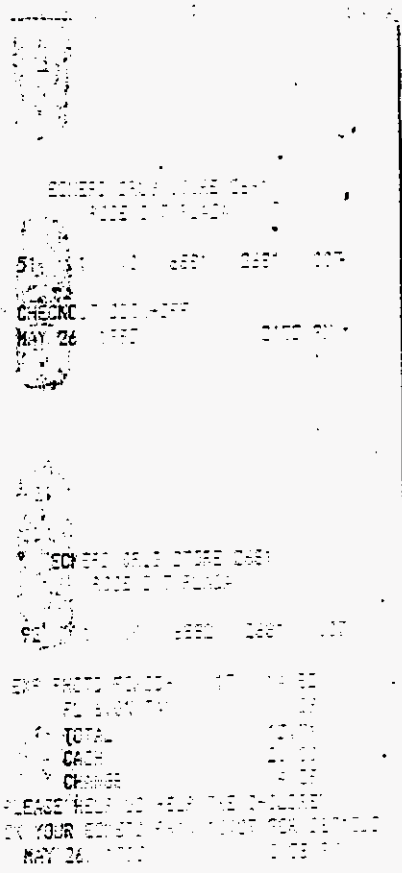
OFFICE OF _____, _____ COUNTY, FLORIDA Nº 4981898A

RECEIVED from Eberle Date 5-12-, 1995

FOR: 2 aerials	$ 4.00
Lake Gibson - Polk County	$
	$
	$

_____ OFFICER

By Sharon C. Henderson TOTAL $ 4.00



PETTY CASH

NUMBER

DATE 5/26/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Eckerds - Photo finishing	15	71
VLX		
001.90001.570.99.1059.2000.140		
CHARGE TO ACCOUNT TOTAL	15	71

Received By Vicki Stanzyk Approved By V. Stanzyk

9672

PETTY CASH

NUMBER

DATE 5/24/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Walmart - Photo developing	7	30
001.90001.570.99.1059.2000.140		
CHARGE TO ACCOUNT TOTAL	7	30

Received By V. Stangl Approved By V. Stangl

9672

WAL★MART

WE SELL
FOR LESS
STORE #0955
APOPKA, FL

ST# 0955 OP# 00000152 TE# 28 TR# 02917
PHOTO PROCES 007874220323 6.88 J
SUBTOTAL 6.88
SALES TAX 1 0.42
TOTAL 7.30
CASH TEND 20.00
CHANGE DUE 12.70

TC# 8657413782162 7
04/24/95 13:39:49

PETTY CASH

NUMBER

DATE 5/22/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
~~Golf Accessories~~ - Batteries	~~10 00~~
001.90001.580.99.1059.2000.140	5 50
CHARGE TO ACCOUNT TOTAL	5 50

Received By _____ Approved By V. Dlamyle

9672

WAL★MART

WE SELL
FOR LESS
STORE #1374

STORE #1374 ALTAMONTE SPRINGS, FLORIDA

ST# 1374 OP# 00000044 TE# 21 TR# 01303
CARD BATTERY 001280038935 2.57 J
CARD BATTERY 001280038935 2.57 J
SUBTOTAL 5.14
SALES TAX 1 0.36
TOTAL 5.50
CASH TEND 10.00
CHANGE DUE 4.50

TC# 776575534145834
THANK YOU FOR SHOPPING WAL-MART
05/22/95 20:09:20

PETTY CASH

NUMBER

DATE 6/6/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Walmart - Keys for 175A Lamar	2	06
001.90001.570.99.1059.2000.140		
CHARGE TO ACCOUNT TOTAL	2	06

Received By V. Stanzyk Approved By V. Stanzyk

9672

help for printer @ 175A Lamar

WAL★MART

WE SELL
FOR LESS
STORE #0955
APOPKA, FL

ST# 0955 OP# 00000265 TE# 22 TR# 00725
[redacted]
KEY 004589910010 0.97
KEY 004589910010 0.97
SUBTOTAL 7.96
SALES TAX 1 0.48
TOTAL 8.44
CHECK TEND 8.44
CHANGE DUE 0.00

TC# 5660328652541
THANK YOU FOR SHOPPING WITH US
06/06/95 14:49:28

6/08/95 SEMINOLE COUNTY GOVERNMENT-PERMIT FEES RECEIPT 11:39:31
APPL #: PERMIT #: RECEIPT #: 189490
OWNER NAME:
JOB ADDRESS: LOT #:

MAPS & ORDINANCES	36.00	36.00	.00
TOTAL FEES DUE .....:	$36.00		
AMOUNT RECEIVED.....:		$36.00	

** DEPOSITS NON-REFUNDABLE **
COLLECTED BY: TG BALANCE DUE.....: $.00
CHECK NUMBERS.....: 000680
CASH/CHECK AMOUNTS..: 36.00
COLLECTED FROM.....: J. ERIC KENDRICK
DISTRIBUTION.....: 1 - COUNTY 2 - CUSTOMER 3 - 4 - FINANCE

Eric

06-13-95
13-21 0024

4 X
•4•00 a
2 •16•00

•16•00M
•2•000 T
•4•000

PETTY CASH

NUMBER

DATE 6/15/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
Osceola Cty Tax Maps	16 00
Seminole " " "	36 00
.	
90001.580.99.1059.2000.135	
CHARGE TO ACCOUNT TOTAL	52 00

Received By E. Kendrick Approved By V. Dunzyk

9672

PETTY CASH

NUMBER

DATE 6/20/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Lake County Public Services	36	38
17 Tax maps		
90001.584.99.1059.2000.135		
CHARGE TO ACCOUNT TOTAL	36	38

Received By [signature] Approved By [signature]

9672

STATEMENT

LAKE COUNTY PUBLIC SERVICES
(MAP SALES)
123 N. SINCLAIR AVE.
TAVARES, FL 32778

DATE JUNE 7, 1995

TO ERIC KENDRICK
SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE $

		AMOUNT DUE
CORRECTED INVOICE		
17 Tax Maps @ $2.00	34.00	
7% TAx	2.38	36.38

DUE UPON RECEIPT

PLEASE MAKE CHECK PAYABLE TO LAKE COUNTY BOARD OF COUNTY COMMISSIONERS AND MAIL TO ABOVE ADDRESS.

RECEIVED
JUN 15 1995

TOPS FORM 3809
UTHO IN U.S.A.

YOUR CHECK IS YOUR RECEIPT

PETTY CASH

NUMBER

DATE 6/21/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Office Depot - Back up Tapes for Plotfiles	14	97
90001.625.99.1861.0000.140		
w/o #95RA100		
CHARGE TO ACCOUNT TOTAL	14	97

Received By _____ Approved By V. Stanzyk

9672

OFFICE DEPOT
515 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701
(407) 330-6100

Back up Tapes for plot files
To print Rate maps.
0001.625.99.1861.0000.140
95RA100

2.10 3674 5978 0030 001.
SALE 06/21/95 09:50

5111143373 3M 2120 FWT DC 13.99
MFG. LIST $25.90
SUBTOTAL 13.99
FL 7% SALES TAX .98
TOTAL 14.97

CASH 20.00

CHANGE 5.03

Charles M. Bliss

THANK YOU FOR SHOPPING AND SAVING AT
OFFICE DEPOT

PETTY CASH

NUMBER

DATE 6/23/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
Masters for Rate Case maps	~~20~~ 00
Tropical Fasteners	38 00
001.90001.625.99.1861.0000.140	
W/O # 95RA100	
CHARGE TO ACCOUNT TOTAL	38 00

Received By _____ Approved By V. Stanzyk

9672

Tropical Fasteners

HOT

06/23/95 12:30PM 00055632 338724 1
RELEASE 001

Ship
to : SOUTHERN STATES UTILITIES
175 SEMORAN COMM. PLACE
APOPKA FL 32703

Sold
to : SOUTHERN STATES UTILITIES
175 SEMORAN COMM. PLACE
APOPKA FL 32703

Wh	Customer	S'person	Ent. By	Ordered By	Terms	Ord Date
00	+000000388	/MMC	MELISSA	SUGU-LINDA	NET 0	06/22/95

P.O. Number	P.O. Date	Req Date	Ship Via	Fob
VERBAL- SUGU	06/22/95	06/23/95	PICK-UP COD	

Line Item Number / Description	DIN	Req Shp D	U/M	Ordered	Shipped	Inspected
001 10FEWSS	ST	06/22/95	EA	300.		
#10 FENDER WASHER 1"OD STAINLESS						
UPS RED FROM FACTORY. OKAYED PER LINDA HEIBLER.						
LOT:000064378 MFG:000072550013450S REC				400.		

300

Washer for Mapesbooks

$138.00

Charles M. Bliss 6/26/95

pd cash

38.00
20.00 Received from V. Stacy 6/30/95
18.00 Balance due. Sugu.

0001.62599.1861.0000.140

95RA100

Verified By :

Inspected By :

PETTY CASH

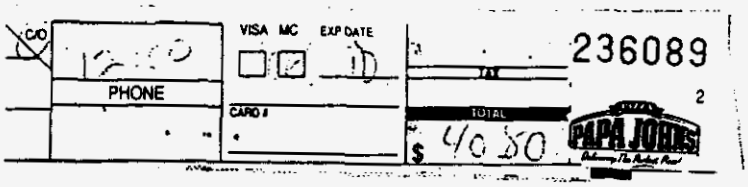
NUMBER

DATE 6/26/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Employee Recognition - Rate		
Case participation		
031. 90001. 515. 99. 6758. 0000. 235		
CHARGE TO ACCOUNT TOTAL	40	80

Received By Carol Marchetti Approved By N D Stamps

9672



RECEIPT No. 001133

SEMINOLE COUNTY PUBLIC WORKS
ENGINEERING DIVISION

520 W. Lake Mary Blvd., Suite 200
Sanford, Florida 32773
(407) 323-2500

Date: 6/29/95

PROJECT: _____

Issued To: ERIC KENDRICK

Name of Firm: SOUTHERN STATES

Address: 1000 COLOR PLACE APOPKA

Approved Plans Location: _____

- ☐ Site (A) Permit # _____
- ☐ Subdivision (B) Permit # _____
- ☐ Commercial Driveway (G) Permit # _____
- ☐ Residential Driveway (D) Permit # _____
- ☐ Right-of-Way Use/Site or Subdiv. (c) Permit # _____
- ☐ Right-of-Way Use Utility (U) Permit # _____
- ☐ Concurrency Review Permit # _____

Other Eng Plan & COPIES

AMOUNT PAID $ 6.75 CHECK NO. CASH

RECEIVED BY: T Woodard

White - Customer; Canary - Finance; Pink - Public Works; Goldenrod - Project File

PETTY CASH

NUMBER

DATE 6/29/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
Seminole County Public Works Maps	6 75
90001.580.99.1059.2000.135	
CHARGE TO ACCOUNT TOTAL	6 75

Approved By U. Stanyk

Rec'
867

7-ELEVEN
STORE 26830 07-07-95

01 ICE	1.19 TX
SUBTOTAL	1.19
TAX	0.08
BAL DUE	1.27
CASH	5.00
CHANGE	3.73

THANK YOU 1#1170 08:14AM
THANK YOU
DRIVE SAFELY

WAL★MART

WE SELL
FOR LESS
STORE #0955
APOPKA, FL

ST# 0955 OP# 00000403 TE# 23 TR# 00850

HEAVY BASE	008084407103		0.88 J
HEAVY BASE	008084407103		0.88 J
HEAVY BASE	008084407103		0.88 J
HEAVY BASE	008084407103		0.88 J
HEAVY BASE	008084407103		0.88 J
HEAVY BASE	008084407103		0.88 J
SPRITE 2LTR	004900000551	F	0.96 J
CC CLASSIC2	004900000639	F	0.96 J
CF DT COKE2	004900000935	F	0.96 J
JUICE	003120020007	F	2.33 J
COFFEEMATE	005000030622	F	2.17 J
CARAFFE	007874226540		6.88 J
11OZ STN MUG	007874246098		0.88 J
11OZ STN MUG	007874246098		0.88 J
11OZ STN MUG	007874246098		0.88 J
11OZ STN MUG	007874246098		0.88 J
11OZ STN MUG	007874246098		0.88 J
11OZ STN MUG	007874246098		0.88 J
VEG TONGS	002806700251		5.46 J
SPOONS-PLAST	004142600061		0.96 J
PITCHER	007165768770		4.97 J
BOWL BELLY	007874245190		3.97 J
	SUBTOTAL		40.18
SALES TAX 1			2.42
	TOTAL		42.60
	CHECK TEND		42.60
	CHANGE DUE		0.00

TC# 0806365477042
THANK YOU FOR SHOPPING WITH US
07/06/95 18:10:12

PETTY CASH

NUMBER

DATE 7/7/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
Walmart - Kitchen Supplies - VLX Deposition	34	78
001.90001.570.99.1059.2000.240		
Walmart - Food - VLX Deposition	7	82
001.90001.570.99.1059.2000.200		
CHARGE TO ACCOUNT TOTAL	42	60

Received By V. Stanzyk Approved By V. Stanzyk
9672

PETTY CASH

NUMBER

DATE 7/7/95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT	
7-Eleven Ice	1	27
VLX Deposition		
001.90001.570.99.1059.2000.200		
CHARGE TO ACCOUNT TOTAL	1	27

Received By V. Stanzyk Approved By V. Stanzyk
9672

PETTY CASH

NUMBER

DATE 5-4-95

DESCRIPTION OF ITEM/SERVICE PURCHASED	AMOUNT
Walgreens - Develop Pictures	~~9 86~~
001.3701.570.02.1050.0000.140 w/o# 94cw#79	5 10
001.1427.570.02.1050.0000.140 w/o# 93cw663	4 76
CHARGE TO ACCOUNT TOTAL	9 86

Received By Nanci Salmon Approved By V. Dawyle

9672

600 10 1033 03166 001

PHOTOFINISHING	1T	4.49
PHOTOFINISHING	1T	4.81
SUBTOTAL		9.30
6% SALES TAX		.56
TOTAL		9.86

ACCT [redacted]

EXPIRATION DATE: 10/96

CREDIT CARD 9.86 CHANGE .00

THANK YOU

RETAIN THIS RECEIPT FOR YOUR RECORDS

MAY 4, 1995 8:15 AM

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5229 Vendor Name: Eastman Kodak

Inv Date: 7.27.95 Inv #: 013B32B18 Inv $: 424.97

Due Date: 8.16.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: 39948

Description: toner

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.565.99.6208.0000.140		212.49
00001.620.99.1861.0000.140	95RA100	212.48

Voucher Prepared by: [signature]

INVOICE

DUNS CODE 00-220-6183 E.I.N. 16-0417150

*** ORIGINAL ***

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	013B30318	07/27/95
CUSTOMER ORDER REFERENCE NUMBER			PAGE
39948			1 OF 1
EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER REC'D DATE	SHIP DATE
		07/26/95	07/26/95

1-0- -675-670-006-93 714 S1

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
ATTN:KAREN ELLISON
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA AIR			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	KAREN ELLISON 407 880 0058			
8	*EPRT L TONER CAT. NO. 808 6597 PRICED PER AGREEMENT NO. CRS1113725	S3	45.28	362.24
	PRICE & QTY VERIFIED WITH CUSTOMER			
	TRANSPORTATION CAT. NO. 103 4016			41.00
	*FLORIDA STATE TAX CAT. NO. 191 6055			21.73

RECEIVED
JUL 31 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

TERMS: NET 30 DAYS
$424.97 DUE 08/26/95

INVOICE TOTAL
$ 424.97

Seller represents that with respect to its production of the articles and/or the performance of the services covered by this invoice it has fully complied with the Fair Labor Standards Act of 1938 as amended.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5229 Vendor Name: Eastman Kodak

Inv Date: 8-3-95 Inv #: 013332854 Inv $: 219.34

Due Date: 8-23-95 Discount: _____ Terms: _____

Month/Yr: 8-95 Purchase Order #: L130536

Description: Developer

Units: _____ Job Code: _____

Account Number Plt.Res.Ctr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.140	95RA100	219.34

Voucher Prepared by: _____

INVOICE

D.U.N.S. CODE 00-220-6183 E.I.N. 16-0417150

*** ORIGINAL ***

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	013B32854	08/03/95
CUSTOMER ORDER REFERENCE NUMBER			PAGE
130536			1 OF 1
EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER REC'D DATE	SHIP DATE
		08/02/95	08/03/95

1-0- -675-670-007-93 714 S1

E0008820-2-04-04

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
ATTN STEVE GALLIS
1000 COLOR PLACE
APOPKA FL 32703

-------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA UNITED PARCEL SERVICE			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	STEVE GALLIS X112 407 880 0058			
2	*BTL 2.5KG EPRT L DEVELOPER CAT. NO. 121 4675 PRICED PER AGREEMENT NO. CRS1113725	S2	103.46	206.92
	PRICE & QTY VERIFIED WITH CUSTOMER			
	*FLORIDA STATE TAX CAT. NO. 191 6055			12.42

RECEIVED
AUG 10 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

TERMS: NET 30 DAYS
$219.34 DUE 09/02/95

INVOICE TOTAL
$ 219.34

Seller represents that with respect to its production of the articles and of the performance of the services covered by this invoice it has

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 8.3.95 Inv #: 013632857 Inv $: 245.34

Due Date: 8.23.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: L130536

Description: Developer

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
xxxx.620.99.1861.0000.146	95RA100	245.34

Voucher Prepared by: _____

INVOICE

DUNS CODE 00-220-6183 E.I.N 16-0417150

*** ORIGINAL ***

E00820-2-02-04

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	- 013B32857	08/03/95
CUSTOMER ORDER REFERENCE NUMBER			PAGE
130536			1 OF 1
EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER REC'D DATE	SHIP DATE
		08/02/95	08/02/95

1-0- -675-670-007-93 714 S1

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
ATTN STEVE GALLIS
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA AIR			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	STEVE GALLIS X112 407 880 0058			
	PART OF A LARGER ORDER-EXPEDITING AT CUSTOMER'S REQUEST			
2	*BTL 2.5KG EPRT L DEVELOPER CAT. NO. 121 4675	S2	103.46	206.92
	PRICED PER AGREEMENT NO. CRS1113725			
	PRICE & QTY VERIFIED WITH CUSTOMER TRANSPORTATION CHARGES VERIFIED WITH CUSTOMER			
	TRANSPORTATION CAT. NO. 103 4016			26.00
	*FLORIDA STATE TAX CAT. NO. 191 6055			12.42

RECEIVED
AUG 10 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

TERMS: NET 30 DAYS
$245.34 DUE 09/02/95

INVOICE TOTAL
$ 245.34

Seller represents that with respect to its production of the articles [illegible] the performance of the services covered by this invoice [illegible]

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5229 Vendor Name: Eastman Kodak

Inv Date: 8.11.95 Inv #: 013335953 Inv $: 575.96

Due Date: 8.30.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: 40037

Description: toner

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.140	95LA100	575.96

Voucher Prepared by: _____

INVOICE

D.U.N.S. CODE 00-220-6183 E.I.N. 16-0417150

*** ORIGINAL ***

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	013B35953	08/11/95
CUSTOMER ORDER REFERENCE NUMBER			PAGE
40037			1 OF 1
EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER REC'D DATE	SHIP DATE
		08/10/95	08/11/95

1-0- -675-670-007-93 714 S1

E000544-2-02-02

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
ATTN: PO#40037
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA UNITED PARCEL SERVICE			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	DEBBIE VANMETER 407-880-0058			
12	*EPRT L TONER CAT. NO. 808 6597 PRICED PER AGREEMENT NO. CRS1113725	S3	45.28	543.36
	PRICE & QTY VERIFIED WITH CUSTOMER CUSTOMER NOTIFIED OF PRICE BREAKS			
	*FLORIDA STATE TAX CAT. NO. 191 6055			32.60

RECEIVED
AUG 16 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

M

TERMS: NET 30 DAYS
$575.96 DUE 09/10/95

INVOICE TOTAL	
$	575.96

represents that with respect to its production of the articles the performance of the services covered by this invoice it has complied with the Fair Labor Standards Act of 1938, as amended

AR-8802-200 S.I.S. 89

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 910 Vendor Name: FORMS & SUPPLIES UNL

Inv Date: 8-17-95 Inv #: 14620 Inv $: 441.04

Due Date: 8-30-95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 40039

Description: LABELS

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.140	95RA100	441.04

Voucher Prepared by: _____

INVOICE

FSU
FORMS & SUPPLIES UNLIMITED, INC.

1158 Solana Avenue • Winter Park, FL 32789
Phone (407) 628-3333 • FAX (407) 628-3562

CUSTOMER ORDER NO.	INVOICE DATE	INVOICE NO.
40039	08/17/95	14620

SHIPPED TO: (Same as "sold to" unless shown)

SOLD TO
Southern State Utilities
ATTN: John Hilton
1000 Color Place
Apopka FL 32703

219090

Southern State Utilities
ATTN: Ralph-IS Dept
1000 Color Place
Apopka FL 32703

DIV	SALES CONSULTANT	SALES CONSULTANT	DATE ORDERED	OUR ORDER NO.	SHIPPED VIA	DATE SHIPPED
0	Jp Neale		08/10/95	95004108	UPS	08/11/95

QUANTITY SHIPPED*	FORM NO. OR ITEM NO.		DESCRIPTION	UNIT PRICE	U/M	AMOUNT
10	D35-15-3	1	3 1/2 x 15/16 3up Labels	39.000	1	390.00

RECEIVED
AUG 2 1 1995
Accounts Payable

DEDUCT THIS AMOUNT – IF PAID BY		TERMS (From Date Of Invoice)	SUB TOTAL	SHIPPING & HANDLING	TAX	
-		Net 20	390.00	27.64	23.40	441.04

PLEASE PAY THIS AMOUNT

Thank You!

PLEASE PAY FROM THIS INVOICE - No statement will be sent

1½% INTEREST CHARGE per month (18% PER ANNUM) thereafter

* All custom orders subject to 10% overrun or underrun for most economical use of material

ORIGINAL INVOICE

ATES UTILITIES, INC
Place
32703

Cost	Extended Cost
39.00	23.40
	390.00

$ 413.40

AUTHORIZED SIGNATURE
H HILTON, C.P.M. OR
DARA L. KREDER

PAGE 829 OF 2226

APPENDIX D2305-B

Accounts Payable Voucher

Approved by: _____ Manual Check #: 155551 Date: 8/11/95

Type: _____

Vendor #: 4432 Vendor Name: Taco Metals

Inv Date: 8/07/95 Inv #: _____ Inv $: 177.22

Due Date: 8/09/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: L131928

Description: _____

Units: _____ Job Code: _____

Account Number TLResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.1.25 99.1861.0000.140	95RA100	177.22

Voucher Prepared by: _____

Monday Audust 7, 1995

TO: **Julie MacLane**

FROM: Chuck Bliss - Facility Analysis Department

SUBJECT: **Check for TACO**

Per our phone call Monday 8/7/95, I will need a check payable to TACO Metals Inc. Thursday afternoon for a delivery Friday Morning.

If you have any questions or comments, please do not hesitate to call me at (407) 880-3533.

Thank you.

CB/lmh:1mem.doc

Attachments: 1 lpo

cc:

End of Memorandum

LOCAL PURCHASE ORDER

SSU
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 131928

DATE: 8-7-95
PLANT #: 5001
DEPT.: 625

VENDOR: TACO METALS INC
ADDRESS: Florida Commerce Center PKR 1535 BARRETT DR.
CITY: Longwood.
STATE: FL ZIP: 32750

VENDOR INVOICE #

phone 339-1190

QTY.	U/M	DESCRIPTION	AMOUNT
2		3/4 x 2 Channel	77 60
2		1 x 1½ Channel	74 00
		Cutting Charges	15 00
		Material to complete map books.	
		75 Ra 100	
0001.625.99.1861.0000.400		NOT VALID FOR PURCHASES OVER $250.00 — TAX	10 62
		TOTAL	177 22

ISSUED BY EMPLOYEE SIGNATURE: Lisa M. Hedden

AUTHORIZED BY SUPERVISOR SIGNATURE: Charles M. Bliss 8/4/95

REASON

Julie

Please Call
When check is ready
for Pick up.
Thank you
Linda

FOR ALL PURCHASES

S PAYABLE

Accounts Payable Voucher

roved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 258 Vendor Name: Smith Wilson

Inv Date: 8/08/95 Inv #: 243681 Inv $: 692.18

Due Date: 8/30/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 38993

Description: paper

Units: _____ Job Code: _____

Account Number PltResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.140	95RA102	692.18

Voucher Prepared by: _____

PLEASE REMIT TO:

LAKE (12)/B | 01836141001 | | 10

THE SMITH WILSON CO.

P.O. BOX 568507 · ORLANDO, FLORIDA 32856-8507

PHONE (407) 841-7390 TOLL FREE (800) 334-5988

FAX (407) 648-9015 TOLL FREE (800) 793-8145

INVOICE

SPECIAL INSTRUCTIONS

Contact: KATHY HEATH 407-880-0058 Order Instr.: PO# REQ FOR ALL DEPTS

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

SOUTHERN STATES UTILITIES
RATE DEPT
1000 COLOR PLACE
APOPKA, FL 32703

PG: 1

INVOICE NO.	CUSTOMER PURCHASE ORDER NO	INVOICE DATE	ORDER DATE	TERMS	CUSTOMER NO
243681	KAREN/39993	08/08/95	08/03/95	NET 10TH EOM	9105

PRODUCT NO.	ORDERED	SHIPPED	U/M	B/O	DESCRIPTION	LIST PRICE	NET PRICE	EXTENSION
********** Department: 620 - RATE DEPT **********								
HAM-10286-3	100	100	REAM	0	PAPER,LTR,TAN,HAMMERMILL	10.89	6.53	653.0

QUESTIONS ? CALL LINDA MAYLAND (x133) at 841-7390

X ATTN: TOBEE CHARITY

YOU SAVED $ 436.00

FREIGHT	0.00
TAX	39.18
PLEASE REMIT	692.18

TERMS: As specified on the original invoice and/or order form. Any amounts not paid when due are subject to a FINANCE CHARGE of 1½% per month on the unpaid balance which is an ANNUAL PERCENTAGE RATE OF 18%. We shall be entitled to recover any costs incurred in enforcing collection of this account, including but not limited to reasonable attorney's fees.

RETURN POLICY: Returns without authorization cannot be accepted. No merchandise can be returned without a copy of our invoice attached. Special order merchandise and furniture are not returnable. All returned merchandise must be received in resalable condition.

SHORTAGES: Shortages must be reported within 72 hours.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 258 Vendor Name: Smith Wilson

Inv Date: 8/16/95 Inv #: 250012 Inv $: 581.43

Due Date: 9/06/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 4009

Description: paper

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1961.0000.140	95RA100	581.43

Voucher Prepared by: _____

REMIT TO: LAKE (12)/8 | 01842245001

THE SMITH WILSON CO.

P.O. BOX 568507 · ORLANDO, FLORIDA 32856-8507

PHONE (407) 841-7390 TOLL FREE (800) 334-5988

FAX (407) 648-9015 TOLL FREE (800) 793-8145

INVOICE

SPECIAL INSTRUCTIONS

Contact: STEVE GALLIS 407-880-0058 Order Instr.: PO# REQ FOR ALL DEPTS

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

SOUTHERN STATES UTILITIES
ADMINISTRATION SERVICES
1000 COLOR PLACE
APOPKA, FL 32703

PG: 1

INVOICE NO.	CUSTOMER PURCHASE ORDER NO.	INVOICE DATE	ORDER DATE	TERMS	CUSTOMER NO.
250012	40059	08/16/95	08/14/95	NET 10TH EOM	9105

PRODUCT NO.	ORDERED	SHIPPED	U/M	B/O	DESCRIPTION	LIST PRICE	NET PRICE	EXTENSION
**********	Department: 565 - ADMINISTRATION SERVICES							**********
HAM-10286-3	84	84	REAM	0	PAPER,LTR,TAN,HAMMERMILL	10.89	6.53	548.5

RECEIVED
AUG 2 2 1995
Accounts Payable

QUESTIONS ? CALL LINDA MAYLAND (x133) at 841-7390

X Gloria Wechsler

YOU SAVED $ 366.24

FREIGHT	0.0
TAX	32.9
PLEASE REMIT	581.4

TERMS: As specified on the original invoice and/or order form. Any amounts not paid when due are subject to a FINANCE CHARGE of 1½% per month on the unpaid balance which is an ANNUAL PERCENTAGE RATE OF 18%. We shall be entitled to recover any costs incurred in enforcing collection of this account, including but not limited to reasonable attorney's fees.

RETURN POLICY: Returns without authorization cannot be accepted. No merchandise can be returned without a copy of our invoice attached. Special order merchandise and furniture are not returnable. All returned merchandise must be received in resalable condition.

SHORTAGES: Shortages must be reported within 72 hours.

Accounts Payable Voucher

:roved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 8/16/95 Inv #: 250011 Inv $: 110.75

Due Date: 9/06/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 40059

Description: paper

Units: _____ Job Code: _____

Account Number Pft.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.16209.1861.00000.140	95EA00	110.75

Voucher Prepared by: _____

PLEASE REMIT TO:

LAKE (12)/B

01842245002

2 of 2

THE SMITH WILSON CO.

P.O. BOX 568507 · ORLANDO, FLORIDA 32856-8507

PHONE (407) 841-7390 TOLL FREE (800) 334-5988

FAX (407) 648-9015 TOLL FREE (800) 793-8145

INVOICE

SPECIAL INSTRUCTIONS

Contact: STEVE GALLIS 407-880-0058 Order Instr.: PO# REQ FOR ALL DEPTS

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

SOUTHERN STATES UTILITIES
ADMINISTRATION SERVICES
1000 COLOR PLACE
APOPKA, FL 32703

PG: 1

INVOICE NO	CUSTOMER PURCHASE ORDER NO	INVOICE DATE	ORDER DATE	TERMS	CUSTOMER NO
250011	40059	08/16/95	08/14/95	NET 10TH EOM	9105

PRODUCT NO.	ORDERED	SHIPPED	U/M	B/O	DESCRIPTION	LIST PRICE	NET PRICE	EXTENSION
********** Department: 565 - ADMINISTRATION SERVICES **********								
HAM-10286-3	16	16	REAM	0	PAPER,LTR,TAN,HAMMERMILL	10.89	6.53	104.4

RECEIVED
AUG 2 2 1995
Accounts Payable

QUESTIONS ? CALL LINDA MAYLAND (x133) at 841-7390

X Linda Wishart

YOU SAVED $ 69.76

FREIGHT	0.0
TAX	6.2
PLEASE REMIT	110.7

TERMS: As specified on the original invoice and/or order form. Any amounts not paid when due are subject to a FINANCE CHARGE of 1 ½% per month on the unpaid balance which is an ANNUAL PERCENTAGE RATE OF 18%. We shall be entitled to recover any costs incurred in enforcing collection of this account, including but not limited to reasonable attorney's fees.

RETURN POLICY: Returns without authorization cannot be accepted. No merchandise can be returned without a copy of our invoice attached. Special order merchandise and furniture are not returnable. All returned merchandise must be received in resalable condition.

SHORTAGES: Shortages must be reported within 72 hours.

Accounts Payable Voucher

Approved by: EZ Manual Check #: _____ Date: _____

Vendor #: 1457 Vendor Name: Chuck Wood - Petty Cash

Inv Date: 9.2.95 Inv #: _____ Inv $: 306.48

Due Date: 9.13.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: —

Description: Petty Cash

Units: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
1115.585.01.1050.0000.270	95CW733	8.00
984.585.01.1050.0000.270	93CW247	17.50
1801.570.01.1050.0000.270	95CC721	3.83
906.570.01.1050.0000.270	95CW738	5.14
906.570.01.1050.0000.270	95CW738	4.11
989.570.01.1050.0000.270	95CW736	83.00
1806.585.01.1050.0000.270	93CN661	24.00
1.625.99.1861.0000.140	95RA100	56.52 ✓
90001.570.99.1059.2000.140		22.39
90001.515.99.6758.0000.235		6.96
90001.576.99.1059.2000.200		62.03
90001.185.99.6508.0000.160		13.00

SOUTHERN STATES UTILITIES, INC.
PETTY CASH VOUCHER
Page 1 of 2

Date	*Vendor*	*Plant*	*Material/Supplies/Service Purchased and Intended Use*	*Beginning Balance*	*Amount*	*[redacted] Ledger Account Number*
	Beginning Balance	906		$284.40		906 .01
7/20/95	Walgreens	~~90001~~	Photo Finishing	280.29	4.11	001.~~90001~~.570.1059.0000.270 95CW738
7/20/95	Eckerd	1801	Photo Finishing	276.46	3.83	001.1801.570.01.1050.0000.270 W/O #95CC721
7/21/95	Walmart	90001	Photo Finishing	268.98	7.48	001.90001.570.99.1059.2000.140
7/24/95	Publix	90001	Food for John Cirello Meeting	224.77	44.21	001.90001.570.99.1059.2000.~~140~~ 200
7/24/95	Handy Way	90001	Ice for John Cirello Meeting	223.40	1.37	001.90001.570.99.1059.2000.~~140~~ 200
7/27/95	Dunkin Donuts	90001	Donuts for Safety Meeting	212.73	10.67	001.90001.570.99.1059.2000.200
7/28/95	Home Depot	906	Stake for Field Work	207.59	5.14	001.906.570.01.1050.0000.270 W/O #95CW738
7/28/95	Taco Metals	625	Maps for Rate Case	151.07	56.52	001.625.99.1861.0000.140 W/O #95RA100
8/10/95	*Check Received from A/P*			366.67	*215.60*	
8/14/95	Shell	906	Gasoline for Company Vehicle	353.67	13.00	001.~~906~~.570.~~01~~.1050.0000.~~160~~ W/O #95CW738 90001 185. 996 508.000 .160
8/23/95	Bagel Shop	90001	Refreshments & Food to Reward Department for Perfect Attendance 13 out of 14 Employees	346.71	6.96	001.90001.515.99.6758.0000.235
8/25/95	Dunkin Donuts	90001	Food for Safety Meeting	340.93	5.78	001.90001.570.99.1059.2000.200
8/23/95	Citrus County Property Appraiser	984	Plat Maps	336.93	4.00	001.984.570.01.1050.0000.270 W/O #93CW247
8/23/95	Citrus County Clerk of Courts	989	Recorded Easements for Sugar Mill Woods	253.93	83.00	001.989.570.01.1050.0000.270 W/O #93CW736
8/25/95	Clerk Circuit Court Volusia County	1806	Agatha Saxon WTP County Filing	229.93	24.00	001.~~8601~~.585.01.1050.0000.270 W/O #93CN661
				Fund Reimbursement		
				Ending Fund Balance	$229.93	

Prepared By _____ *Date* _____

Approved By _____ *Date* _____

APPENDIX D2305-B
PAGE 540 OF 2226

TACO METALS, INC.
50 N.E. 179th STREET
MIAMI, FL 33162
(305) 652-8566

Regional Inquiries:
ORLANDO, FL: (407) 339-1190
NEW BEDFORD, MA: (508) 999-0030
ST. PETERSBURG, FL: (813) 577-3377
WHEELING, IL: (708) 537-2707

Please Remit To:
TACO METALS, INC.
ACCOUNTS RECEIVABLE
P.O. Box 693840
Miami, FL 33269

DUMENT: Invoice

CUST. #: 20000 PHONE #: (407)339-1192

PROMISED SHIP	INVOICE DATE	INVOICE NO
07/28/95	07/28/95	202111-00
ORDER DATE	P.O. NO.	PAGE NO.
07/28/95		1

BILL TO:
DIVISION 20 C.O.D.
COUNTER SALES

LONGWOOD, FL 32750

****
* COD *
****

SHIP TO:
SOUTHERN STATES UTILITIES
1000 COLOR PLACE
407/880-3533
APOPKA, FL 32703

INSTRUCTIONS:

SHIP POINT	FREIGHT CARRIER AND TERMS	TERMS
TACO METALS, INC. (LONGWOOD)	PU	COD

CUSTOMER SERVICE REPRESENTATIVE:
House - Longwood

PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	EXTENSION	UNIT PRICE	PRICE U/M	AMOUNT (NET)
1 A42-3057AEY20 3/4" X 2" CHANNEL .125 A E 20' ****** CUT 25-1/2", 25-1/2", 77" AND DROP ******	1	0	1	PC	20.00	1.94	FT	38.80

1 Lines Total

Total	39.80
Cutting Chg	15.00
Taxes	2.72
Invoice Total	56.52

~~Page~~ MAPS FOR
RATE CASE EXPENSE
0000/.625.99.186/.0000. 140
95RA100

PD CASH

Page 0.00

handise may be returned without our written authorization. A SERVICE will be made on all returned merchandise. All accounts 30 days past bject to a finance charge of 1½% PER MONTH, 18% PER ANNUM mum amount permitted under state and federal law.

RECEIVER'S SIGNATURE

DATE

(PLEASE PAY FROM THIS INVOICE) COPY 2

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5229 Vendor Name: Eastman Kodak

Inv Date: 9.15.95 Inv #: 013B49334 Inv $: 427.97

Due Date: 9.27.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: L134152

Description: Toner

Units: _____ Job Code: _____

Account Number Pll.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.140	95RA100	427.97

Voucher Prepared by: _____

APPENDIX DL705-B

PAGE 842 OF 2226

INVOICE

DUNS CODE 00-220-6183 EIN 16-0417150

*** ORIGINAL ***

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	013849334	09/15/95

CUSTOMER ORDER REFERENCE NUMBER	PAGE
136152	1 OF 1

EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER REC'D DATE	SHIP DATE
		09/14/95	09/14/95

1-0- -675-670-007-93 714 S1

E001154-2-02-02

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA AIR			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	STEVE GALLIS 112 407-880-0058			
8	*EPRT L TONER CAT. NO. 808 6597 PRICED PER AGREEMENT NO. CRS1113725	S3	45.28	362.24
	PRICE & QTY VERIFIED WITH CUSTOMER			
	TRANSPORTATION CAT. NO. 103 4016			44.00
	*FLORIDA STATE TAX CAT. NO. 191 6055			21.73

RECEIVED
SEP 20 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

M

TERMS: NET 30 DAYS
$427.97 DUE 10/15/95

INVOICE TOTAL
$ 427.97

It is agreed that with respect to its production of the articles and performance of the services covered by this invoice it has complied with all applicable provisions of the Fair Labor Standards Act of 1938, as amended.

ISTAGE GUARANTEED
ASTMAN KODAK COMPANY
[illegible] BLVD
[illegible] FL 32703

OICE NUMBER
[illegible]

CUSTOMER REFERENCE NUMBER
[illegible] 407-880-0058

ORDER DATE

[illegible] STATES UTIL SVC

[illegible] PLACE
[illegible] FL 32703

REQUESTED SHIP DATE

ORDER RECEIVED DATE 9/14/95

PAGE 1

CUSTOMER NO. 5731708

Thank you for your order

UNPACK WITH CARE

Do not discard the packing cases or any of the packing mat erial until the contents have been carefully compared with the items on the packing memo

KNOWN SHORTAGE OR DAMAGE

Check carefully number of pieces and condition of shipment with the carrier's delivery receipt Shortage or damage must be noted on the carrier's delivery receipt

CONCEALED SHORTAGE OR DAMAGE

If loss or damage is not evident at time of delivery, it should be reported to the Kodak Regional Distribution Center and carrier immediately on discovery so that an inspection can be made Carrier regulations require that such claims be made within 15 days of delivery Shipping carton and packing materials should be saved for inspection

HANDWRITTEN CHANGES TO QUANTITY

It may become necessary to manually change a quantity of an ordered item These changes can be identified by certain manual notations which are described for the reasons listed below

BACKORDER OF WHOLE QUANTITY - A circled quantity (8) in the QUANTITY column indicates that the whole quantity was backordered

PARTIAL BACKORDER OF QUANTITY - A circled quantity in the QUANTITY column with a handwritten quan tity beside it 8 (6) indicates that part of the quantity 8 is shipped and the remainder 2 is backordered

In either case, the quantity backordered will be hand written in the B/O QUAN column on the extreme left side of the packing memo

CANCELLATION OF WHOLE QUANTITY - A circled quan tity in the QUANTITY column with a diagonal line through it (8) indicates a cancellation of the whole quantity

PARTIAL CANCELLATION OF QUANTITY - A circled quan tity in the QUANTITY column with a diagonal line through it and a handwritten quantity beside it 8 (6) indicates that part of the quantity 8 is shipped and the remainder 2 is cancelled

ERRORS, SHORTAGES AND DAMAGES SHOULD BE REPORTED IMMEDIATELY TO:

EASTMAN KODAK COMPANY

PACKING MEMO

TOTAL NUMBER OF PIECES THIS SHIPMENT

2

IAN	CAT. NO.	QUANTITY	F	C	DESCRIPTION
					PURCHASE PLAN # CRS1113725 1/31/96
	8086597	8	1		EPRT L TONER NOT REG. 0400 BLDES 00042 PRICE & QTY VERIFIED WITH CUSTOMER

TRANS NO	ORDER DATE	INVOICE NUMBER	CUSTOMER REFERENCE NUMBER	ITEMS	LOC
3964		013B49534	136152		

DATE 9/14/95
TIME 11.16

LAST PAGE OF 1

ORTANT
. ORDERED QUANTITIES ARE INDICATED IN THIS COLUMN.
< ORDERS WILL BE SHIPPED AS SOON AS AVAILABLE.

PLEASE USE CATALOG NUMBERS

APPENDIX DM 305-B
PAGE 541 OF 2226

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 4594 Vendor Name: FSU

Inv Date: 9-22-95 Inv #: 15203 Inv $: 654.23

Due Date: 10-4-95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: 40297

Description: LABELS - RATE CASE

Units: _____ Job Code: _____

Account Number Pt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.140	95RA100	654.23

Voucher Prepared by: _____

APPENDIX DL305-B

PAGE 345 OF 2226

INVOICE

FSU
FORMS & SUPPLIES UNLIMITED, INC.

1158 Solana Avenue • Winter Park, FL 32789
Phone (407) 628-3333 • FAX (407) 628-3562

CUSTOMER ORDER NO.	INVOICE DATE	INVOICE NO.
10297	09/22/95	15203

SHIPPED TO: (Same as "sold to" unless shown)

SOLD TO
Southern State Utilities
ATTN: John Hilton
1000 Color Place
Apopka FL 32703

219090

Southern State Utilities
ATTN: John Hilton
1000 Color Place
Apopka FL 32703

DIV	SALES CONSULTANT	SALES CONSULTANT	DATE ORDERED	OUR ORDER NO.	SHIPPED VIA	DATE SHIPPED
0	J D Nealer		09/15/95	9500475O	TRUCK	09/20/95

QUANTITY SHIPPED*	FORM NO. OR ITEM NO.		DESCRIPTION	UNIT PRICE	U/M	AMOUNT
15	D35-15-3	1	3 1/2 x 15/16 3up Labels	39.000	1	585.00

RECEIVED
SEP 2 6 1995
Accounts Payable

DEDUCT THIS AMOUNT – IF PAID BY		TERMS (From Date Of Invoice)	SUB TOTAL	SHIPPING & HANDLING	TAX	
		Net 20	585.00	34.13	35.10	654.23

PLEASE PAY THIS AMOUNT

Thank You!

PLEASE PAY FROM THIS INVOICE - No statement will be sent

1½% INTEREST CHARGE per month **(18% PER ANNUM)** thereafter

* All custom orders subject to 10% overrun or underrun for most economical use of material

ORIGINAL INVOICE

APPENDIX D-305-B
PAGE 246 OF 2226

E: SHADED FIELDS ARE REQUIRED

Southern States Utili..s

RECEIVING REPORT

R/R 64406

PURCHASE ORDER NUMBER: 40297

PLANT NAME: Apopka

SUPPLIER: Forms + Supplies Unlimited

PLANT NUMBER: 90001

LINE ITEM #	QTY. REC'D.	DESCRIPTION	COMPLETE	INCOMPLETE
1	1 Box	3 ACROSS LABELS	✓	

RECEIVED
SEP 2 1 1995
Accounts Payable

FOR BLANKET USE ONLY

INVOICE #

DOLLAR AMOUNT $

PURPOSE & NECESSITY: Restock Label supplies for 95 Rate Case (Cust. Notices Mailing) #95RA1000

W/O#:

G.L. #: 0001.620.99.1861.0000.140

DATE 9/20/95 RECEIVED BY

DATE 9/20/95 CHECKED BY

REV 8/94

ACCOUNTS PAYABLE

APPENDIX DR 305-B

PAGE 247 OF 2226

R&L Transfer, Inc. / Gator Freightways, Inc. / Crouchwood Motor Lines, Inc.

Freight Bill No. 1953576321 | GATOR | Payable To | Date 09/14/95 | Page 1

REMIT TO: P.O. Box 271, Wilmington, OH 45177-0271, Phone (513) 382-1494
B45 XXX 18-340
R&L Wats 1-800-543-5589
Gator Wats 1-800-828-3209
GMLS Wats 1-800-336-3907
Ohio Wats 1-800-582-1485

Interline From / To	Factors	%	Minimum	Pro. No.	Org. Terminal	Dest. Terminal N	Loaded On	Method of Payment
					CDN/AREA 900	LKD/AREA 308	LKD339485	
				Shipper Bill No. 049589		Tariff RAF5001	Pick Up 500480	PREPAID

BILL TO: [illegible]
[illegible] LABEL, INC
[illegible] D KINGSTON COURT N
[illegible]ETTA GA 30067

SHIPPER: FORMMA
FORMS & SUPPLIES UNLIMITED
2171-D KINGSTON COURT NORT
MARIETTA GA 30067

CONSIGNEE: SOUTHERN STATES UTILITIES
1000 ~~COLOR~~ PLACE
APOPKA FL 32703
CGC/UR

No. Pieces	Description of Articles	Weight	Rate	Prepaid	Collect
1	133500 S2 LABELS, PAPER, NOI CL55 1 PLT OF 15 PCS ++ DO NOT BREAK DOWN PALLETS ++ DO NOT DOUBLE STACK SKIDS !!!!!!!! THANK YOU FOR SHIPPING R&L CARRIERS	240			
NOA		NOA			
1	Total Pcs. 09/19/95 7:32PM	Total Weight 240	Charges		

RECEIVED
SEP 2 1 1995
Accounts Payable

Interline From / To	Amount Due	C.O.D. Amount	Del. Date	Drivers Name	Collect This Amount
			Time	No. Pieces	Received In Good Condition Except As Noted / Signature
		Co. Rev.			

I.C.C. FEDERAL REGULATIONS REQUIRE PAYMENT OF THIS FREIGHT BILL WITHIN 15 DAYS.

CONSIGNEE COPY

APPENDIX DP305-B
PAGE 848 OF 2226

PURCHASE ORDER

SSU
Southern States Utilities
PURCHASING DEPARTMENT
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

Purchase Order: 40297
Date: 9/15/1995
Requisitioner:
Confirmed to: DAVE N.
Description: REQ.887993 RALPH GONZALEZ - DVM
Prior Number:
Project: 95RA100
Task:

Payment Terms: NET PAYABLE IN 30 DAYS
FOB: SHIPPING POINT
Ship via: UPS
Freight Terms: PREPAID AND ADD

Vendor:
FORKS & SUPPLIES UNLIMITED,INC
1158 SOLANA AVENUE
WINTER PARK, FL 32789

Ship to:
SOUTHERN STATES UTILITIES, INC
1000 COLOR PLACE
APOPKA, FL 32703

Bill to:
SOUTHERN STATES UTILITIES, INC
1000 Color Place
Apopka, FL 32703

Line #	Item Code	Description	Due Date	Quantity	UOM	Unit Cost	Extended Cost
		PREVIOUSLY ORDERED.					35.10
		STATE TAX					585.00
1	110-LAB-0003	3-ACROSS LABELS	9/19/1995	15.00	BOX	39.00	
		NOTE: 15,000/BOX					
		Acct Code: 001.00001.520.99.1861.0000.140					

RECEIVED
SEP 18 1995
Accounts Payable

Total $ 620.10

AUTHORIZED SIGNATURE
JOHN HILTON, CHIEF OF
BARBARA A. REEDER

IMPORTANT: THIS ORDER IS SUBJECT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE.

ACCOUNTS PAYABLE

APPENDIX D2305-B
PAGE 549 OF 2226

SSU
Southern States Utilities

87993

REQUISITION

NOTE: SHADED FIELDS ARE REQUIRED

PLANT/DEPT: 90001/15
REQUESTED BY: RALPH GONZALEZ
REQUEST DATE: 9/15/95
DATE REQUIRED: ASAP

VENDOR NAME: Form+Supplied Industrial
ADDRESS: 1158 Solanda Ave
Winter Park FL
PHONE NO: 628-3333

SHIP TO: DEPT/PLANT #: 15/90001
ADDRESS: APOPKA OFFICE
ATTN: R. GONZALEZ

PO #	SHIP VIA	FOB	DUE DATE	CONFIRMING	MAIL	TAXABLE
40247	U	PPA	9-19	Dave N.	Y	6%

LN	Item No	QNTY	U/M	Item Description (include p/n, cat. #, mfg, model, size, etc.)	Account Code PLANT	RSP	UC	ACCT	SUB-A	CEC	Project Number (WO#) PRJCT	TASK	SUBT	Unit Price	Amount
1	310-LABOO	15	BX	3 ACROSS LABELS 15,000	0001	620	99	1861	000	140	#95RA10			39.00	585.00

APPROVALS

PURPOSE AND NECESSITY: Restock Labels supplies for 95 Rate Case (Cust Notices)

☐ UN-BUDGETED

SUBTOTAL	585.00
FL. TAX	35.10
FREIGHT +	
OTHER	
TOTAL	620.10

ACCOUNTS PAYABLE

APPENDIX DR 305-A
PAGE 52 OF 2226

SDL049589 F0F300

FROM:

FORMS & SUPPLIES UNLIMITED
1158 SOLANA AVE.

WINTER PARK, FL 32789

SHIP DATE: 9/12/95

# OF PKGS:	WEIGHT
15	210

SHIPPING INSTRUCTIONS: 1 skid –

SHIP TO:

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

QTY PER CARTON

P.O. # 40297

SHIPMENT #	COMPLETE	PARTIAL
	V	

QTY ORDERED	LABEL DESCRIPTION	MATERIAL	INK	BACK O'D	QTY. SHIPPED
225.00 M	D-35-15-3				225M

PACKING SLIP

ART # DL305-B

PAGE 851 OF 2286

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 15216 Vendor Name: OFFICE DEPOT

Inv Date: 8-21-95 Inv #: 020019391 Inv $: 47.04

Due Date: 9-20-95 Discount: _____ Terms: _____

Month/Yr: 9/95 Purchase Order #: L129693

Description: TAPE, LABELS

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.140	95RA100	47.04

Voucher Prepared by: _____

APPENDIX DE905-B

PAGE 852 OF 2226

Page

** ORIGINAL INVOICE **

SOLD TO: 10652929
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

INVOICE NUMBER: 030019391

LITIES

SALE DATE: 8/21/95
STORE: 0030
REGISTER: 1
TRANS: 09391
TYPE: 00

47.04 Purchase Order #: L129693

	QTY	PRICE	EXTENSION
CLEAR	1	3.99	3.99
CLEAR	1	3.99	3.99
CLEAR	1	3.99	3.99
HEET	1	31.99	31.99
SALES TAX			3.08
TOTAL			47.04

E DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

LOCAL PURCHASE ORDER

SSU
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 129693

DATE: 8/21/95
PLANT #: 21001
DEPT.: 620/RATES

VENDOR: OFFICE DEPOT / ALTAMONTE
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE #

HOUSE ACCOUNT # 20006920010

QTY.	U/M	DESCRIPTION	AMOUNT
1	BOX	308270 8½"x11" AVERY FULL SHEET LABEL	31 99
2	6PKS	371-427 CLEAR SEALING TAPE (3.99x3)	11 98
		RECEIVED AUG 22 1995 Accounts Payable	
		50001. 620. 99. 1861.0000. 140 95RA100	
		SUB TOTAL	43 96
		NOT VALID FOR PURCHASES OVER $250.00 — TAX	3.08
		TOTAL	$47.04

ISSUED BY EMPLOYEE SIGNATURE: P Sims

AUTHORIZED BY SUPERVISOR SIGNATURE:

REASON FOR PURCHASE: LABELS FOR MAILING 95 RATE CASE

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

OFFICE DEPOT
515 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701
(407) 830-6100

RECEIVED AUG 22 1995 9691 00330 001

2.10 5565 ACCOUNT/RECEIPT#

212093864 BOX SEAL TAPE	3.99
MFG. LIST $9.35	
212093864 BOX SEAL TAPE	3.99
MFG. LIST $9.35	
212093864 BOX SEAL TAPE	3.99
MFG. LIST $9.35	
727620353 COPY LABEL	31.99
MFG. LIST $40.04	
SUBTOTAL	43.96
FL TAX SALES TAX	3.08
TOTAL	47.04

ACCOUNT NUMBER 20006920010
PURCHASE ORDER # L129693
HOUSE CHARGE 47.04
AUTHORIZAL CODE 006433

CHANGE .00

4pcs 1,620,99,1861.0000,140
4SRA100

RETAIN PAYMENT TO:
OFFICE DEPOT
P.O. BOX 630000
ORLANDO, FL 32863-0063

THANK YOU FOR SHOPPING AND SAVING AT
OFFICE DEPOT

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5229 Vendor Name: Eastman Kodak

Inv Date: 10.9.95 Inv #: 013B59246 Inv $: 424.97

Due Date: 10.25.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: L136165

Description: toner

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.420.99.1861.0000.140	95RA100	424.97

Voucher Prepared by: _____

INVOICE

D.U.N.S. CODE 00-220-6183 E.I.N. 16-0417150

*** ORIGINAL ***

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	013B59246	10/09/95
CUSTOMER ORDER REFERENCE NUMBER			PAGE
136165			1 OF 1
EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER REC'D DATE	SHIP DATE
		10/06/95	10/06/95

1-0- -675-670-014-93 714 S1

E001058-2-02-02

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA AIR			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	STEVE GALLIS 407 880 0058			
8	*EPRT L TONER CAT. NO. 808 6597 PRICED PER AGREEMENT NO. CRS1113725	S3	45.28	362.24
	TRANSPORTATION CAT. NO. 103 4016			41.00
	*FLORIDA STATE TAX CAT. NO. 191 6055			21.73

RECEIVED
OCT 12 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

TERMS: NET 30 DAYS
$424.97 DUE 11/08/95

INVOICE TOTAL
$ 424.97

...ller represents that with respect to its production of the articles ... or the performance of the services covered by this invoice it has ... complied with the Fair Labor Standards Act of 1938, as amended ...

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 3470 Vendor Name: Office Supplies

Inv Date: 10-4-95 Inv #: 012381129-001 Inv $: 190.26

Due Date: 10-18-95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: L136220

Description: Office Supplies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000V.591.99.1861.0000.140	95RA100	171.33
9000J.591.99.6208.0000.140	—	18.93

Voucher Prepared by: [signature]

20102723 012381129-001 001 2224 951004 pdc051c E pre-print 34611 19026

Contract

* * * I N V O I C E * * *

OFFICE DEPOT, INC.
1-800-336-0226
FAX: 1-800-816-3139

Terms Net 10th Prox. Page: 1
Remit To: OFFICE DEPOT, INC.
PO BOX 915034

ORLANDO, FL 32891-5034

Order Number : 012381129-001 Ver: 001 **Order Date : 4 Oct 1995 Wed**
Location 1085: ORLANDO DELIVERY CENTER Delivery Date : 5 Oct 1995 Thr
Rte/Stop : 404 / 13 Seq Nbr: Preferred Time: 8:30 am - 5:00 pm
Salesperson : DEBORAH RICHARDS Salesperson ID: 10844 CSR: 1085

Bill To
00001 SOUTHERN STATE UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

Ship To
SOUTHERN STATE UTILITIES 00001
1000 COLOR PL
APOPKA, FL 32703-7797

Customer Information
Cust Nbr: 20102723 PO Nbr: 136220
RESPONS 591
Contact : KAREN ELLISON 407-880-0058
DEPT LEGAL Name: Desk Sign:
Desk Dir:

Sku / Cust Nbr	Item Description	T	Ord Qty	Ship Qty	B/O Qty	Um	Unit Price	Total Cost
0983171 4151P-8	8" STAINLESS DUSTY R		1	1	0	PR	3.990	3.99
0313692 R0G03008	BENT CHROME LETTER O		1	1	0	EA	.890	.89
0402255 SOUP35410	#10 COTTON WHT ENV.		1	1	0	PK	4.990	4.99
0172080 MMM37502X60TT	PKG SEAL TAPE-TRANSP		2	2	0	RL	3.990	7.98
0435230 70230	3" OVERLAY BINDER WH		36	36	0	EA	4.490	161.64
	Item Totals:		41	41	0			179.49

Customer Copies : 2

Delivery Chg	.00
Sub-Total	179.49
Sales Tax (6.000%)	10.77
Total Order Amount	190.26
Balance Due ----->	**.00**

Thank-you for Shopping at OFFICE DEPOT.

Payment : Account Billing **Signature** Gloria Wishart
Signature is Required

Please Print Gloria Wishart

End Of Order 012381129-001 Ver. 001

LOCAL PURCHASE ORDER **SOUTHERN STATES UTILITIES**
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136220

DATE: 10-3-95
PLANT #: 90001
DEPT.: Legal

VENDOR: Office Depot
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE #: 0193849Z9-001

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT
		General Office Supplies		18 93
		90001.591.99.6508.0000.140		
		3" Ring Binders		
		00001.591.99.1861.0000.140		171 33
		95RA100		
		RECEIVED		
		OCT 06 1995		
		Accounts Payable		

G.L. #

NOT VALID FOR PURCHASES OVER $500.00

TAX
TOTAL 190 26

ISSUED BY EMPLOYEE SIGNATURE: R Gelleman

AUTHORIZED BY SUPERVISOR SIGNATURE: Dina Lang

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 3470 Vendor Name: Office Depot

Inv Date: 8.31.95 Inv #: 01189878-001 Inv $: 419.38

Due Date: 10.18.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: L 13394

Description: Office Supplies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.591.99.1861.0000.140	95RA100	419.38

Voucher Prepared by: _____

========== End of Order: 011888108-001 Ver: 001 ==========

02723 011890878-001 001 2039 950831 pdc051c E pre-print 34577 41938

tract
* * * I N V O I C E * * *

OFFICE DEPOT, INC.
1-800-386-0226
FAX: 1-800-816-3139

Terms : Net 10th Prox. Page: 1
Remit To: OFFICE DEPOT, INC.
PO BOX 915034

ORLANDO, FL 32891-5034

---

ier Number : 011890878-001 Ver: 001 **Order Date : 31 Aug 1995 Thr**
cation 1085: ORLANDO DELIVERY CENTER Delivery Date : 1 Sep 1995 Fri
e/Stop : 404 / 14 Seq Nbr: Preferred Time: 8:30 am - 5:00 pm
esperson : DEBORAH RICHARDS Salesperson ID: 10844 CSR: 1085

=== B i l l T o ========== S h i p T o ==========
001 SOUTHERN STATE UTILITIES SOUTHERN STATE UTILITIES 00001
1000 COLOR PL 1000 COLOR PL
APOPKA, FL 32703-7797 APOPKA, FL 32703-7797

= ========== C u s t o m e r I n f o r m a t i o n ==========
s .br: 20102723 PO Nbr: ~~133990~~
RESPONS 591 133994
ntact : OAREN ELLISON 407-880-0058
PT LEGAL SV/591 Name: Desk Sign:
sk Dir:

RECEIVED
SEP 07 1995
Accounts Payable

u / Cust Nbr	Item Description	T	Ord Qty	Ship Qty	B/O Qty	Um	Unit Price	Total Cost
31592 L238549W	BNDR,RG,VIEW-D,11X8.		36	36	0	EA	10.990	395.64
	Item Totals:		36	36	0			395.64
stomer Copies : 2							Delivery Chg	.00
							Sub-Total	395.64
							Sales Tax (6.000%)	23.74
							Total Order Amount	419.38
							Balance Due ----->	.00

Thank-you for Shopping at OFFICE DEPOT.

---

ayment : Account Billing **Signature** Jose Chabert

Please Print J Cam

Signature is Required

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 3470 Vendor Name: OFFICE DEPOT

Inv Date: 6-26-95 Inv #: 10861267-001 Inv $: 80.52

Due Date: 10-18-95 Discount: _____ Terms: _____

Month/Yr: 10/95 Purchase Order #: 39748

Description: PROJECTION LAMP

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.605.99.1861.000.140	95RA100	80.52

Voucher Prepared by: _____

[illegible] 5052

Terms: Net 10th Prox — Page: 1
Remit To: OFFICE DEPOT, INC
PO BOX 915034
ORLANDO, FL 32891-5034

OFFICE DEPOT, INC
1-800-388-0226
FAX 1-800-818-3139

er Number : 010861357-001 Ver: 001 — Order Date : 26 Jun 1995 Mon
stion 1025 ORLANDO DELIVERY CENTER — Delivery Date : 27 Jun 1995 Tue
te/Stop Nbr: 404 / 09 Seq Nbr: — Preferred Time: 8:30 am - 5:00 pm
esperson DEBORAH RICHARDS — Salesperson ID: 10844 CSR: 1085

Bill To
01 SOUTHERN STATE UTILITIES
1000 COLOR PL
APOPKA FL 32703-7797

Ship To
SOUTHERN STATE UTILITIES 00001
1000 COLOR PL
APOPKA, FL 32703-7797

Customer Information

st Nbr: 20102723 PO Nbr: 39748
RESPONS 605
ntact : KAREN ELLISON 407-880-0058
PT 605 COMMUNIC Name: Desk Sign:
sk Dir:

/ Cust Nbr	Item Description	T	Ord Qty	Ship Qty	B/O Qty	Um	Unit Price	Total Cost
O :	PROJ. LMP/3M FL. SZ. O		4 ✓	4	O	EA	18.990	75.96

Item Totals: 4 4 O 75.96

stomer Copies : 2

Delivery Chg .00
Sub-Total 75.96
Sales Tax (6.000%) 4.56
Total Order Amount 80.52

Balance Due -----> .00

Thank-you For Buying OFFICE DEPOT Products.

yment : Account Billing

Signature Gloria Wishart

Please Print Gloria Wishart
Signature is Required

RECEIVED
JUN 27 1995
Accounts Payable

End of Order O/E501357-001 Ver 001

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 15216 Vendor Name: Office Depot

Inv Date: 9.20.95 Inv #: 0300166520 Inv $: 15.84

Due Date: 10.18.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: L136154

Description: Office Supplies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
CXXXL.620.99.1861.0000.140	95RAIN	15.84

Voucher Prepared by: _____

Page

** ORIGINAL INVOICE **

Office DEPOT℠

SOLD TO: 10652929
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

CHARGED BY: 20006920010

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

INVOICE NUMBER: 030016520

SALE DATE: 9/20/95
STORE: 0030
REGISTER: 1
TRANS: 06520
TYPE: 00

Total Amount Due: 15.84

Purchase Order #: 136154

S.K.U.	DESCRIPTION	QTY	PRICE	EXTENSION
61521	BOTTLE MOISTENER	10	.79	7.90
61513	ENV MOISTENER	10	.69	6.90
	SALES TAX			1.04
	TOTAL			15.84

RECEIVED
OCT 12 1995
Acct

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

043790

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 258 Vendor Name: Smith Wilson

Inv Date: 10/09/95 Inv #: 286593 Inv $: 276.87

Due Date: 10/25/95 Discount: _____ Terms: _____

Month/Yr: 10/95 Purchase Order #: L136164

Description: paper

Units: _____ Job Code: _____

Account Number PtLResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.140	95RA100	276.87

Voucher Prepared by: _____

PLEASE REMIT TO

SHIP VIA

PACKING LIST NO.

THE SMITH WILSON CO.

P.O. BOX 565607 • ORLANDO, FLORIDA 32856-5607

PHONE (407) 841-7390 TOLL FREE (800) 334-5888

FAX (407) 648-9015 TOLL FREE (800) 723-8115

INVOICE

SPECIAL INSTRUCTIONS

CONTACT: STEVE GALLEY 407 339 0080 Order Taken by: STEVE GALLEY

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

SOUTHERN STATES UTILITIES
ADMINISTRATION SERVICES
1000 COLOR PLACE
APOPKA, FL 32703

INVOICE NO	CUSTOMER PURCHASE ORDER NO	INVOICE DATE	ORDER DATE	TERMS	CUSTOMER NO
238503	136161	10/09/95	10/06/95	NET 10TH EOM	2130

PRODUCT NO	ORDERED	SHIPPED	U/M	B/O	DESCRIPTION	LIST PRICE	NET PRICE	EXTENSION
**********	Department: 555 - ADMINISTRATION SERVICES							**********
HAM-10286-3	40	40	REAM	0	PAPER,LTR,TAN,HAMMERMILL	10.89	6.53	261.2

RECEIVED
OCT 10 1995
Accounts Payable

QUESTIONS ? CALL LINDA MAYLAND (x133) at 841-7390

X

YOU SAVED $ 174.40

FREIGHT	0.00
TAX	15.67
PLEASE REMIT	276.87

TERMS: As specified on the original invoice and/or order form. Any amounts not paid when due are subject to a FINANCE CHARGE of 1½% per month on the unpaid balance which is an ANNUAL PERCENTAGE RATE OF 18%. We shall be entitled to recover any costs incurred in enforcing collection of this account, including but not limited to reasonable attorney's fees.

RETURN POLICY: Returns without authorization cannot be accepted. No merchandise can be returned without a copy of our invoice attached. Special order merchandise and furniture are not returnable. All returned merchandise must be received in resalable condition.

SHORTAGES: Shortages must be reported within 72 hours.

LOCAL PURCHASE ORDER: SOUTHERN STATES UTILITIES

1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136164

DATE: 10/6/95
PLANT #: 90001
DEPT.: 565

VENDOR: Smith Wilson
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE # 286593

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT	
40	PKG	Tan - Copy Paper 8½ x 11	6.53	261	20
		JOSE CHARRY 10/9/95			

G.L. # 00001.620.99.1861.0000.140 95RA100

NOT VALID FOR PURCHASES OVER $500.00

TAX	15	67
TOTAL	276	87

ISSUED BY EMPLOYEE SIGNATURE: Steven M. Gallis

AUTHORIZED BY SUPERVISOR SIGNATURE: Steven M. Gallis

REASON FOR PURCHASE: Copy paper needed as insert pages for W/S Workbook copying - 27 volumes @ 50 ea

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 258 Vendor Name: Smith Wilson

Inv Date: 10/26/95 Inv #: 299752 Inv $: 110.75

Due Date: 11/16/95 Discount: _____ Terms: _____

Month/Yr: 10/95 Purchase Order #: L136168

Description: paper

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.1620.99.1961.0000.140	95RA100	110.75

Voucher Prepared by: _____

PLEASE REMIT TO:

SHIP VIA: NORTHWEST(8)/F

PACKING LIST NO.: 01888173001

PKGS.: 2

THE SMITH WILSON CO.

P.O. BOX 568507 · ORLANDO, FLORIDA 32856-8507

PHONE (407) 841-7390 TOLL FREE (800) 334-5988

FAX (407) 648-9015 TOLL FREE (800) 793-8145

INVOICE

SPECIAL INSTRUCTIONS

Contact: STEVE GALLIS 407-880-0058 Order Instr.: STEVE

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

SOUTHERN STATES UTILITIES
ADMINISTRATION SERVICES
1000 COLOR PLACE
APOPKA, FL 32703

PG: 1

INVOICE NO	CUSTOMER PURCHASE ORDER NO	INVOICE DATE	ORDER DATE	TERMS	CUSTOMER NO
299752	136168	10/26/95	10/25/95	NET 10TH EOM	9105

PRODUCT NO.	ORDERED	SHIPPED	U/M	B/O	DESCRIPTION	LIST PRICE	NET PRICE	EXTENSION
**********	Department: 565 - ADMINISTRATION SERVICES							**********
HAM-10286-3	60	16	REAM		44 PAPER,LTR,TAN,HAMMERMILL	10.89	6.53	104.4

QUESTIONS ? CALL LINDA MAYLAND (x133) at 841-7390

X Steve Gallis - 10/26/95

YOU SAVED $ 69.76

FREIGHT	0.00
TAX	6.27
PLEASE REMIT	110.75

TERMS: As specified on the original invoice and/or order form. Any amounts not paid when due are subject to a FINANCE CHARGE of 1½% per month on the unpaid balance which is an ANNUAL PERCENTAGE RATE OF 18%. We shall be entitled to recover any costs incurred in enforcing collection of this account, including but not limited to reasonable attorney's fees.

RETURN POLICY: Returns without authorization cannot be accepted. No merchandise can be returned without a copy of our invoice attached. Special order merchandise and furniture are not returnable. All returned merchandise must be received in resalable condition.

SHORTAGES: Shortages must be reported within 72 hours.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 10/26/95 Inv #: 299753 Inv $: 304.56

Due Date: 11/16/95 Discount: _____ Terms: _____

Month/Yr: 10/95 Purchase Order #: L136168

Description: paper

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.1.620.99.1861.0000.140	95LA10	304.56

Voucher Prepared by: _____

PLEASE REMIT TO:

SHIP VIA: NORTHWEST(8)/F

PACKING LIST NO.: 01888173002

PKGS.: 5

THE SMITH WILSON CO.

P.O. BOX 568507 · ORLANDO, FLORIDA 32856-8507

PHONE (407) 841-7390 TOLL FREE (800) 334-5988

FAX (407) 648-9015 TOLL FREE (800) 793-8145

INVOICE

SPECIAL INSTRUCTIONS

Contact: STEVE GALLIS 407-880-0058 Order Instr.: STEVE

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

SOUTHERN STATES UTILITIES
ADMINISTRATION SERVICES
1000 COLOR PLACE
APOPKA, FL 32703

INVOICE NO.	CUSTOMER PURCHASE ORDER NO	INVOICE DATE	ORDER DATE	TERMS	CUSTOMER NO
299753	136168	10/26/95	10/25/95	NET 10TH EOM	9105

PRODUCT NO.	ORDERED	SHIPPED	U/M	B/O	DESCRIPTION	LIST PRICE	NET PRICE	EXTENSION
**********	Department: 565 - ADMINISTRATION SERVICES						**********	
HAM-10286-3	44	44	REAM	0	PAPER,LTR,TAN,HAMMERMILL	10.89	6.53	287.32

QUESTIONS ? CALL LINDA MAYLAND (x133) at 841-7390

X Steve Gallis 10/26/95

YOU SAVED $ 191.84

FREIGHT	0.00
TAX	17.24
PLEASE REMIT	304.56

TERMS: As specified on the original invoice and/or order form. Any amounts not paid when due are subject to a FINANCE CHARGE of 1½% per month on the unpaid balance which is an ANNUAL PERCENTAGE RATE OF 18%. We shall be entitled to recover any costs incurred in enforcing collection of this account, including but not limited to reasonable attorney's fees.

RETURN POLICY: Returns without authorization cannot be accepted. No merchandise can be returned without a copy of our invoice attached. Special order merchandise and furniture are not returnable. All returned merchandise must be received in resalable condition.

SHORTAGES: Shortages must be reported within 72 hours.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 48 Vendor Name: A. A. Casey of Daytona

Inv Date: 11.3.95 Inv #: 129783 Inv $: 1606.22

Due Date: 11.22.95 Discount: _____ Terms: _____

Month/Yr: 11.95 Purchase Order #: 40556

Description: Screw posts

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.1620.99.1861.0000.140	95RA100	1606.22

Voucher Prepared by: _____

A.A. CASEY CO. of DAYTONA

TOOL SPECIALTIES, EQUIPMENT & FASTENERS
1100 NO. NOVA ROAD
DAYTONA BEACH, FLORIDA 32117
PHONE: (904) 253-6158
FAX (904) 238-0973
1-800-247-8065

DATE	INVOICE
11/03/95	129783

SOLD TO: SSU
SOUTHERN STATES
UTILITIES
1000 COLOR PLACE
APOPKA, FL. 32703

SHIP TO: ** INVOICE **
DELIVER TO APOKA
OFFICE

(407)880-0058

TAX JURISDICTION NO. / DESCRIPTION: 001 STATE TAX JUR. 1

TAX EXEMPT:

LOC.	DATE ORDERED	DATE SHIPPED	SHIP VIA	JOB NO.	CUST. ORDER NO.	SALESPERSON	CLK	TERMS	CONT	PAGE
01	10/25/95	11/03/95			40556	0	03	NET 30 DAY	01	01

ITEM	ORDERED / BACKORDERED	SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT
INVOICE	INVOICE		INVOICE	INVOICE	
MISC EA	1000.00	1000.00	3706K 1 SCREWPOST	.0696	69.60
MISC EA	500.00	500.00	3707K 1-1/4" SCREWPOST	.0891	44.55
MISC EA	500.00	500.00	3709K 1-3/4" SCREWPOST	.1097	54.85
MISC EA	4000.00	4000.00	3710K 2 SCREWPOST	.1136	454.40
MISC EA	2500.00	2500.00	3711K 2-1/4 SCREWPOST	.1368	342.00
MISC EA	3000.00	3000.00	3712K 2-1/2" SCREWPOST	.1833	549.90
			PC-DA DELIVER O/T		

RECEIVED
NOV 14 1995
Accounts Payable

SALES AMOUNT	SALES TAX	SHIPPING CHARGE		CODE	DEPOSIT	CASH	CODE	
1515.30	90.92							1606.22

PACKED BY: _____

TERMS: NET 30 Days. Please Pay From This Invoice. STATEMENT UPON REQUEST.
A.A. CASEY COMPANY RETAINS TITLE TO EQUIPMENT ON THIS INVOICE UNTIL PAID IN FULL.

PLEASE PAY THIS AMOUNT

DELIVERED BY: _____ RECEIVED BY: _____ DATE: _____

NOTE: SHADED FIELDS ARE REQUIRED

Southern States Utilties

RECEIVING REPORT

R/R 60771

PURCHASE ORDER NUMBER: 40556

PLANT NAME: Alafia

SUPPLIER: AA Casey Company of Daytona

PLANT NUMBER: 9000 1

LINE ITEM #	QTY. REC'D.	DESCRIPTION 48	COMPLETE	INCOMPLETE
1	1000	1" SCREW POSTS		
2	500	1 1/4" "		
3	500	1 3/4" "		
4	4000	2" "		
5	2500	2 1/4" "		
6	3000	2 1/2" "		

RECEIVED
NOV 0 6 1995
Accounts Payable

FOR BLANKET USE ONLY

INVOICE #

DOLLAR AMOUNT $

PURPOSE & NECESSITY: SCREW POSTS FOR 1995 RATE CASE BOOKS

W/O#:

G. L. #:

K. Smith

10/25/95 PSmms
DATE RECEIVED BY

11/2/95
DATE CHECKED BY

REV. 8/94

ACCOUNTS PAYABLE

APPENDIX ____ PAGE ____ OF ____

PURCHASE ORDER

Southern States Utilities
PURCHASING DEPARTMENT
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

Purchase Order: 40556 Print Number: 1
Date: 10/26/1995 Project: 95RA100
Requisitioner: Task:
Confirmed to: ROWLAND
Description: REQ. #88014 PHYLLIS SIMS - DVK

Payment Terms: NET PAYABLE IN 30 DAYS
FOB: SHIPPING POINT
Ship via: UPS
Freight Terms: PREPAID AND ADD

Vendor:
A.A. CASKET COMPANY
1100 NO. NOVA ROAD
DAYTONA BEACH, FL 32017

Ship to:
SOUTHERN STATES UTILITIES, INC
1000 COLOR PLACE
APOPKA, FL 32703

Bill to:
SOUTHERN STATES UTILITIES, INC
1000 Color Place
Apopka, FL 32703

Line #	Item Code	Description	Due Date	Quantity	UOM	Unit Cost	Extended Cost
		CONFIRMING PURCHASE ORDER. PREVIOUSLY ORDERED.					90.92
		STATE TAX					69.60
1	310-SCN-0001	1" SCREW POSTS	0/30/1995	1.00	BOI	69.60	
		Acct Code: 001.00001.620.99.1861.0000.140					
2	310-SCN-0004	1 1/4" SCREW POSTS	0/30/1995	5.00	BOI	8.91	44.55
		Acct Code: 001.00001.620.99.1861.0000.140					
3	310-SCN-0002	1-3/4" SCREW POSTS	0/30/1995	5.00	BOI	10.97	54.85
		Acct Code: 001.00001.620.99.1861.0000.140					
4	310-SCN-0005	2" SCREW POSTS	0/30/1995	40.00	BOI	11.36	454.40
		Acct Code: 001.00001.620.99.1861.0000.140					
5	310-SCN-0003	2-1/4" SCREW POSTS	0/30/1995	25.00	BOI	13.68	342.00
		Acct Code: 001.00001.620.99.1861.0000.140					
6	310-SCN-0006	2 1/2" SCREW POSTS	0/30/1995	30.00	BOI	18.33	549.90
		Acct Code: 001.00001.620.99.1861.0000.140					

Total $ 1,606.22

IMPORTANT: THIS ORDER IS SUBJECT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE.

AUTHORIZED SIGNATURE
JOHN HILTON, C.P.A./CON
BARBARA L. REDDY

ACCOUNTS PAYABLE

APPENDIX D205-B PAGE 876 OF 2226

APPENDIX ____ PAGE ____ OF ____

SSU Southern States Utilities

88014

UF

REQUISITION

NOTE: SHADED FIELDS ARE REQUIRED

PLANT/DEPT: APOPKA/GATES
REQUESTED BY: P. Sims
REQUEST DATE: 10/25/95
DATE REQUIRED: ASAP

VENDOR NAME: A.A. Casey Co. Daytona
ADDRESS: 1100 Nobleton Rd
Daytona Beach, FL 32117
PHONE NO: 904/253-6158

SHIP TO: DEPT/PLANT #: Apopka
ADDRESS:
ATTN:

PO #	SHIP VIA	FOB	DUE DATE	CONFIRMING	MAIL	TAXABLE
40356	U	PPA	10-30-95	Rowland	Y	b/b

LN	Item No.	QNTY	UM	Item Description (Include p/n, cat. #, mfg, model, size, etc.)	Account Code PLANT	RSP	UC	ACCT	SUB-A	CEC	Project Number (WO#) PRJCT	TASK	SUBT	Unit Price	Amount
1		1000	LF	1" SEAL WASH-S 300 Series DOUGH	3001	X20	99	V861	10000	V40	95CA	100		6.96/100	69.60
2		500		1¼" " 4										8.91/100	44.55
3		500		1¾" " 2										10.97/100	54.85
4		4000		2" " 5										11.36/100	454.40
5		2500		2¼" " 3										12.48/100	312.00
6		3000		2½" " 6										18.33/100	549.90

APPROVALS
P Sims
K. Scott

PURPOSE AND NECESSITY
FOR USE IN 95 RATE CASE
(NOTE: MINIMUM ORDER IS $600.00
☐ UN-BUDGETED

SUBTOTAL	1555.30
FL. TAX 6%	90.92
FREIGHT	
OTHER	
TOTAL	1,606.22

ACCOUNTS PAYABLE

APPENDIX DR305-B
PAGE 871 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3571 Vendor Name: Colamco

Inv Date: 11.14.95 Inv #: 181961 Inv $: 1693.88

Due Date: 11.22.95 Discount: _____ Terms: _____

Month/Yr: 11.95 Purchase Order #: 40693

Description: 3 hole Paper

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.1209.9.1861.0000.140	95RA100	1693.88

Voucher Prepared by: _____

PLEASE REMIT TO:

FOLAMCO INC
COMPUTER SUPPLIES AND ACCESSORIES
975 Florida Central Parkway
Suite 1100
Longwood, Florida 32750-7634
(407) 331-3737 • (800) 327-2722
FAX (407) 331-3831

INVOICE

INVOICE NO.	DATE
181961	11/14/95

SOLD TO
004407
SSU SERVICES
ACCOUNTS PAYABLE DEPT.
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO
SSU SERVICES
1000 COLOR PLACE
APOPKA, FL 32703
ATTN. STEVE MAILROOM

A SERVICE CHARGE OF 1½% PER MONTH (18% ANNUAL) WILL BE ADDED TO ALL PAST DUE ACCOUNTS.

ORDER NO.	SALESPERSON	DATE ORDERED	SHIP VIA	DATE SHIPPED
282054	RICHARD S. PARRETT	11/10/95	OUR TRUCK - 1	11/10/95

CUSTOMER P.O. NO.	CUSTOMER CONTACT	TERMS	WAREHOUSE	PAGE
40693		NET 15 DAYS	1	1

NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION

PRODUCT NO. / DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	U/M	UNIT PRICE	EXTENSION
N134524 / 134524 NASHUA DB500 8.5X11 3HD	40	40		CS	39.950*	1,598.00

RECEIVED
NOV 15 1995
Accounts Payable

PLEASE PAY FROM THIS INVOICE
STATEMENT ISSUED UPON REQUEST

INVOICE SUBTOTAL	HANDLING	ALLOWANCES	MISC CHARGES	SALES TAX	FREIGHT	TOTAL AMOUNT
1,598.00	0.00	0.00	0.00	95.88	0.00	1,693.88

NOTE: ~~SHADED~~ FIELDS ARE REQUIRED

Southern States Utilities

RECEIVING REPORT

R/R 64493

PURCHASE ORDER NUMBER: 40693

PLANT NAME: Apopka

SUPPLIER: Colonial

PLANT NUMBER: 90001

LINE ITEM #	QTY. REC'D.	DESCRIPTION	COMPLETE	INCOMPLETE
(1)	40	3-Hole Paper 8 1/2 x 11	✓	

3511

RECEIVED
NOV 14 1995
Accounts Payable

FOR BLANKET USE ONLY

PURPOSE & NECESSITY: Paper needed to copy & produce 1995 Rate Case books.

INVOICE #

DOLLAR AMOUNT $

W/O#: 95RA100

G.L. #: 00001.620.99.1961.0000.190

11/14/95 Helen
DATE RECEIVED BY

11/14/95 A. Willard
DATE CHECKED BY

REV. 8/94

ACCOUNTS PAYABLE

APPENDIX _____ PAGE _____ OF _____

COLAMCO INC
COMPUTER SUPPLIES AND ACCESSORIES

975 Florida Central Parkway • Suite 1100
Longwood, Florida 32750-7634

(407) 331-3737
(800) 327-2722
(407) 331-3831 FAX

PACKING SLIP

WAREHOUSE LOCATIONS: ATLANTA, GA , AUSTIN, TX , JACKSONVILLE, FL , ORLANDO, FL

DATE	11/1[illegible]
PAGE	1
WHSE	1

SOLD TO
004407
SSU SERVICES
ACCOUNTS PAYABLE DEPT.
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO
1
SSU SERVICES
1000 COLOR PLACE
APOPKA, FL 32703
ATTN. STEVE MAILROOM

NET 15 DAYS

ORDER DATE	ORDER NO.	CUSTOMER P.O. NUMBER	SALESPERSON	SHIP VIA	DATE REQUIRED	DATE SHIP
11/[illegible]	[illegible]	10693	RICHARD S. PARRETT	OUR TRUCK - 1	11/13/95	

QUANTITY ORDERED	QUANTITY SHIPPED	✓	QUANTITY BACKORDERED	BIN LOCATION	PRODUCT NUMBER	DESCRIPTION	U/M	NET PRICE	EXTENSION
40	40 X	X	0	ANC1	N134524/ 134524	NASHUA DR500 8.5X11 3HD	CS		

RECEIVED
NOV 14 1995
Accounts Payable

TOTAL NO. PIECES	WEIGHT	SPECIAL INSTRUCTIONS	RECEIVED BY AND DATE
40	2000	PICKED BY	BY [signature]
		CHECKED BY	DATE 11/13/95

CUSTOMER COPY

NOTE: TERMS & CONDITIONS ON REVERSE SIDE

APPENDIX D2305-B
PAGE 881 OF 2226

APPENDIX ____ PAGE ____ OF ____

PURCHASE ORDER

SSU
Southern States Utilities
PURCHASING DEPARTMENT
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

Purchase Order: 00893 Print Number: 1
Date: 11/14/1995 Project: 95RA10A
Requisitioner: Task:
Confirmed to: JD
Description: REQ. #50152 STEVE GALLIS - OVH

Payment Terms: NET PAYABLE IN 10 DAYS
FOB: ORK PLANT
Ship via: TRUCK
Freight Terms: FREIGHT INCLUDED

Vendor: COLANCO
975 FLORIDA CENTRAL PARKWAY
SUITE 1100
LONGWOOD, FL 32750-7634

Ship to: SOUTHERN STATES UTILITIES, INC
1000 COLOR PLACE
APOPKA, FL 32703

Bill to: SOUTHERN STATES UTILITIES, INC
1000 Color Place
Apopka, FL 32703

Line #	Item Code	Description	Due Date	Quantity	UOM	Unit Cost	Extended Cost
		CONFIRMING PURCHASE ORDER. PREVIOUSLY ORDERED.					
		STATE TAX					95.85
1	310-EAP 0001	1-HOLE COPY PAPER 8 1/2" X 11"	11/13/1995	40.00	CASE	39.95	1,598.00
		Acct Code: 001.00001.620.99.1861.0000.140					

IMPORTANT: THIS ORDER IS SUBJECT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE.

Total $

AUTHORIZED SIGNATURE
JOHN HILTON, C.G.A. OF
BARBARA J. FRENCH

ACCOUNTS PAYABLE

APPENDIX DR305-B PAGE 882 OF 2226

APPENDIX ____ PAGE ____ OF ____

SSU Southern States Utilities

90152

3571

REQUISITION

NOTE: SHADED FIELDS ARE REQUIRED

PLANT/DEPT: 90001 Office Srv.
REQUESTED BY: Steve Gallis
REQUEST DATE: 11/10/95
DATE REQUIRED: 11/10/95

VENDOR NAME: Colemco
ADDRESS:
PHONE NO: 331-3737

SHIP TO: DEPT/PLANT #: 90001 Office Srv.
ADDRESS: SAME
ATTN:

PO #	SHIP VIA	FOB	DUE DATE	CONFIRMING	MAIL	TAXABLE
40693	T	FI	11-13	OD	Y	6%

L/N	Item No.	QNTY	U/M	Item Description (include p/n, cat. #, mfg. model, size, etc.)	Account Code PLANT	RSP	UC	ACCT	SUB-A	CEC	Project Number (WO#) PRJCT	TASK	SUBT	Unit Price	Amount
(1)		40	CASE	3-Hole Copy Paper 8½ x 11	00001	620	99	1861	0000	140	95RA100			~~32.00~~ 39.95	~~1280.00~~ 1,598.00
				310											
															1,598.00

APPROVALS
Steven M. Gallis
Judy Kimball

PURPOSE AND NECESSITY
Copy paper needed for 1995 Rate Case book copying.
☑ BUDGETED

SUBTOTAL	~~1280.00~~
FL. TAX 6%	~~76.80~~
FREIGHT	95.84
OTHER	
TOTAL	~~1356.80~~ 1,693.84

ACCOUNTS PAYABLE

see attached

APPENDIX DR 305-13
PAGE 883 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 529 Vendor Name: Eastman Kodak

Inv Date: 10.30.95 Inv #: 013B607823 Inv $: 383.97

Due Date: 11.22.95 Discount: _____ Terms: _____

Month/Yr: 11.95 Purchase Order #: L136116A

Description: Toner

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.140	95RA100	383.97

Voucher Prepared by: _____

INVOICE

D.U.N.S. CODE 00-220-6183 E.I.N. 16-04 17150

** REMITTANCE COPY **

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	013B67873	10/30/95
CUSTOMER ORDER REFERENCE NUMBER			PAGE
136169			1 OF 1
EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER RECD DATE	SHIP DATE
		10/27/95	10/30/95

1-0- -675-670-007-93 714 S1

E0008175-2-01-02

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA UNITED PARCEL SERVICE			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	STEVE GALLIS X112 407 880 0058			
8	*EPRT L TONER CAT. NO. 808 6597 PRICED PER AGREEMENT NO. CRS1113725	S3	45.28	362.24
	PRICE & QTY VERIFIED WITH CUSTOMER			
	*FLORIDA STATE TAX CAT. NO. 191 6055			21.73

RECEIVED
NOV 03 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

M

TERMS: NET 30 DAYS
$383.97 DUE 11/29/95

"Seller represents that with respect to its production of the articles

INVOICE TOTAL
$ 383.97

LOCAL PURCHASE ORDER SOUTHERN STATES UTILITIES

1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136169

DATE: 10/27/95
PLANT #: 90001
DEPT.: 565 Office Services

VENDOR: Eastman Kodak
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE # 013B67873

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT
8	ea	"L" toner #808-6597	45.38	363 04

RECEIVED
NOV 03 1995
Accounts Payable

G.L. # 00001.620.99.1861.0000.190 95RA100

NOT VALID FOR PURCHASES OVER $500.00

TAX 21 73
TOTAL 383 97

ISSUED BY EMPLOYEE SIGNATURE: Glenn J. Weichert

AUTHORIZED BY SUPERVISOR SIGNATURE: Steven R. Sullivan

REASON FOR PURCHASE: Supplies needed for copier during 1995 Rate Case book copying.

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

Accounts Payable Voucher

Approved by: _____

Manual Check #: _____ Date: _____

Vendor #: 3561 Vendor Name: M/C

Inv Date: 11.2.95 Inv #: SH10573301150826 Inv $: 212.86

Due Date: 11.22.95 Discount: _____ Terms: _____

Month/Yr: 11.95 Purchase Order #: _____

Description: G Morse

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.625A9.1861.0000.140	95RA100	58.75
.200	↓	122.31
.195	↓	31.80

Voucher Prepared by: _____

AU

POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER	AMOUNT CR - CREDIT DR - PAYMENT
10-11	WAL-MART 1374000001374 ALTAMONTE SPR FL	10-09	7041446528323233646308O 5310	52.30
10-13	PAPA JOES PIZZA OF DEL DELTONA FL	10-11	8043342528598020048568O2 5812	14.42
10-16	ALBERTSON S #4359 S9H APOPKA FL	10-13	8145385528841610131409995 5411	6.45
10-16	RED LOBSTER 00000711 DAYTONA BEACH FL	10-12	7041019528614848247238O2 5812	20.70
10-17	CRACKER BARREL 6 19# SANFORD FL	10-12	7942585528940128198O8615 5812	17.86
10-17	DINNER BELL REST DUNNELLON FL	10-16	8534950529004273303160J 5812	55.00
10-23	PAYMENT RECEIVED - THANK YOU	10-23	7534950529680080090059466	259.18
10-26	DAMON'S CLUBHOUSE FRUITLAND PK FL	10-24	7043178529886930098965 5812	16.36
10-27	RED LOBSTER 00004884 LEESBURG FL	10-25	7041819529914848794377J 5812	29.77

SAVE 10%-30% INSTANTLY ON SELECT MERCHANDISE WITH MASTERVALUES COUPONS FROM POPULAR RETAIL STORES NATIONWIDE. PLEASE SEE THE ENCLOSED INSERT FOR DETAILS.

RECEIVED
NOV 0 6 1995
Accounts Payable

BALANCE USED FOR COMPUTING FINANCE CHARGE — AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	ANNUAL PERCENTAGE RATE	FINANCE CHARGE
PURCHASES $ .00	DAILY	MAY	
CASH ADVANCES $ .00	RATE	VARY	
TOTAL $ .00	.04287	15.65%	$ .00
NEW CASH ADVANCES $ .00	CASH ADVANCE RATE 2.0%	MINIMUM $ 2.15	MAXIMUM $ .00

ACCOUNT NUMBER: [redacted]

CREDIT LINE $ 00 — NUMBER OF DAYS IN BILLING CYCLE 31 — AVAILABLE CREDIT $ 00 — CLOSING DATE 10NOV 02,1995 — MINIMUM PAYMENT DUE $ 00 — PAYMENT DUE DATE 27NOV 27,1995

ACCOUNT SUMMARY

PREVIOUS BALANCE	$ 259.18
PURCHASES AND OTHER CHARGES	+ 212.86
CASH ADVANCES	+ .00
CREDITS	- .00
PAYMENTS	- 259.18
LATE CHARGE	+ .00
FINANCE CHARGE	+ .00
NEW BALANCE	= $ 212.86

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

SEND INQUIRIES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

CUSTOMER SERVICE TELEPHONE NUMBER: ORLANDO, FLORIDA (407) 658-8888 — TDD 1-800-438-7317 — TOLL FREE 1-800-438-4832

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

REDACTED

SOUTHERN STATES UTILITIES, INC.
CORPORATE CHARGE CARD EXPENSES DETAIL

1. Name GARY Morse - Facilities Analysis Pg. 1 of 1

2. RETURN COMPLETED AND APPROVED FORM WITH SUPPORTING DOCUMENTS TO ACCOUNTS PAYABLE WITHIN SIX DAYS OF RECEIPT OF BILL.

Please furnish the account distribution. Also, note the business purpose and names of those attending.

Plant Number	General Ledger Account Number	Work Order Number	Amount	Business Purpose (Attach itemized billing for all Hotel/Motel and car rental expense)
625	99.1861.0000	~~.140~~	$52.30	Purchase Small Camera - WalMart
625	99.1861.0000	.200	$14.42	Food - Papa Joes Pizza
"	"	.140	$6.45	Film - Albertsons
"	"	.200	$20.70	Food - Red Lobster
"	"	.200	$17.86	Food - Cracker Barrel
"	"	~~.200~~ .195	$23.20 + $31.80 Food	Hotel + Food - Dinner Bell in Dunnellon
"	"	.200	$16.36	Food - Damon's Clubhouse
"	"	.200	$29.77	Food - Red Lobster
			$	
			$	
			$	
			$	
TOTAL			$212.86	

RECEIVED
NOV 10 1995
Accounts Payable

Inadvertent personal charges in the amount of $ 0.00 are included on this statement. My personal check # ____ payable to Southern States Utilities for that amount is attached.

Employee Signature: Gary S. Morse Date: 11/7/95

(Approval of next level of supervision required)

Approval: Charles M. Rust Date: Wed 08 Nov 1995

Return original to Accounts Payable. Retain pink copy for files.

FOR ACCOUNTING USE ONLY: _____ _____ _____ _____

VISA MasterCard

STATEMENT

THE ADDRESS ON THE REVERSE SIDE SHOULD APPEAR IN THE WINDOW OF THE REMITTANCE ENVELOPE

ISSUED BY: SUNTRUST BANKCARD, N.A.
CUSTOMER OF: SUNTRUST BANK

SUNTRUST BANKCARD, N.A.
PO BOX 3513
ORLANDO FL 32802

ACCOUNT NUMBER [redacted]

PAYMENT DUE DATE
NOV 27,1995

AMOUNT DUE
NEW BALANCE $ 212.86
OR
MINIMUM PAYMENT $ .00

AMOUNT ENCLOSED $

PLEASE MAKE CHECK PAYABLE TO MASTERCARD/VISA

P007533
SSU SERVICES
GARY S MORSE
1000 COLOR PLACE
ATTN GINGER CLARD
APOPKA FL 32703-7797

REDACTED

1797 5410573301150826

DETACH HERE

POSTING DATE	DESCRIPTION	TRANSACTION DATE	REFERENCE NUMBER	MCC	AMOUNT CR - CREDIT PY - PAYMENT
10-11	WAL-MART 137400001374 ALTAMONTE SPR FL	10-09	70414465283323336463080	5310	52.38
10-13	PAPA JOES PIZZA OF DEL DELTONA FL	10-11	80433425285980280485402	5812	14.42
10-16	ALBERTSON S 84359 S9H APOPKA FL	10-13	81453855288414101314099	5411	6.45
10-16	RED LOBSTER 00000711 DAYTONA BEACH FL	10-12	70418195286148482472302	5812	20.79
10-17	CRACKER BARREL # 196 SANFORD FL	10-12	79425855289461281988815	5812	17.84
10-17	DINNER BELL REST DUNNELLON FL	10-16	85349505290042733031603	5812	55.09
10-23	PAYMENT RECEIVED - THANK YOU	10-23	75349505296000009005946		259.18CR
10-26	DAMON'S CLUBHOUSE FRUITLAND PK FL	10-24	70451785298086938098965	5812	16.36
10-27	RED LOBSTER 00004804 LEESBURG FL	10-25	70418195299148487943773	5812	29.77

SAVE 10%-30% INSTANTLY ON SELECT MERCHANDISE WITH MASTERVALUES COUPONS FROM POPULAR RETAIL STORES NATIONWIDE. PLEASE SEE THE ENCLOSED INSERT FOR DETAILS.

RECEIVED
NOV 06 1995
Accounts Payable

BALANCE USED FOR COMPUTING FINANCE CHARGE - AVERAGE DAILY BALANCE	MONTHLY PERIODIC RATE	DATE FINANCE CHARGE BEGINS TO ACCRUE	FINANCE CHARGE
PURCHASES $ .00	DAILY RATE	MAY VARY	
CASH ADVANCES $ .00			
TOTAL $ .00	.04287%	15.65%	$ .00

NEW CASH ADVANCES	CASH ADVANCE FEE	MINIMUM	MAXIMUM
$ .00	RATE 2.0%	$ 2.15	$ .00

SEND INQUIRIES TO: SUNTRUST BANKCARD, N.A.
P.O. BOX 2321
ORLANDO, FL 32802-2321

CUSTOMER SERVICE TELEPHONE NUMBER: ORLANDO, FLORIDA (407) 539-6600 | TDD 1-800-535-7217 | TOLL FREE 1-800-432-4602

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND BILLING RIGHTS SUMMARY

ACCOUNT NUMBER [redacted]

CREDIT LINE $ 00
NUMBER OF DAYS IN BILLING CYCLE 31
AVAILABLE CREDIT $ 00
CLOSING DATE NOV 02,1995
ANNUAL PERCENTAGE RATE %
MINIMUM PAYMENT DUE $ 00
PAYMENT DUE DATE NOV 27,1995

ACCOUNT SUMMARY

PREVIOUS BALANCE	+	$ 259.18
PURCHASES AND OTHER CHARGES	+	212.86
CASH ADVANCES	+	.00
CREDITS	-	.00
PAYMENTS	-	259.18
LATE CHARGE	+	.00
FINANCE CHARGE	+	.00
NEW BALANCE	=	$ 212.86

To avoid an additional Finance Charge on Purchases pay entire New Balance by Payment Due Date. There is no grace period for Cash Advances.

TO ASSURE PROPER CREDIT PLEASE RETURN UPPER PORTION WITH REMITTANCE PAYABLE TO VISA/MASTERCARD

Charles M. Bliss 11/08/95

REDACTED

[illegible]
ERTOSNO 84359 Tax# 11 05/19/
0 S. DEMORAH BLVD.
ORA, FL 32763
[illegible] 699-9757

Film
Devel

Purchase $6.47

TERCHARD/VISA # 534950[illegible]
h # 039046 Payment From Credit
e # 22 Cashier # 117
10/95 14:09 Ref # 0010010029

hank you for shopping at Albertsons.
Have a nice day.

nature G. Mora

[illegible]

WAL★MART

WE SELL
FOR LESS
STORE #1374
STORE #1374 ALTAMONTE SPRINGS, FLORIDA

ST# 1374 OP# 00000290 TE# 28 TR# 01243
CAMERA 004177840317 W 48.87 J
SUBTOTAL 48.87
SALES TAX 1 3.43
TOTAL 52.30
MCARD TEND 52.30

ACCOUNT [redacted]
APPROVAL #078090
TRANS ID -
VALIDATION -
PAYMENT SERVICE - N
CHANGE DUE 0.00

TC# 8858769003046J3
* SAVE RECEIPT FOR REFUNDS/EXCHANGES *
* OF WARRANTY ITEMS PURCHASED *
THANK YOU
FOR SHOPPING WITH US
10/09/95 09:12:11

CUSTOMER COPY

RED LOBSTER
LEESBURG FL 34788
[illegible] TERMINAL 0010

[illegible] 10/05/95 12:09 P.M.
MC 5[illegible] EXP. 12/95 CCV [illegible]

INV. 195488
SALE AUTH. CODE 021334 REF 004

THANK YOU SERVICER 550

FOOD, BEV, TAX$ 25.77
TIP $ 4.00
TOTAL $ 29.77

G. Mora

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

BOTTOM COPY FOR GUEST

CASA JOES PIZZA OF DELTONA
1332 NEW ROAD #[illegible]
DELTONA, FL 32[illegible]
407-574-4[illegible]

"THANK YOU"

DATE 10/11/95 [illegible] TIME 12:21 PM

ITEM: 001 MC SALE SVR: 08
ACCT: 534950[illegible]2000840 EXP: 9510
RESP: AUTH/INT 093360

FOOD: $ 12.60

GRATUITY: $ 1.80

TOTAL: $ 14.42

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

X G. Mora

SERVICER 550

COPY-MERCHANT BOTTOM COPY-CUSTOMER

[illegible]

MERCHANT : [illegible]
BATCH # : [illegible]
DATE : 10/12/95 [illegible]
ACCT NO. : [illegible]
TYPE : MASTERCARD 10/95
AUTH NO. : [illegible]
SERVER : [illegible]

SALE $ 14.36

TIP 2.00

TOTAL 16.36

G. Morse

SIGNATURE

TOP COPY - MERCHANT
BOTTOM COPY - CUSTOMER

RED LOBSTER

DAYTONA BEACH FL 32014
STORE 0000871 TERMINAL 0002

THU 10/12/95 01:47 P.M.
NO 5549504661200840 EXP. 10/95 SER 395

INV. 305095
SALE AUTH. CODE 650282 REF 015

THANK YOU SERVICES SSU

FOOD, BEV, TAX$ 17.95

TIP $ 2.75

TOTAL $ 20.70

G. Morse

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT

BOTTOM COPY FOR GUEST

[illegible]

Date: 10/12/95 [illegible]

[illegible]

Card Type : MASTERCARD
Account Number : [illegible]
Expiration : 10/95
Authorization : 071720
Transaction Number : 000001[illegible]

1 [illegible] $ 14.36
40 [illegible]

Subtotal 14.36
Tax 1.01
Tip 2.00
Total 17.36
Amount Charged 17.36
Change 0.00

I AGREE TO PAY THE ABOVE TOTAL AMOUNT
ACCORDING TO THE CARD ISSUER AGREEMENT.

Please Not I-3968 Customer 19016

THANK YOU
PLEASE COME BACK

Accounts Payable Voucher

Approved by: AS Manual Check #: _____ Date: _____

Type: _____

Vendor #: 3470 Vendor Name: OFFICE DEPOT

Inv Date: 11-9-95 Inv #: 012940274-001 Inv $: 217.45

Due Date: 11-29-95 Discount: _____ Terms: _____

Month/Yr: 11/95 Purchase Order #: L137051

Description: MISC. SUPPLIES

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
9000.591.99.6208.0000.140		13.54
0000.591.99.1861.0000.140	95RA100	203.91

Voucher Prepared by: [signature]



20102723 012940274-001 001 1938 951109 pdc051c SE preprt PC 34647 21745

Contract
*** INVOICE ***

OFFICE DEPOT, INC.
1-800-386-0226
FAX: 1-800-816-3139

Terms : Net 10th Prox. Page: 1
Remit To: OFFICE DEPOT, INC.
PO BOX 915034

ORLANDO, FL 32891-5034

Order Number : 012940274-001 Ver: 001
Location 1085: ORLANDO DELIVERY CENTER
Rte/Stop : 404 / 5 Seq Nbr:
Salesperson : DEBORAH RICHARDS

Order Date : 9 Nov 1995 Thr
Delivery Date : 10 Nov 1995 Fri
Preferred Time: 8:30 am - 5:00 pm
Salesperson ID: 10844 CSR: 1085

Bill To
00001 SOUTHERN STATE UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

Ship To
SOUTHERN STATE UTILITIES 00001
1000 COLOR PL
APOPKA, FL 32703-7797

Customer Information
Cust Nbr: 20102723 PO Nbr: 137051
RESPONS LEGAL
Contact : DONNA HENRY

RECEIVED
NOV 13 1995
407-880-0058
Accounts Payable

Sku / Cust Nbr	Item Description	T	Ord Qty	Ship Qty	B/O Qty	Um	Unit Price	Total Cost
0808857 ACC72020	ACCO BINDER CLIP SM		24	24	0	BX	.390	9.36
0808865 72050	ACCO BINDER CLIP MED		24	24	0	BX	.890	21.36
0435230 70230	3" OVERLAY BINDER WH		36	36	0	EA	4.490	161.64
0132704 KEISK20096	14 MONTH PLANN TWO-P		1	1	0	EA	4.290	4.29
0132555 KEI702600596	MONTHLY PLANNER BLAC		1	1	0	EA	8.490	8.49
	Item Totals:		86	86	0			205.14

Customer Copies : 2

Delivery Chg 1.00
Sub-Total 205.14
Sales Tax (6.000%) 12.31

Total Order Amount 217.45

Balance Due ----> 00

Thank-you for Shopping at OFFICE DEPOT.

Payment : Account Billing

Signature Jose Charry
Signature is Required

Please Print

End of Order: 012940274-001 Ver: 001

LOCAL PURCHASE ORDER SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 137051

DATE: 11-9-95 VENDOR: OFFICE DEPOT VENDOR INVOICE # 0129408274-001
PLANT #: 90001 ADDRESS:
DEPT.: LEGAL (DAT) CITY:
STATE: ZIP:

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT
		GENERAL OFFICE SUPPLIES		
		90001.591.99.6208.0000.140		13 55
		BINDERS & CLIPS		20 39
		95RA100 (Rate Case)		
		00001.591.99.186L.0000		

RECEIVED
NOV 13 1995
Accounts Payable

G.L. # as above — NOT VALID FOR PURCHASES OVER $500.00 — TAX — TOTAL 21 94

ISSUED BY EMPLOYEE SIGNATURE: C Gettelman
AUTHORIZED BY SUPERVISOR SIGNATURE:

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

PLEASE PERMIT TO:

975 Florida Central Parkway
Suite 1100
Longwood, Florida 32750-7634
(407) 331-3737 • (800) 327-2722
FAX (407) 331-3831

INVOICE

INVOICE	DATE
183400	12/01/95

SOLD TO:
S 004407
O SSU SERVICES
L ACCOUNTS PAYABLE DEPT.
D 1000 COLOR PLACE
T APOPKA, FL 32703
O

SHIP TO:
S1
H SSU SERVICES
I 1000 COLOR PLACE
P APOPKA, FL 32703
T
O ATTN: STEVE GALLIS

A SERVICE CHARGE OF 1½% PER MONTH (18% ANNUAL) WILL BE ADDED TO ALL PAST DUE ACCOUNTS.

ORDER NO.	SALESPERSON	DATE ORDERED	SHIP VIA	DATE SHIPPED
288490	RICHARD S. BARRETT	11/30/95	OUR TRUCK - 1	11/30/95

CUSTOMER P.O. NO.	CUSTOMER CONTACT	TERMS	WAREHOUSE	PAGE
40800	STEVE GALLIS	NET 15 DAYS	1	1

NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION

PRODUCT NO. / DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	U/M	UNIT PRICE	EXTENSION
N134523 / 134523 NASHUA DR500 8.5X11 CUTSHEET	60	60		CS	34.750*	2,085.00

VOUCHER NO: _____
PO NO.: 40800
VENDOR NO: 3571
INVOICE NO.: 183400
INV DATE: 12.1.95 DUE DATE: 12.20.95
INVOICE AMOUNT: 2210.10
DESCRIPTION: Paper
PROJECT NO: 95RA100
G/L NO: 0001.120.99.181.0000.140
APPROVED: _____ (AUTHORIZED SIGNATURE ONLY)

RECEIVED
DEC 0 5 1995
ACCTG

PLEASE PAY FROM THIS INVOICE, STATEMENT ISSUED UPON REQUEST

INVOICE SUBTOTAL	HANDLING	ALLOWANCES	MISC. CHARGES	SALES TAX	FREIGHT	INVOICE TOTAL
2,085.00	0.00	0.00	0.00	125.10	0.00	2,210.10

NOTE: SHADED FIELDS ARE REQUIRED

Southern States Utilities

RECEIVING REPORT

R/R 65702

PURCHASE ORDER NUMBER: 40800

PLANT NAME: Apopka

SUPPLIER: Colonial

PLANT NUMBER: 90001

LINE ITEM #	QTY. REC'D.	DESCRIPTION	COMPLETE	INCOMPLETE
(1)	60	Copy Paper 8½x11	✓	

RECEIVED
DEC 04 1995
Accounts Payable

FOR BLANKET USE ONLY

INVOICE #

DOLLAR AMOUNT $

PURPOSE & NECESSITY: Re-supply of paper for 1995 Rate Case mailout

W/O#: 95 RA 100

G.L. #: 00006620.99.1861.0000.140

12/1/95 S Gallis
DATE RECEIVED BY

12/1/95 D. Wachsheit
DATE CHECKED BY

REV. 8/94

1534CC

12.1.95 12.20 ACCOUNTS PAYABLE

APPENDIX ____ PAGE ____ OF ____

COMPUTER SUPPLIES AND ACCESSORIES INC

975 Florida Central Parkway • Suite 1100
Longwood, Florida 32750-7634

(407) 331-3737
(800) 327-2722
(407) 331-3831 FAX

PACKING SLIP

WAREHOUSE LOCATIONS: ATLANTA, GA , AUSTIN, TX , JACKSONVILLE, FL , ORLANDO, FL

DATE	11/30
PAGE	1
WHSE	1

SOLD TO
004407
SSU SERVICES
ACCOUNTS PAYABLE DEPT.
1000 COLOR PLACE
APOPKA, FL 32703

NET 15 DAYS

SHIP TO
1
SSU SERVICES
1000 COLOR PLACE
APOPKA, FL 32703

ATTN: STEVE GALLIS

ORDER DATE	ORDER NO.	CUSTOMER P.O. NUMBER	SALESPERSON	SHIP VIA	DATE REQUIRED	DATE SHI
11/30/95	288690	40800	RICHARD S. PARRETT	OUR TRUCK - 1	12/01/95	

QUANTITY ORDERED	QUANTITY SHIPPED	✓	QUANTITY BACKORDERED	BIN LOCATION	PRODUCT NUMBER	DESCRIPTION	U/M	NET PRICE	EXTENSI
60	60		0	AAA1	N134523/ 134523	NASHUA DB500 8.5X11 CUTSHEET	CS		

RECEIVED
DEC 04 1995
Accounts Payable

TOTAL NO. PIECES	WEIGHT	SPECIAL INSTRUCTIONS	PICKED BY	RECEIVED BY AND DATE
60	3000	**** CONTRACT JD4407 ****		BY
			CHECKED BY	DATE 12/1/95

NOTE: TERMS & CONDITIONS ON REVERSE SIDE

CUSTOMER COPY

APPENDIX D2305-B
PAGE 88 OF 226

APPENDIX _____ PAGE ____ OF ____

PURCHASE ORDER

Southern States Utilities
PURCHASING DEPARTMENT
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

Purchase Order: 40809 Print Number: 1
Date: 11/30/1995 Project: 95RA100
Requisitioner: Task:
Confirmed to: RIC P.
Description: REQ. #90157 STEVE GALLES - DVH

Payment Terms: NET PAYABLE IN 30 DAYS
FOB: OUR PLANT
Ship via: TRUCK
Freight Terms: FREIGHT INCLUDED

Vendor:
COLANCO
975 FLORIDA CENTRAL PARKWAY
SUITE 1100
LONGWOOD, FL 32750-7634

Ship to:
SOUTHERN STATES UTILITIES, INC
1000 COLOR PLACE
APOPKA, FL 32703

Bill to:
SOUTHERN STATES UTILITIES, INC
1000 Color Place
Apopka, FL 32703

Line #	Item Code	Description	Due Date	Quantity	UOM	Unit Cost	Extended Cost
1	110-PAP-0005	CONFIRMING PURCHASE ORDER, PREVIOUSLY ORDERED. STATE TAX COPY PAPER 8 1/2" X 11"	12/01/1995	60.00	CASE	34.75	2,085.00
		Acct Code: 001.00001.620.99.1861.0000.140					

RECEIVED
DEC 04 1995
Accounts Payable

Total $ 2,210

AUTHORIZED SIGNATURE
JOHN MILTON, C.P.M.
BARBARA C. BREDER

IMPORTANT: THIS ORDER IS SUBJECT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE.

ACCOUNTS PAYABLE

APPENDIX D2305-B PAGE 899 OF 2226

APPENDIX _____ PAGE _____ OF _____

SSU Southern States Utilities

90157

3571

REQUISITION

NOTE: SHADED FIELDS ARE REQUIRED

PLANT/DEPT: 90001 Office Srvs.
REQUESTED BY: Steve Dallis
REQUEST DATE: 11/30/95
DATE REQUIRED: 11/30/95

VENDOR NAME: Colemco
ADDRESS:
PHONE NO: 331.3737

SHIP TO: DEPT/PLANT # 90001 Office Services
ADDRESS: SAME
ATTN:

PO #	SHIP VIA	FOB	DUE DATE	CONFIRMING	MAIL	TAXABLE
40 800	T	FI	12-1-95	R.C.P.	Y	6%

UN	Item No.	QNTY	U/M	Item Description (include p/n, cat. #, mfg, model, size, etc.)	Account Code PLANT	RSP	UC	ACCT	SUB-A	CEC	Project Number (WO#) PRJCT	TASK	SUBT	Unit Price	Amount
EA		60	CASE	Copy Paper 8½x11	00001	620	99	1861	000	140	95RA100			~~39.00~~ 34.75	~~$1330.00~~ 2,085.00
				310-											

RECEIVED
DEC 04 1995
Accounts Payable

2,085.00

APPROVALS
Steven D. Dallis
Judy Kimball

PURPOSE AND NECESSITY
Copy paper needed for Customer re-notification letter.

☐ UN-BUDGETED

SUBTOTAL	~~1,970.00~~
FL. TAX 6%	~~118.20~~
FREIGHT	125.10
OTHER	
TOTAL	~~2,213.30~~ 2,210.10

ACCOUNTS PAYABLE

APPENDIX DL 305-B
PAGE 962 OF 2226

PLEASE REMIT TO

SOLAMCO INC
COMPUTER SUPPLIES AND ACCESSORIES

975 Florida Central Parkway
Suite 1100
Longwood, Florida 32750-7634
(407) 331-3737 • (800) 327-2722
FAX (407) 331-3831

INVOICE

INVOICE NO.	DATE
184621	12/19/95

SOLD TO
004407
SSU SERVICES
ACCOUNTS PAYABLE DEPT.
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO
SSU SERVICES
1000 COLOR PLACE
APOPKA, FL 32703
ATTN: STEVE GALLIS

A SERVICE CHARGE OF 1½% PER MONTH (18% ANNUAL) WILL BE ADDED TO ALL PAST DUE ACCOUNTS.

ORDER NO.	SALESPERSON	DATE ORDERED	SHIP VIA	DATE SHIPPED
290228	RICHARD S. PARRETT	12/15/95	OUR TRUCK - 1	12/16/95

CUSTOMER PO NO.	CUSTOMER CONTACT	TERMS	WAREHOUSE	PAGE
40908	STEVE GALLIS	NET 15 DAYS	1	1

NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION

PRODUCT NO. / DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	U/M	UNIT PRICE	EXTENSION
N134524 / 134524 NASHUA DB500 8.5X11 3HD	10	10		CS	39.950*	399.50
N134523 / 134523 NASHUA DB500 8.5X11 CUTSHEET	50	50		CS	34.750*	1,737.50

VOUCHER NO: _____
PO NO.: 40908
VENDOR NO: 3571
INVOICE NO.: 184621
INV DATE: 12/19/95 DUE DATE: 1/3/96
INVOICE AMOUNT: 2265.22
DESCRIPTION: COMPUTER SUPPLIES
PROJECT NO: _____
G/L NO: 0001.615.99.6209.0000.140 95AA10 736.70 1528.52
APPROVED: _____ (AUTHORIZED SIGNATURE ONLY)

RECEIVED
DEC 20 1995
Accounts Payable

PLEASE PAY FROM THIS INVOICE.
STATEMENT ISSUED UPON REQUEST

INVOICE SUBTOTAL	HANDLING	ALLOWANCES	MISC CHARGES	SALES TAX	FREIGHT	INVOICE TOTAL
2,137.00	0.00	0.00	0.00	128.22	0.00	2,265.22

NOTE: SHADED FIELDS ARE REQUIRED

Southern States Utilities

RECEIVING REPORT

R/R 65711

PURCHASE ORDER NUMBER: 40908

PLANT NAME: Apopka

SUPPLIER: Colonial

PLANT NUMBER: 90001

LINE ITEM #	QTY. REC'D.	DESCRIPTION	COMPLETE	INCOMPLETE
(1)	10	3-Hole Copy Paper 8½x11 00001.620.99.1861.0000.140	✓	
(2)	50	Copy Paper 8½x11 (25) 00001.620.99.1861.0000.140 (25) 90001.565.99.6209.0000.140	✓	

RECEIVED
DEC 19 1995
Accounts Payable

FOR BLANKET USE ONLY

INVOICE #

DOLLAR AMOUNT $

PURPOSE & NECESSITY: Re-stock of copy paper for General Office + Data Center use.

W/O#:

G.L. #:

12/18/95 Gellis
DATE RECEIVED BY

12/19/95 S. Washington
DATE CHECKED BY

40908

REV. 8/94

3571

ACCOUNTS PAYABLE

APPENDIX_____

PAGE_____ OF _____

COLAMCO INC
COMPUTER SUPPLIES AND ACCESSORIES

975 Florida Central Parkway • Suite 1100
Longwood, Florida 32750-7634

(407) 331-3737
(800) 327-2722
(407) 331-3831 FAX

WAREHOUSE LOCATIONS: ATLANTA, GA , AUSTIN, TX , JACKSONVILLE, FL , ORLANDO, FL

PACKING SLIP

SOLD TO 004407
SSU SERVICES
ACCOUNTS PAYABLE DEPT.
1000 COLOR PLACE
APOPKA, FL 32703

NET 15 DAYS

SHIP TO 1
SSU SERVICES
1000 COLOR PLACE
APOPKA, FL 32703

ATTN: STEVE GALLIS

DATE	12
PAGE	1
WHSE	1

ORDER DATE	ORDER NO.	CUSTOMER P.O. NUMBER	SALESPERSON	SHIP VIA	DATE REQUIRED	DATE S
12/15/95	290220	40908	RICHARD S. PARRETT	OUR TRUCK - 1	12/18/95	

QUANTITY ORDERED	QUANTITY SHIPPED	✓	QUANTITY BACKORDERED	BIN LOCATION	PRODUCT NUMBER	DESCRIPTION	U/M	NET PRICE	EXTEN
50	50	X	0	AAA1	N134523/ 134523	NASHUA DB500 8.5X11 CUTSHEET	EA		
10	10	X	0	AAC1	N134524/ 134524	NASHUA DB500 8.5X11 3HD	EA		

TOTAL NO. PIECES	WEIGHT	SPECIAL INSTRUCTIONS
60	3000	**** CONTRACT JD4407 ****

PICKED BY	RECEIVED BY AND DATE
CHECKED BY	DATE 12/18/95

NOTE: TERMS & CONDITIONS ON REVERSE SIDE

CUSTOMER COPY

APPENDIX D2305-B

PAGE 903 OF 2226

APPENDIX ____ PAGE ____ OF ____

PURCHASE ORDER

Southern States Utilities
PURCHASING DEPARTMENT
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

Purchase Order:	19908	Print Number:	1
Date:	12/15/1995	Project:	95RA100
Requisitioner:		Task:	
Confirmed to:	RIC F.		
Description:	REQ. 19816 STEVE GALLIS - DVH		

Payment Terms:	NET PAYABLE IN 30 DAYS
FOB:	DVH PLANT
Ship via:	TRUCK
Freight Terms:	FREIGHT INCLUDED

Vendor:
COLANCO
975 FLORIDA CENTRAL PARKWAY
SUITE 1100
LONGWOOD, FL 32750-7634

Ship to:
SOUTHERN STATES UTILITIES, INC
1000 COLOR PLACE
APOPKA, FL 32703

Bill to:
SOUTHERN STATES UTILITIES, INC
1000 Color Place
Apopka, FL 32703

Line #	Item Code	Description	Due Date	Quantity	UOM	Unit Cost	Extended Cost
		CONFIRMING PURCHASE ORDER, PREVIOUSLY ORDERED. STATE TAX					
1	110-PAP-0001	3-HOLE COPY PAPER 8 1/2" X 11"	12/18/1995	10.00	CASE	39.95	399.5
		Acct Code: 001.00001.620.99.1861.0000.140					
2	110-PAP-0005	COPY PAPER 8 1/2" X 11"	12/18/1995	50.00	CASE	34.75	1,737.5
		Acct Code: 001.00001.620.99.1861.0000.140					
		Acct Code: 001.00001.565.99.6200.0000.140					

IMPORTANT: THIS ORDER IS SUBJECT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE.

Total $ 2,265.

AUTHORIZED SIGNATURE
JOHN NELSON, CFM FOR
BARBARA L. KRENNY

ACCOUNTS PAYABLE

4/96 1/3/96
18461
12/19/96
2265.00
Southern Computer

APPENDIX D2305-13
PAGE 904 OF 2226

APPENDIX ____ PAGE ____ OF ____

90160

3571

SSU Southern States Utilities

REQUISITION

NOTE: SHADED FIELDS ARE REQUIRED

PLANT/DEPT: 90001 Office Serv.
REQUESTED BY: Steve Gallis
REQUEST DATE: 12/15/95
DATE REQUIRED: 12/15/95

VENDOR NAME: Colonial
ADDRESS:
PHONE NO: 331-3737

SHIP TO: DEPT/PLANT #: 90001 Office Serv.
ADDRESS: SAME
ATTN:

PO #	SHIP VIA	FOB	DUE DATE	CONFIRMING	MAIL	TAXABLE
40908	T	FI	12-18	Rick	Y	6%

LIN	Item No.	ONTY	U/M	Item Description (include p/n, cat. #, mfg. model, size, etc.)	Account Code PLANT	RSP	UC	ACCT	SUB-A	CEC	Project Number (WO#) PRJCT	TASK	SUBT	Unit Price	Amount
(1)		10	CASE	3-Hole Copy Paper 8½x11	90001	620	99	1861	0000	140	95RA100			32.00	320.00
				3/0 -										39.95	399.50
														31.00	620.00
(2)		20	CASE	Copy Paper 8½x11	90001	565	99	6208	0000	140				34.75	695.00
														31.00	930.00
(3)		30	CASE	Copy Paper 8½x11	00001	620	99	1861	0000	140	95 RA100			34.75	1,042.50

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5229 Vendor Name: Eastman Kodak

Inv Date: 11.28.95 Inv #: 013B74335 Inv $: 418.97

Due Date: 12.13.95 Discount: _____ Terms: _____

Month/Yr: 12.95 Purchase Order #: 4136178

Description: Toner

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.420.99.1861.0000.140	95RA100	418.97

Voucher Prepared by: _____

INVOICE

DUNS CODE 00-220-6183 EIN 16-0417150

*** ORIGINAL ***

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	013B79335	11/28/95

CUSTOMER ORDER REFERENCE NUMBER	PAGE
136178	1 OF 1

EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER RECD DATE	SHIP DATE
		11/27/95	11/27/95

1-0-F -675-670-007-93 714 0 S1

E000964-2-02-02

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
EXT 112
STEVE GALLIS
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA AIR			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	STEVE GALLIS 407 880 0058			
8	*EPRT L TONER CAT. NO. 808 6597 PRICED PER AGREEMENT NO. CRS1113725	S3	45.28	362.24
	TRANSPORTATION CAT. NO. 103 4016			35.00
	*FLORIDA STATE TAX CAT. NO. 191 6055			21.73

RECEIVED
DEC 04 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

M

TERMS: NET 30 DAYS
$418.97 DUE 12/28/95

INVOICE TOTAL
$ 418.97

"Seller represents that with respect to its production of the articles and/or the performance of the services covered by this invoice, it has fully complied with the Fair Labor Standards Act of 1938, as amended."

LOCAL PURCHASE ORDER SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136178

DATE: 11/27/95
PLANT #: 90001
DEPT.: Office Serv.

VENDOR: Eastman Kodak
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE #
Acct #5731708
529

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT	
8	ea	"L" Toner Cartridges #808-6597	45.28	362	24
		Overnight delivery		41	00

RECEIVED
NOV 30 1995
Accounts Payable

G.L. #	NOT VALID FOR PURCHASES OVER $500.00			
00001.630.99.6861.0000.140 95RA100		TAX	21	63
		TOTAL	424	87

ISSUED BY EMPLOYEE SIGNATURE: D. Wishart
AUTHORIZED BY SUPERVISOR SIGNATURE: Steven D. Gallis

REASON FOR PURCHASE: toner needed for Kodak 300 copier during 1995 Rate Case book copying & notices

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

APPENDIX_____

PAGE_____ OF _____

RETURN POSTAGE GUARANTEED
FROM EASTMAN KODAK COMPANY

5315 PEACHTREE IND. BLVD
CHAMBLEE, GA 30341

INVOICE NUMBER
013879335

CUSTOMER REFERENCE NUMBER | ORDER DATE
136178 | STEVE BALLIS | 407 880 0058

SHIP TO
[illegible] STATES UTIL SVC
[illegible]
[illegible] PL
1900 ELDER PLACE
[illegible] FL 32703

REQUESTED SHIP DATE ▶

ORDER RECEIVED DATE: 11/27/95
PAGE: 1

ACCOUNT CUSTOMER NO. 5731708

Thank You for your order

UNPACK WITH CARE

Do not discard the packing cases or any of the packing material until the contents have been carefully compared with the items on the packing memo.

KNOWN SHORTAGE OR DAMAGE

Check carefully number of pieces and condition of shipment with the carrier's delivery receipt. Shortage or damage must be noted on the carrier's delivery receipt.

CONCEALED SHORTAGE OR DAMAGE

If loss or damage is not evident at time of delivery, it should be reported to the Kodak Regional Distribution Center and carrier immediately on discovery so that an inspection can be made. Carrier regulations require that such claims be made within 15 days of delivery. Shipping carton and packing materials should be saved for inspection.

HANDWRITTEN CHANGES TO QUANTITY

It may become necessary to manually change a quantity of an ordered item. These changes can be identified by certain manual notations which are described for the reasons listed below:

BACKORDER OF WHOLE QUANTITY - A circled quantity (8) in the QUANTITY column indicates that the whole quantity was backordered.

PARTIAL BACKORDER OF QUANTITY - A circled quantity in the QUANTITY column with a handwritten quantity beside it 8 (2) indicates that part of the quantity 8 is shipped and the remainder 2 is backordered.

In either case, the quantity backordered will be handwritten in the B/O QUAN. column on the extreme left side of the packing memo.

CANCELLATION OF WHOLE QUANTITY - A circled quantity in the QUANTITY column with a diagonal line through it (8) indicates a cancellation of the whole quantity.

PARTIAL CANCELLATION OF QUANTITY - A circled quantity in the QUANTITY column with a diagonal line through it and a handwritten quantity beside it 8 (6) indicates that part of the quantity 8 is shipped and the remainder 2 is cancelled.

ERRORS, SHORTAGES AND DAMAGES SHOULD BE REPORTED IMMEDIATELY TO:
EASTMAN KODAK COMPANY

PACKING MEMO

TOTAL NUMBER OF PIECES THIS SHIPMENT

2

B/O QUAN.	CAT. NO.	QUANTITY	F	C	DESCRIPTION
					PURCHASE PLAN # CRS1113725 1/31/96
	8086597	8	X	2	EFRT L TONER 0400 BLDES 00042 NOT REG.

TRANS NO	ORDER DATE	INVOICE NUMBER	CUSTOMER REFERENCE NUMBER	ITEMS	LOC.
14786		013879335	136178		

DATE 11/27/95
TIME 11.58

PLEASE USE CATALOG NUMBERS

IMPORTANT
BACK ORDERED QUANTITIES ARE INDICATED IN THIS COLUMN
BACK ORDERS WILL BE SHIPPED AS SOON AS AVAILABLE.

RECEIVED
NOV 30 1995
Accounts Payable

APPENDIX_____

PAGE 909 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5229 Vendor Name: Eastman Kodak

Inv Date: 12.12.95 Inv #: 013686252 Inv $: 427.97

Due Date: 12.27.95 Discount: _____ Terms: _____

Month/Yr: 12.95 Purchase Order #: L136184

Description: Toner

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.186.0000.140	95RA100	427.97

Voucher Prepared by: _____

INVOICE

DUNS CODE 00-220-6183 E.I.N. 16-0417150

*** ORIGINAL ***

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	573170	013B86250	12/12/95
CUSTOMER ORDER REFERENCE NUMBER			PAGE
136184			1 OF 1
EX ORDER REFERENCE NUMBER	ORDER DATE	ORDER REC'D DATE	SHIP DATE
		12/11/95	12/11/95
1-0- -675-670-007-93		714	S1

E000846-2-02-02

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE..

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA AIR			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	STEVE GALLIS X112 407 880 0058			
8	*EPRT L TONER CAT. NO. 808 6597 PRICED PER AGREEMENT NO. CRS1113725	S3	45.28	362.24
	TRANSPORTATION CHARGES VERIFIED WITH CUSTOMER			
	TRANSPORTATION CAT. NO. 103 4016			44.00
	*FLORIDA STATE TAX CAT. NO. 191 6055			21.73
	MANY REMIT-TO ADDRESSES WILL BE CHANGING JANUARY 31, 1996. PLEASE WATCH FOR MORE INFORMATION TO FOLLOW.			

RECEIVED
DEC 19 1995
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

M

TERMS: NET 30 DAYS
$427.97 DUE 01/11/96

Seller represents that with respect to its production of the articles [illegible] covered by this invoice it has

INVOICE TOTAL	
$	427.97

LOCAL PURCHASE ORDER - SOUTHERN STATES UTILITIES

1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136184

DATE: 12/11/95
PLANT #: 90001
DEPT.: 565

VENDOR: Eastman Kodak
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE #

509

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT	
8	ea	"L" toner #808-6597	45.28	362	24
1	ea	overnight delivery	42.00	42	00

RECEIVED
DEC 15 1995
Accounts Payable

G.L. # 00001.620.99.1861.0000.135 95RA100

NOT VALID FOR PURCHASES OVER $500.00

TAX 21 73
TOTAL 425 97

ISSUED BY EMPLOYEE SIGNATURE: Steven M. Gallis

AUTHORIZED BY SUPERVISOR SIGNATURE: Gloria J. Wishart

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

APPENDIX _____ PAGE _____ OF _____

$1 VIAN POSTAGE GUARANTEED
FROM EASTMAN KODAK COMPANY
5315 PEACHTREE IND. BLVD
CHAMBLEE, GA 30341

INVOICE NUMBER
013886250

CUSTOMER REFERENCE NUMBER | ORDER DATE
136184

STEVE GALLIS X112 407 880 0058

SHIP TO
SOUTHERN STATES UTIL SVC
[illegible] COLOR PLACE
[illegible] FL 32703

REQUESTED SHIP DATE ▶

ORDER RECEIVED DATE: 12/11/95

PAGE: 1

CUSTOMER NO. 5731708

B/O QUAN.	CAT. NO.	QUANTITY	F	C	DESCRIPTION
					PURCHASE PLAN # CRS1113725 1/31/96
	8086597	8	K	2	EPRT L TONER NDT REQ. 0400 BLDES 00042 TRANSPORTATION CHARGES VERIFIED WITH CUSTOMER

TRANS. NO.	ORDER DATE	INVOICE NUMBER	CUSTOMER REFERENCE NUMBER	ITEMS	LOC.
08617		013886250	136184		

DATE 12/11/95
TIME 11.59

LAST PAGE OF

IMPORTANT
BACK ORDERED QUANTITIES ARE INDICATED IN THIS COLUMN.
BACK ORDERS WILL BE SHIPPED AS SOON AS AVAILABLE.

PLEASE USE CATALOG NUMBERS

Thank You for your order

UNPACK WITH CARE

Do not discard the packing cases or any of the packing material until the contents have been carefully compared with the items on the packing memo.

KNOWN SHORTAGE OR DAMAGE

Check carefully number of pieces and condition of shipment with the carrier's delivery receipt. Shortage or damage must be noted on the carrier's delivery receipt.

CONCEALED SHORTAGE OR DAMAGE

If loss or damage is not evident at time of delivery, it should be reported to the Kodak Regional Distribution Center and carrier immediately on discovery so that an inspection can be made. Carrier regulations require that such claims be made within 15 days of delivery. Shipping carton and packing materials should be saved for inspection.

HANDWRITTEN CHANGES TO QUANTITY

It may become necessary to manually change a quantity of an ordered item. These changes can be identified by certain manual notations which are described for the reasons listed below:

BACKORDER OF WHOLE QUANTITY - A circled quantity (8) in the QUANTITY column indicates that the whole quantity was backordered.

PARTIAL BACKORDER OF QUANTITY - A circled quantity in the QUANTITY column with a hand-written quantity beside it (6 2) indicates that part of the quantity 8 is shipped and the remainder 2 is backordered.

In either case, the quantity backordered will be hand-written in the B/O QUAN. column on the extreme left side of the packing memo.

CANCELLATION OF WHOLE QUANTITY - A circled quantity in the QUANTITY column with a diagonal line through it (8) indicates a cancellation of the whole quantity.

PARTIAL CANCELLATION OF QUANTITY - A circled quantity in the QUANTITY column with a diagonal line through it and a hand-written quantity beside it (6 2) indicates that part of the quantity 8 is shipped and the remainder 2 is cancelled.

ERRORS, SHORTAGES AND DAMAGES SHOULD BE REPORTED IMMEDIATELY TO:

EASTMAN KODAK COMPANY

PACKI
MEM

TOTAL
NUMBER
OF PIECE
THIS
SHIPMEN

1

APPENDIX D305-B
PAGE 913 OF 2226

** ORIGINAL INVOICE **

Page

Office DEPOT

SOLD TO: 10652929
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

CHARGED BY: 20006920010

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

INVOICE NUMBER: 079031028

SALE DATE: 11/30/95
STORE: 0079
REGISTER: 3
TRANS: 01028
TYPE: 00

Total Amount Due: 45.51

Purchase Order #: 136180

S.K.U.	DESCRIPTION	QTY.	PRICE	EXTENSION
0678524	MONTHLY APPT BOOK	1	7.99	7.99
0678524	MONTHLY APPT BOOK	1	7.99	7.99
0345694	4024 8 1/2X11 IVORY-500	5	5.39	26.95
	SALES TAX			2.58
	TOTAL			45.51

VOUCHER NO:
PO NO: L136180
VENDOR NO: 15216
INVOICE NO: 079031028
INV DATE: 11-30-95 DUE DATE: 12-20-95
INVOICE AMOUNT: 45.51
DESCRIPTION: APPT. BOOKS, COPY PAPER
PROJECT NO: 90001.635.99.6207.0000.140 -16.95
G/L NO: 00001.620.99.1861.0000.140 95RA100 -28.56
APPROVED: (AUTHORIZED SIGNATURE ONLY)

RECEIVED
DEC 11 1995
Accounts Payable

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

LOCAL PURCHASE ORDER SOUTHERN STATES UTILITIES

1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136180

DATE: 11/30/95
PLANT #: 90001
DEPT.: See below

VENDOR: Office Depot
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE # 1058-0071-003
House Acct
2000690010

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT	
2	ea	Month at a Glance Appt. Bk #678-534	7.99	15	98
		90001.635.99.6308.0000.140			
5	RMS	Copy Paper (Ivory) #345-694	5.39	26	95
		00601.620.99.1864.0000.140			
		RECEIVED DEC 01 1995 Accounts Payable			
G.L. #		NOT VALID FOR PURCHASES OVER $500.00	TAX	2	58
			TOTAL	45	51

ISSUED BY EMPLOYEE SIGNATURE: Steven M. Gallis

AUTHORIZED BY SUPERVISOR SIGNATURE: Glenn Wishart

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

OFFICE DEPOT
5221 W. COLONIAL DR
ORLANDO, FL 32808
(407) 292-5650

2.10 1940 1028 0079 003
SALE 11/30/95 10:46

3857682746 MONTHLY APPT BK	7.99
MFG. LIST $10.20	
3857682746 MONTHLY APPT BK	7.99
MFG. LIST $10.20	
9520533063 XEROX PAPER	26.95
5 @ 5.39	
MFG. LIST $9.05	
SUBTOTAL	42.93
FL 6% SALES TAX	2.58
TOTAL	45.51

ACCOUNT NUMBER	20006920010
PURCHASE ORDER #	136180
HOUSE CHARGE	45.51
APPROVAL CODE 095046	
CHANGE	.00

REMIT PAYMENT TO:
OFFICE DEPOT
P.O. BOX 620000
ORLANDO, FL 32891-8263

THANK YOU FOR SHOPPING AND SAVING AT
OFFICE DEPOT

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 15216 Vendor Name: OFFICE DEPOT

Inv Date: 11-13-95 Inv #: 079054296 Inv $: 57.81

Due Date: 12-20-95 Discount: _____ Terms: _____

Month/Yr: 12/95 Purchase Order #: L136175

Description: MISC. SUPPLIES

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
9000.590.99.6208.0000.140		27.57
" 565. "		4.85
0000.620.99.1861.0000.140	95RA100	25.39

Voucher Prepared by: _____

Page

** ORIGINAL INVOICE **

Office DEPOT

SOLD TO: 10652929
SOUTHERN STATES UTILITIES
1000 COLOR PL
APOPKA, FL 32703-7797

CHARGED BY: 20006920010

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

INVOICE NUMBER: 079054296

SALE DATE: 11/13/95
STORE: 0079
REGISTER: 5
TRANS: 04296
TYPE: 00

Total Amount Due: 57.81

Purchase Order #: 136175

S.K.U.	DESCRIPTION	QTY	PRICE	EXTENSION
0334961	FOAM-COR BOARD 40 X 60	1	8.67	8.67
0678060	MONTHLY 22X17 DESK PAD	1	2.29	2.29
0678060	MONTHLY 22X17 DESK PAD	1	2.29	2.29
0465732	TELEPHONE MESSAGE BOOK	6	2.89	17.34
0371427	2"X55" BX SEAL TAPE CLEAR	6	3.99	23.94
	SALES TAX			3.28
	TOTAL			57.81

VOUCHER NO: L136175
PO NO: 15216
VENDOR NO: 079054296
INVOICE NO:
INVOICE DATE: 11-13-95 DUE DATE: 12-20-95
INVOICE AMOUNT: 57.81
DISTRIBUTION: MISC. SUPPLIES
PROJECT NO:
G/L NO:
APPROVED: (AUTHORIZED SIGNATURE ONLY)

RECEIVED
DEC 1 1 19[illegible]
Account:

REMIT TO: OFFICE DEPOT INC. P.O. BOX 620000 ORLANDO, FL 32891-8263

LOCAL PURCHASE ORDER SOUTHERN STATES UTILITIES

1000 COLOR PLACE
APOPKA, FLORIDA 32703
• (407) 880-0058

L 136175

DATE: 11/13/95
PLANT #: 90001
DEPT.: See Below

VENDOR: Office Depot
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE #

House Acct # 20006920010

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT
2	ea	1996 Calendar Pads #678-060	2.29	4 58
6	pkg	Clear Sealing Tape #391-427	3.99	23 94
2	pkg	Adams Telephone Message Book #465-732	2.89	17 28
6	ea		8.67	8 67
1	ea	Foam Board #334-961		
				54 53

RECEIVED
NOV 14 1995
Accounts Payable

G.L. #

NOT VALID FOR PURCHASES OVER $500.00

TAX 3 28
TOTAL 57 81

ISSUED BY EMPLOYEE SIGNATURE Steve Gallia

AUTHORIZED BY SUPERVISOR SIGNATURE Gloria Wishart

REASON FOR PURCHASE: Office supplies for above areas

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

APPENDIX _____

PAGE ____ OF ____

OFFICE DEPOT
5221 W. COLONIAL DR
ORLANDO, FL 32808
(407) 292-5650

2.10 15 4296 0079 005
SALE 11/13/95 11:23

31 FOME-COR BOARD	8.67	90001.590.99.6208.0000.140
MFG. LIST $13.49		
3857616266 DESK PAD 22X17	2.29	90001.565.99.6208.0000.140
MFG. LIST $5.05		
3857616266 DESK PAD 22X17	2.29	
MFG. LIST $5.05		
8795835802 TEL MSG BOOK	17.34	90001.590.99.6208.0000.140
6 @ 2.89		
MFG. LIST $7.59		
2120082864 BOX SEAL TAPE	23.94	00001.630.99.1861.0000.140 95RA100
6 @ 3.99		
MFG. LIST $9.39		
SUBTOTAL	54.53	
FL 6% SALES TAX	3.28	
TOTAL	57.81	

RECEIVED
NOV 14 1995
Accounts Payable

COURT NUMBER	20006920010
PURCHASE ORDER #	136175
HOUSE CHARGE	57.81
APPROVAL CODE 087362	
CHANGE	.00

REMIT PAYMENT TO:
OFFICE DEPOT
P.O. BOX 620000
ORLANDO, FL 32891-8263

THANK YOU FOR SHOPPING AND SAVING AT
OFFICE DEPOT

APPENDIX D2305-13

PAGE 902 OF 2226

[redacted]

[redacted]

[redacted]

REMIT TO

NORTHWEST(8)/F

0190762006

THE SMITH WILSON CO.

P.O. BOX 568507 • ORLANDO, FLORIDA 32856-8507

PHONE (407) 841-7390 TOLL FREE (800) 331-5088

FAX (407) 6[illegible] TOLL FREE (800) 793-5[illegible]

PAGE 9221 INVOICE 7226

SPECIAL INSTRUCTIONS

Contact: STEVE GALLIS 407-880-0058 Order Instr.: STEVE

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

SOUTHERN STATES UTILITIES
ADMINISTRATION SERVICES
1000 COLOR PLACE
APOPKA, FL 32703

PG: 1

INVOICE NO	CUSTOMER PURCHASE ORDER NO	INVOICE DATE	ORDER DATE	TERMS	CUSTOMER NO
321331	136177	12/01/95	11/28/95	NET 10TH EOM	9105

PRODUCT NO	ORDERED	SHIPPED	U/M	B/O	DESCRIPTION	LIST PRICE	NET PRICE	EXTENSION
********** Department: 565 - ADMINISTRATION SERVICES **********								
HAM-10286-3	40	40	REAM		0 PAPER,LTR,TAN,HAMMERMILL	10.89	6.53	261.2

VOUCHER NO:

PO NO.: L136177

VENDOR NO: 258

INVOICE NO.: 321331

INV DATE: 12/1/95 DUE DATE: 12/20/95

INVOICE AMOUNT: 276.87

DESCRIPTION: paper

PROJECT NO: 95RAND

G/L NO: 0001.620.99.186.0000.140

APPROVED: [signature]

RECEIVED
DEC 18 1995
Accounts Payable

QUESTIONS ? CALL LINDA MAYLAND (X133) at 841-7390

X Gloria Merchant (AUTHORIZED SIGNATURE ONLY)

YOU SAVED $ 174.40

FREIGHT	0.0
TAX	15.6
PLEASE REMIT	276.8

TERMS: As specified on the original invoice and/or order form. Any amounts not paid when due are subject to a FINANCE CHARGE of 1½% per month on the unpaid balance which is an ANNUAL PERCENTAGE RATE OF 18%. We shall be entitled to recover any costs incurred in enforcing collection of this account, including but not limited to reasonable attorney's fees.

RETURN POLICY: Returns without authorization cannot be accepted. No merchandise can be returned without a copy of our invoice attached. Special order merchandise and furniture are not returnable. All returned merchandise must be received in resalable condition.

SHORTAGES: Shortages must be reported within 72 hours

APPENDIX DR305-B

PAGE 923 OF 2226

LOCAL PURCHASE ORDER - SOUTHERN STATES UTILITIES

1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136177

DATE: 11/27/95
PLANT #: 96001
DEPT.: Office Serv.

VENDOR: Smith Wilson
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE #

Carol Tyms
Linda 841-7390 x133

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT	
40	RMS	Tan Copy Paper 8½ x 11	6.53	261	20
		HAM-10286-3			
		136177			
		RECEIVED			
		DEC 06 1995			
		121195 12/20/95			
		271.87 Accounts Payable			

G.L. # paper
00001.620.99.1861.0000.140 95RA100

NOT VALID FOR PURCHASES OVER $500.00

TAX	15	67
TOTAL	276	87

ISSUED BY EMPLOYEE SIGNATURE [signature] 99.1861.0000

AUTHORIZED BY SUPERVISOR SIGNATURE Steve Gallis

REASON FOR PURCHASE: insert paper for 1995 Rate Case books.

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

Accounts Payable Voucher

Approved by: _____

Manual Check #: _____ Date: _____

Vendor #: 2185 Vendor Name: Chuck Bliss

Inv Date: 1.2.96 Inv #: 10162 Inv $: 274.16

Due Date: 1.10.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: —

Description: Expense Report

Units: _____ Job Code: _____

Account Number Ent.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.625.99.1861.0000.140	9SRA100	265.06
↓ 1160	9SRA100	9.10

Voucher Prepared by: [signature]

SSU Travel Expense and Employee Reimbursement Report

Page 1 of ___

Employee Name Charles M. Bliss
Employee No. 10162
Date Tues 02 Jan 1996

Plant/Location Arcata (9000)
Mailing Address 1000 Color Place

Date	Location and Explanation Nature of Duty, Business Reason	*	Transportation: Personal Auto Allowance Miles	Transportation: Personal Auto Allowance Amt	Transportation: Fares & Rentals (RECEIPTS REQUIRED)	Lodging	Meals (inc tips)	Other	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
10/24/95	FBSC Inspec - Toll Road	2			7.10				7.10	9100101	625999		18611	0000	160	BA1000
11/21/95	ABC Inspec - Toll Road	2			2.00				2.00	9100101	625999		18611	0000	160	BA1000
	Totals				9.10				9.10							Total Travel Expense A

Other Employee Expenses

Date	Type	*	Location, Explanation, or Business Reason	TOTALS	PLT	RES	UC	ACCT	SUBA	CEC	Proj. #
	Seminars										
	Dues and Subscriptions										
6/28/95	Office Supplies										
	Telephone	2	Kinkos - Tabs for MFR books	82.93	9100101	625999		18611	0000	140	95RA1010
	Postage										
Various	Other (Describe) Map Book Meter	2	See attached	182.13	9100101	625999		18611	0000	140	95RA1010
			* - 1- Direct Bill; 2- Reimbursable; 3- Company Credit Card	265.06							Total Other Expenses B

I certify that the expenses shown were incurred on company business or on behalf of the company.

Charles M. Bliss 01/02/96
Employee Signature Date

[signature] 1/4/96
Supervisor Signature Date

Account Summary

PLT	RES	UC	ACCT	SUBA	CEC	Proj. #	Amount
9100101	625999		18611	0000	140	95RA1010	265.06
9100101	625999		18611	0000	160	95RA1010	9.10

274.16	Total A + B
0.00	Less Direct Bill (Tll 1's)
0.00	Less Co. Credit Cards (Tll 3's)
0.00	Less Advance
274.16	Owed Employee
0.00	Owed Company

TVL(7/92)

Original Accounting Office

APPENDIX D305-B
PAGE 925 OF 2226

MAP BOOK MATERIALS FOR THE RATE CASE FILING 95RA100

Line No.	Invoice Date	Vendor	Items Purchased	Amount
1.	01/19/95	Builders Square	metal strips and screws	$ 2.97
2.	02/08/95	Builders Square	wood strips and screws	$ 7.12
3.	06/21/95	Taco Metals	aluminum channel - 3 pieces	$ 9.00 (1)
4.	06/21/95	Builders Square	screws for aluminum channel	$ 1.78
5.	06/26/95	Home Depot	handles and screws	$ 2.38
6.	06/26/95	Builders Square	plastic caps	$ 1.28
7.	06/27/95	Taco Metals	18 pieces of aluminum channel	$ 49.59
8.	06/27/95	Home Depot	9 handles	$ 14.84
9.	06/27/95	Builders Square	plastic caps and super glue	$ 7.46
10.	06/27/95	Tropic Fasteners	100 screws	$ 3.00
11.	06/27/95	Builders Square	sanding belt	$ 3.48
12.	06/27/95	Builders Square	super glue	$ 2.08
13.	07/05/95	Home Depot	2 handles	$ 2.66
14.	07/06/95	Builders Square	rubberized paint	$ 6.35
15.	07/10/95	Home Depot	handle	$ 1.65
16.	07/30/95	Home Depot	drills, 3 handles, plywood, paint items	$ 24.69
17.	08/11/95	Home Depot	toluene, 20 handles	$ 40.00
18.	08/30/95	Tropic Fasteners	100 screws	$ 1.80
19.			**Total**	**$182.13**

Note: (1) Vendor would not provide receipt since materials purchased came from scrap materials.

TACO METALS, INC
50 N.E. 179th STREET
MIAMI, FL 33162
(305) 652-8566

Regional Inquiries
ORLANDO, FL (407) 323-1130
NEW BEDFORD, MA (508) 993-7000
ST. PETERSBURG, FL (813) 577-1577
WHEELING, IL (708) 537-2727

Please Remit To:
TACO METALS, INC
ACCOUNTS RECEIVABLE
P.O. Box 693840
Miami, FL 33269

DOCUMENT

CUST # PHONE #

PROMISED SHIP	INVOICE DATE	INVOICE NO.
ORDER DATE	P.O. NO.	PAGE NO.

BILL TO

SHIP TO

INSTRUCTIONS CASH

SHIP POINT	FREIGHT CARRIER AND TERMS	TERMS
	CPU.	

PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	EXTENSION	UNIT PRICE	PRICE U/M	AMOUNT (NET)
6A3-1336RE/30 1" X 1 1/2" CHANNEL PE 3.0#		0	1	PC	10.00	1.85	ST	37.00

Lines Total

Total	37.00
Cutting Chg	10.00
Taxes	2.59
Invoice Total	49.59

Charles M. Bliss
6/22/95

3@$3.00 = 9.00 without receipt for materials out of scrap bin.

Merchandise may be returned without our written authorization. A SERVICE CHARGE will be made on all returned merchandise. All accounts 30 days past due are subject to a finance charge of 1.5% PER MONTH, 18% PER ANNUM or maximum amount permitted under state and federal law

RECEIVER'S SIGNATURE

DATE

(PLEASE PAY FROM THIS INVOICE) COPY 2

TACO

TACO METALS INC
50 N.E. 170th STREET
MIAMI, FL 33162
(305) 652-8566

ORLANDO, FL
NEW BEDFORD, MA
ST. PETERSBURG, FL
WHEELING, IL

Remit Payment To:
TACO METALS INC
ACCOUNTS RECEIVABLE
P.O. Box [illegible]
Miami, FL 33[illegible]

DUMENT

CUST. #

PHONE #

PROVIDED SHIP	INVOICE DATE	INVOICE NO
ORDER DATE	P.O. NO	PAGE NO

BILL TO

SHIP TO

INSTRUCTIONS

SHIP POINT	FREIGHT CARRIER AND TERMS	TERMS

CUSTOMER ITEM NO. REQUIRED ON ALL SHIPMENTS BY
MUST BE LISTED

PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QUANTITY B.O.	QTY SHIPPED	QTY U/M	EXTENSION	UNIT PRICE	PRICE U/M	AMOUNT (NET)
A/A-1303[illegible]	1	0	1	PC	10.00			
1" X 1 1/2" CHANNEL RE 2'-0"								
Lines Total								

Charles M. Bl

Charles M. Bliss
6/27/95

Any

Merchandise may be returned without our written authorization. A SERVICE CHARGE will be made on all returned merchandise. All accounts 30 days past due are subject to a finance charge of 1.5% PER MONTH, 18% PER ANNUM or the maximum amount permitted under state and federal law.

RECEIVER'S SIGNATURE

DATE

(PLEASE PAY FROM THIS INVOICE) PACKING LIST 1

TROPIC FASTENERS

PACKING LIST

5 SEMORAN COMMERCE PLACE SUITE 101
POPKA FLORIDA 32703
07) 880-4777 • FAX (407) 880-2122

BRANCH
100 B CENTREWEST CT
CARY N.C. 27513
(919) 677-0111 • FAX (919) 677-0444

ORDER NUMBER	SHIP NO	PAGE
00056010	339536	1

06/27 15 3:15PM
RELEASE 001

SOLD TO
SOUTHERN STATE UTILITIES
175 SEMORAN COMMER. PLACE
APOPKA FL 32703

SHIP TO
SOUTHERN STATE UTILITIES
175 SEMORAN COMMER. PLACE
APOPKA FL 32703

CUSTOMER ID	ORDERED BY	SALESPERSON	ENTERED BY	TERMS	ORDER DATE
SSU	LINDA	JLP/MMC	melissa	NET 0	06/27/95

PHASE ORDER NUMBER	REFERENCE	P.O DATE	REQ. SHIP DATE	SHIP DATE	SHIP VIA	FOB	FILLED BY
SAL		06/27/95	06/27/95	06/27/95	PICK-UP COD	SP	

ITEM NUMBER / DESCRIPTION	UNIT WEIGHT		BIN	U/M	QUANTITIES ORDERED	SHIPPED	BACKORDERED
3C050SBMSSTZ	ST	06/27/95		EA	100.	100.	
32X1/2 SLOT BINDER M/S STEEL ZINC							
TOCK							
LOT#:000002700		100.					

$3.00 Cash
paid in full 6/27/95
Melissa McLeo

CERTIFICATE OF CONFORMANCE

aterials and/or parts furnished on this order have been manufactured in ccordance with applicable drawings and specifications. Certificate of onformance and/or Test Reports are on file at our facility or at source of rchase and available upon request.

By _____
Quality Assurance Manager

Any claim for shortages or damage must be made within 7 days after *receipt of goods*.

Material may not be returned without a "Return Material Authorization" number.

Tropic Fasteners, Inc. disclaims any responsibility for *manufacturing or* functional defects and hereby limits express or implied warranties to liability for the cost of replacement of said goods.

s _____ Total Weight _____ Received By _____

TROPIC FASTENERS

PACKING LIST

355 SEMORAN COMMERCE PLACE, SUITE 101
APOPKA, FLORIDA 32703
(407) 880-4777 • FAX (407) 880-2122

BRANCH
100 - B CENTREWEST CT
CARY, N.C. 27513
(919) 677-0111 • FAX (919) 677-0444

08/30/95 3:03PM
RELEASE 001

ORDER NUMBER	SHIP NO.	PAGE
0003P631	95-358A	1

0 0 C O . C H K

SOLD TO
SOUTHERN STATE UTILITIES
175 SEMORAN COMMER. PLACE
APOPKA FL 32703

SHIP TO
SOUTHERN STATE UTILITIES
175 SEMORAN COMMER. PLACE
APOPKA FL 32703

CUSTOMER ID	ORDERED BY	SALESPERSON	ENTERED BY	TERMS	ORDER DATE
SSU		JLP/KRS	ken	COD CO. CHK	08/30/95

PURCHASE ORDER NUMBER	REFERENCE	P.O. DATE	REQ. SHIP DATE	SHIP DATE	SHIP VIA	FOB	FILLED BY
BAL SUGU		08/30/95	08/30/95	08/30/95	PICK-UP COD	SP	

ITEM NUMBER / DESCRIPTION	UNIT WEIGHT		BIN	U/M	QUANTITIES ORDERED	SHIPPED	BACKORDERED
08C037SPMSSTZ	ST	08/30/95		EA	100	100	
3/32X3/8 SLOT PAN M/S STEEL ZINC							
LOT#:000063161		100					

PD

Total $1.80

CERTIFICATE OF CONFORMANCE

Materials and/or parts furnished on this order have been manufactured in accordance with applicable drawings and specifications. Certificate of Conformance and/or Test Reports are on file at our facility or at source of purchase and available upon request.

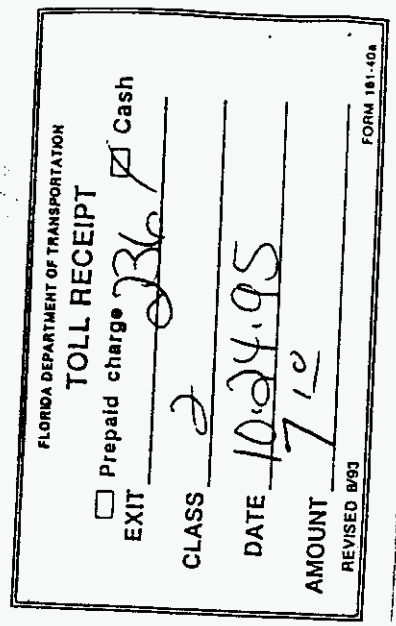
By _____
Quality Assurance Manager

Any claim for shortages or damage must be made within 7 days after receipt of goods.

Material may not be returned without a "Return Material Authorization" number.

Tropic Fasteners, Inc. disclaims any responsibility for manufacturing or functional defects and hereby limits express or implied warranties to liability for the cost of replacement of said goods.

of Boxes _____ Total Weight _____ Received By _____



FLORIDA DEPARTMENT OF TRANSPORTATION
TOLL RECEIPT
☐ Prepaid charge ☑ Cash
EXIT 236
CLASS 2
DATE 10-24-95
AMOUNT 7.10
REVISED 8/93
FORM 161-40a

FULL SINGLE SIDED FULL SPECIAL
FULL OTHER SPECIAL HANDLING

SUB-TOTAL
TAX
TOTAL
CASH SALE
CHANGE
CUSTOMER ID
OTHERS

Receipt Number : 106676 Register 2
Date : 06/28/95
Time : 1307 HR
Co-Worker : 41
Kinko's Thanks You For Your Patronage

FLORIDA'S TURNPIKE
TOLL RECEIPT

PLAZA ITEMS LANE 06 CALL [illegible]
CLASS 02 TOLL 2.00 PAID CASH

THANK YOU AND REMEMBER TO BUCKLE UP

BUILDERS SQUARE STORE #1321
2302 E. SEMORAN BLVD.
APOPKA, FL 32703
(407)880-8424
STORE MANAGER: DAVID REED

415 SALE 1869 1321 018
CASHIER DEBRA

9913740160		
2290376 J-BEAD	1	1.30
3069928011		
6097166 M/S R/H	1	.69
3069919011		
6092159 WING NUT	1	.69
3069908046		
4 @ 0.03		
6103667 CUT WASHER		.12
SUBTOTAL		2.80
6% SALES TAX		.17
TOTAL		2.97
CASH TENDER		3.00
CHANGE		.03

RETAIN THIS RECEIPT FOR RETURNED ITEMS

1/19/95 12:46

THE HOME DEPOT 02[illegible]
882 W. STATE ROAD 434
[illegible]

0267 00012 [illegible]

[illegible] HANDLE
[illegible] BOLTS
[illegible] BOLTS
[illegible] BOLTS
[illegible] BOLTS
[illegible] BOLTS
[illegible] BOLTS
[illegible] BOLTS

SUBTOTAL
2.22 TAX FL 7.[illegible]
[illegible]AL
[illegible]ASH

[illegible] RECEIPT [illegible] FOR [illegible]
YOU FOR [illegible]
[illegible]

MAP BOOK

BUILDERS SQUARE STORE #1321
2302 E. SEMORAN BLVD.
APOPKA, FL 32703
(407)880-8424
STORE MANAGER: DAVID REED

415 SALE 5910 1321 014
CASHIER MICHAEL

3069920091		
6092441 FENDR WSHR	1	.69
2936300300		
5100306 FASTENER B	1	.49
2936300300		
5100306 FASTENER B	1	.49
SUBTOTAL		1.67
6% SALES TAX		.11
TOTAL		1.78
CASH TENDER		10.00
CHANGE		8.22

RETAIN THIS RECEIPT FOR RETURNED ITEMS

6/21/95 9:18

BUILDERS SQUARE STORE #1321
2302 E. SEMORAN BLVD.
APOPKA, FL 32703
(407)880-8424
STORE MANAGER: DAVID REED

422 SALE 3927 1321 013
CASHIER KELLY

3069942886
6105324 PLSTC CAPS 1 1.20
SUBTOTAL 1.20
6% SALES TAX .08
TOTAL 1.28

CASH TENDER 10.35
CHANGE 9.07
RETAIN THIS RECEIPT FOR RETURNED ITEMS

6/26/95 18:35

Map Book

THE HOME DEPOT 0263
982 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714 407-865-8410

0263 00020 15659 07/30/95
SALE 457 02:07 PM

070727220159 CARDED ITE 0.70
079340010130 HAND CLEAN 1.74
077089650017 FOAM BRUSH 0.37
078555604493 HANDLE 1.54
078555604493 HANDLE 1.54
028874017023 DRILL BIT 2.80
028874016989 OXIDE BIT 1.89
028874017009 DRILL BIT 2.21
078555604493 HANDLE 1.54
081999130435 2X4-3,4 PL 8.75
SUBTOTAL 23.08
23.08 TAX FL 7.000 1.61
TOTAL $24.69
[redacted] VISA/MC 24.69
AUTH CODE [redacted] TA

ORIGINAL RECEIPT REQUIRED FOR A REFUND
THANK YOU FOR SHOPPING AT THE HOME DEPOT
WAREHOUSE PRICES - DAY IN, DAY OUT

Sprinkler for map Books

BUILDERS SQUARE STORE #1321
2302 E. SEMORAN BLVD.
APOPKA, FL 32703
(407)880-8424
STORE MANAGER: DAVID REED

263 SALE 6891 1321 020
CASHIER TONIA

7375415186
3540168 SUPR GLU 4 1 1.96
SUBTOTAL 1.96
6% SALES TAX .12
TOTAL 2.08

CASH TENDER 2.08
RETAIN THIS RECEIPT FOR RETURNED ITEMS

6/27/95 18:21

BUILDERS SQUARE STORE #1321
2302 E. SEMORAN BLVD.
APOPKA, FL 32703
(407)880-8424
STORE MANAGER: DAVID REED

263 SALE 6826 1321 020
CASHIER TONIA

5114409285
3681475 PRO BELT 1 3.28
SUBTOTAL 3.28
6% SALES TAX .20
TOTAL 3.48

CASH TENDER 4.00
CHANGE .52
RETAIN THIS RECEIPT FOR RETURNED ITEMS

6/27/95 15:00

THE HOME DEPOT 0263
882 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 32714 407-365-5410

0263 00018 27799 07/05/95
SALE 537 07:47 PM

078555604523 WIRE PULL 1.49
078555584542 WHITE PULL 0.99
SUBTOTAL 2.48
2.48 TAX FL 7.000 0.18
TOTAL $2.66
CASH 20.00
CHANGE DUE 17.34

ORIGINAL RECEIPT REQUIRED FOR A REFUND
THANK YOU FOR SHOPPING AT THE HOME DEPOT
WAREHOUSE PRICES - DAY IN, DAY OUT

THE HOME DEPOT 0263
882 W. STATE ROAD 436
ALTAMONTE SPRINGS, FL 407-965-5410

0263 00014 40841 08/11/95
SALE 546 01:28 PM

030192353158 TOLUENE,XL 4.40
Q78555604493 HANDLE
20.000 @ $1.54 30.80
084305350022 METAL PAIL 2.18
SUBTOTAL 37.38
37.38 TAX FL 7.000 2.62
TOTAL $40.00
[redacted] VISA/MC 40.00
AUTH CODE [redacted] TA

ORIGINAL RECEIPT REQUIRED FOR A REFUND
THANK YOU FOR SHOPPING AT THE HOME DEPOT
WAREHOUSE PRICES - DAY IN, DAY OUT

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 48 Vendor Name: A.A. Casey

Inv Date: 1.24.96 Inv #: 135698 Inv $: 499.78

Due Date: 2.14.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: L136360

Description: Screw Posts, Extenders

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.120.9918610000.000	95RA100	499.78

Voucher Prepared by: _____

A.A. CASEY CO. of DAYTONA

TOOL SPECIALTIES, EQUIPMENT & FASTENERS
1100 NO. NOVA ROAD
DAYTONA BEACH, FLORIDA 32117
PHONE: (904) 253-6158
FAX (904) 238-0973
1-800-247-6065

DATE	INVOICE
01/24/96	135698

** INVOICE **

SSU
SOUTHERN STATES
UTILITIES
1000 COLOR PLACE
APOPKA, FL. 32703

SHIP TO

ORDERED BY PHYLLIS

	TAX JURISDICTION NO. / DESCRIPTION	TAX EXEMPT
407)880-0058	001 STATE TAX JUR. 1	

DATE ORDERED	DATE SHIPPED	SHIP VIA	JOB NO	CUST. ORDER NO.	SALESPERSON	CLK	TERMS	COPY	PAGE
01/10/96	01/24/96			136360	0	03	NET 30 DAY		0101

ITEM	ORDERED / BACKORDERED	SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT
INVOICE	INVOICE		INVOICE	INVOICE	
SC EA	1500.00	1500.00	1-1/4" SCREW POSTS	.0891	133.65
SC EA	1500.00	1500.00	3708K 1-1/2" SCREW POS	.0983	147.45
SC EA	1500.00	1500.00	3709K 1-3/4" SCREW POS	.1097	164.55
SC EA	200.00	200.00	1/2" EXTENDERS	.1033	20.66
			PC-DA		

RECEIVED
JAN 3 1 1996
Accounts Payable

SALES AMOUNT	SALES TAX	SHIPPING CHARGE	CODE	DEPOSIT	CASH	CODE	
466.31	27.98	5.49					499.78

TERMS: NET 30 Days. Please Pay From This Invoice. STATEMENT UPON REQUEST.
A.A. CASEY COMPANY RETAINS TITLE TO EQUIPMENT ON THIS INVOICE UNTIL PAID IN FULL.

PLEASE PAY THIS AMOUNT

BY: _____

RED BY: _____

RECEIVED BY: _____ DATE: _____

LOCAL PURCHASE ORDER

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136360

DATE: 1/ /96 VENDOR: W.W. Gay Co. of Daytona VENDOR INVOICE #

PLANT #: [illegible] ADDRESS: 1100 No Nova Road

DEPT.: Office CITY: Daytona Beach

STATE: FL ZIP: 32763 (904) 253-6158

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT	
1500		1¼" SCREWPOSTS	0.11/ea	165	65
1400		1½" SCREWPOSTS	0.13/ea	182	00
1500		1¾" SCREWPOSTS	0.11/ea	165	55
200		¼" EXTENDERS	0.10/ea	20	00
		9661.620.99.1961.6000.155 PSRVICO		466	31
			SHIPPING	5	47
G.L. #		NOT VALID FOR PURCHASES OVER $500.00	TAX	27	98
			TOTAL	499	78

RECEIVED
JAN 25 1996
Accounts Payable

ISSUED BY EMPLOYEE SIGNATURE: T Kline

AUTHORIZED BY SUPERVISOR SIGNATURE: [signature]

REASON FOR PURCHASE: SCREW POSTS FOR 1995 RATE CASE ENDS

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

A.A. CASEY CO. of DAYTONA

TOOL SPECIALTIES, EQUIPMENT & FASTENERS
1100 NO. NOVA ROAD
DAYTONA BEACH, FLORIDA 32117
PHONE: (904) 253-6158
FAX (904) 238-0973
1-800-247-6065

DATE	INVOICE

SOLD TO

SHIP TO

TAX JURISDICTION NO. / DESCRIPTION	TAX EXEMPT

DATE ORDERED	DATE SHIPPED	SHIP VIA	JOB NO	CUST. ORDER NO.	SALESPERSON	CLK	TERMS	COPY	PAGE

ITEM	ORDERED / BACKORDERED	SHIPPED	DESCRIPTION	UNIT PRICE	AMOUNT
MISC		1500			
EA					
MISC		1500			
EA					
MISC		1500			
EA					
MISC		200			
EA					

RECEIVED
JAN 2 5 1996
Accounts Payable

5.49

SALES AMOUNT	SALES TAX	SHIPPING CHARGE		CODE	DEPOSIT	CASH	CODE	

MERCHANDISE SHOULD BE REPORTED WITHIN 5 BUSINESS DAYS.

TERMS: NET 30 Days. Please Pay From This Invoice. STATEMENT UPON REQUEST.
A.A. CASEY COMPANY RETAINS TITLE TO EQUIPMENT ON THIS INVOICE UNTIL PAID IN FULL.

PLEASE PAY THIS AMOUNT

ED BY: _____

ERED BY: _____

RECEIVED BY: _____ DATE: _____

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3571 Vendor Name: Calamco

Inv Date: 12.29.95 Inv #: 185395 Inv $: 347.50

Due Date: 1.10.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: 40961

Description: Cutsheet

Units: _____ Job Code: _____

Account Number Plt.Res Ctr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.420.99.1861.0000.140	95RA100	347.50

Voucher Prepared by: _____

PLEASE

COLAMCO INC
COMPUTER SUPPLIES AND ACCESSORIES

975 Florida Central Parkway
Suite 1100
Longwood, Florida 32750-7634
(407) 331-3737 • (800) 327-2722
FAX (407) 331-3831

INVOICE

SOLD TO 004407
FSU SERVICES
ACCOUNTS PAYABLE DEPT
1959 COLEF PLACE
APOPKA, FL 32703

SHIP TO
FSU SAN ERING
2807 SEMORAN COMMERCE PL
APOPKA, FL 32703

A SERVICE CHARGE OF 1.5% PER MONTH (18% ANNUAL) WILL BE ADDED TO ALL PAST DUE ACCOUNTS.

ORDER NO.	SALESPERSON	DATE ORDERED	SHIP VIA	DATE SHIPPED
1000	RICHARD S. PARRETT	12/27/95	OUR TRUCK - 1	12/27/95

CUSTOMER P.O. NO.	CUSTOMER CONTACT	TERMS	WAREHOUSE	PAGE
761		NET 15 DAYS	1	1

NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION

PRODUCT NO. / DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	U/M	UNIT PRICE	EXTENSION
34523 / 134522 AGFA DB500 8.5X11 CUTSHEET	10	10		CS	34.750	347.50

ACCRUED

Plant # _____
GL # _____
WO # _____
$ Amt. _____
Initials _____
Mo/Yr _____

RECEIVED
JAN 04 1996
Accounts Payable

PLEASE PAY FROM THIS INVOICE.
STATEMENT ISSUED UPON REQUEST

SUBTOTAL	HANDLING	ALLOWANCES	MISC. CHARGES	SALES TAX	FREIGHT	PAY THIS AMOUNT
347.50	.00	0.00	0.00	0.00	0.00	347.50

ORIGINAL

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3571 Vendor Name: Colamco

Inv Date: 1.11.96 Inv #: 185834 Inv $: 1904.82

Due Date: 1.31.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: 41034

Description: Aspen

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.6209.1861.0000.140	95RA100	928.82
00001.540.9.6208.0000.140		552.53
↓ 565 ↓		423.47

Voucher Prepared by: [signature]

PLEASE RETURN



975 Florida Central Parkway
Suite 1100
Longwood, Florida 32750-7634
(407) 331-3737 • (800) 327-2722
FAX (407) 331-3831

INVOICE

185334 01/11/96

SOLD TO 004407
SSU SERVICES
ACCOUNTS PAYABLE DEPT.
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO
ISSU SERVICES
1000 COLOR PLACE
APOPKA, FL 32703

ATTN: STEVE GALLIS

A SERVICE CHARGE OF 1.5% PER MONTH (18% ANNUAL) WILL BE ADDED TO ALL PAST DUE ACCOUNTS

ORDER NO.	SALESPERSON	DATE ORDERED	SHIP VIA	DATE SHIPPED
1627	RICHARD S. BARRETT	01/05/96	OUR TRUCK F 1	01/11/96

CUSTOMER P.O. NO.	CUSTOMER CONTACT	TERMS	WAREHOUSE	PAGE
034	STEVE GALLIS	NET 15 DAYS	1	1

NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION

PRODUCT NO. / DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	U/M	UNIT PRICE	EXTENSION
34523 / 134523 NASHUA D8500 8.5X11 CUTSHEET	30	30		CS	34.750*	1,042.50
34524 / 134524 NASHUA D8500 8.5X11 3HO	10	10		CS	35.500*	355.00
4 7 / 141107 14X11 1/2" GB 20# 2700/CTN	10	10		CTN	39.950*	399.50

RECEIVED
JAN 15 1996
Accounts Payable

PLEASE PAY FROM THIS INVOICE.
STATEMENT ISSUED UPON REQUEST

SUBTOTAL	HANDLING	ALLOWANCES	MISC. CHARGES	SALES TAX	FREIGHT	INVOICE AMOUNT
1,796.82	0.00	0.00	0.00	107.82	0.00	1,904.82

ORIGINAL

NOTE: SHADED FIELDS ARE REQUIRED

Southern States Utilities

RECEIVING REPORT

R/R 65719

PURCHASE ORDER NUMBER: 41034

PLANT NAME: Rayo Pa

SUPPLIER: Corporate

PLANT NUMBER: 90001

LINE ITEM #	QTY. REC'D.	DESCRIPTION	COMPLETE	INCOMPLETE
(1)	10	Manifold Inmit 14 7/8 x 11 90001.540.99.6209.0000.140	✓	
(2)	15	3-Hole Punch Paper 8 1/2 x 11 00001.630.00.1961.0000.140	✓	
(3)	15	Copy Paper 8 1/2 x 11 00001.630.99.1961.0000.140	✓	
(4)	15	Copy Paper 8 1/2 x 11 90001.565.99.6208.0000.140	✓	

RECEIVED JAN 08 1996 Accounts Payable

FOR BLANKET USE ONLY

INVOICE #

DOLLAR AMOUNT $

PURPOSE & NECESSITY Re-stock of paper supply for General Office use. Also used also for 1995 Rate Case copying of books, notices etc

W/O#:

G.L. #:

1/3/96 L Gallen
DATE RECEIVED BY

1/8/96 B. Wishart
DATE CHECKED BY

REV. 8/94

ACCOUNTS PAYABLE

COLAMCO INC
COMPUTER SUPPLIES AND ACCESSORIES

975 Florida Central Parkway • Suite 1100
Longwood, Florida 32750-7634
(407) 331-3737
(800) 327-2722
(407) 331-3831 FAX

WAREHOUSE LOCATIONS: ATLANTA, GA , AUSTIN, TX , JACKSONVILLE, FL , ORLANDO, FL

PACKING SLIP

DATE	01/09/96
PAGE	1
WHSE	1

SOLD TO

SHIP TO
SSU SERVICES
1000 COLOR PLACE
APOPKA, FL 32703

ATTN: STEVE GALLIS

ORDER DATE	ORDER NO.	CUSTOMER P.O. NUMBER	SALESPERSON	SHIP VIA	DATE REQUIRED	DATE SHIPPED
			RICHARD S. PARRETT	OUR TRUCK - 1	01/08/96	

QUANTITY ORDERED	QUANTITY SHIPPED	✓	QUANTITY BACKORDERED	BIN LOCATION	PRODUCT NUMBER	DESCRIPTION	U/M	NET PRICE	EXTENSION
		Y			M134523/ 134523	NASHUA DB500 8.5X11 CUTSHEET	CS		
		X			M134524/ 134524	NASHUA DB500 8.5X11 3HD	CS		
		Y			M141102/ 141102	14X11 1/2" GB 20# 2700/CTN	CTN		

RECEIVED
JAN 08 1996
Accounts Payable

TOTAL NO. PIECES	WEIGHT	SPECIAL INSTRUCTIONS	RECEIVED BY AND DATE	
		****	PICKED BY	BY Steve Gallis
			CHECKED BY	DATE 1/8/96

CUSTOMER COPY

NOTE: TERMS & CONDITIONS ON REVERSE SIDE

APPENDIX DB3S-B
PAGE 943 OF 2226

PURCHASE ORDER

Southern States Utilities
PURCHASING DEPARTMENT
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

Purchase Order:	41034	Print Number:	1
Date:	1/08/1996	Project:	OA
Requisitioner:		Task:	
Confirmed to:	RIC		
Description:	REQ. #90166 STEVE GALLIS - DVN		

Payment Terms:	NET PAYABLE IN 30 DAYS
FOB:	ORC PLANT
Ship via:	TRUCK
Freight Terms:	FREIGHT INCLUDED

Vendor:
[illegible]
275 FLORIDA CENTRAL PARKWAY
SUITE 1190
LONGWOOD, FL 32750-7634

Ship to:
SOUTHERN STATES UTILITIES, INC
1000 COLOR PLACE
APOPKA, FL 32703

Bill to:
SOUTHERN STATES UTILITIES, INC
1000 Color Place
Apopka, FL 32703

Line #	Item Code	Description	Due Date	Quantity	UOM	Unit Cost	Extended Cost
		CONFIRMING PURCHASE ORDER, PREVIOUSLY ORDERED.					
		STATE TAX					107.32
1	[illegible]	COPY PAPER 8 1/2" X 11"	1/08/1996	30.00	CASE	34.75	1,042.50
		Acct Code: 001.00001.520.99.1861.0000.140					
		Acct Code: 001.90001.565.99.6208.0000.140					
2	[illegible]	1 REAM COPY PAPER 8 1/2" X 11"	1/08/1996	10.00	CASE	35.50	355.00
		Acct Code: 001.00001.520.99.1861.0000.140					
3	[illegible]	BOOKBAR, 1 PART 11 1/8" X 11"	1/08/1996	10.00	CASE	39.95	399.50
		Acct Code: 001.90001.540.99.6208.0000.140					

IMPORTANT: THIS ORDER IS SUBJECT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE.

Total $ 1,901.32

AUTHORIZED SIGNATURE
JOHN HILTON, C.F.O. OR
BARBARA L. BERGER

ACCOUNTS PAYABLE

APPENDIX D2305-B
PAGE 946 OF 2226

SSU
Southern States Utilities

90166

3571

REQUISITION

NOTE: SHADED FIELDS ARE REQUIRED

PLANT/DEPT: 90001 Office Serv
REQUESTED BY: Steve Gallie
REQUEST DATE: 1/5/96
DATE REQUIRED: 1/5/96

VENDOR NAME: Colonico
ADDRESS:
PHONE NO: 331-3737

SHIP TO: DEPT/PLANT #: 90001 Office Services
ADDRESS: SAME
ATTN:

PO #	SHIP VIA	FOB	DUE DATE	CONFIRMING	MAIL	TAXABLE
41034	T	FI	1-8-96	Ric	Y	6%

L/N	Item No.	QNTY	U/M	Item Description (include p/n, cat. #, mfg, model, size, etc.)	Account Code PLANT	RSP	UC	ACCT	SUB-A	CEC	Project Number (WO#) PRJCT TASK SUBT	Unit Price	Amount
(1)		10	ea	Copy Paper 8½ x 11	90001	565	99	6203	0000	140		~~34.00~~ 31.00	~~340.00~~ 310.00
												~~34.75~~ 34.75	347.50
(2)		20	"	Copy Paper 8½ x 11	00001	620	99	1861	0000	140	95RA100	~~35.00~~	~~700.00~~
												34.75	695.00
(3)		10	"	3-Hole Copy Paper 8½ x 11	00001	620	99	1861	0000	140	95RA100	~~33.00~~	~~330.00~~
												35.50	355.00
(4)		10	"	Greenbar 1-part 14 7/8 x 11	90001	540	99	6203	0000	140		39.00	~~390.00~~
													399.50
													1,797.00

APPROVALS
Steve Gallie
Judy Kimball

PURPOSE AND NECESSITY
Re-stock of paper supply for General Office use and 1995 Rate Case books, customer notices, etc.
☐ OR-BUDGETED

SUBTOTAL	~~1653.00~~
FL. TAX 6%	~~99.18~~
FREIGHT	107.82
OTHER	
TOTAL	~~1855.00~~ 1,797.00

ACCOUNTS PAYABLE

APPENDIX DL305-B
PAGE 947 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 3571 Vendor Name: Colamco

Inv Date: 1.29.96 Inv #: 180372 Inv $: 1105.05

Due Date: 2.07.96 Discount: _____ Terms: _____

Month/Yr: 2.96 Purchase Order #: 4105

Description: Copy Paper

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.565.99.6208.0000.140	—	736.70 ~~1105.05~~
0001.620.99.1861.0000.140	95RA 100	368.35

Voucher Prepared by: _____

PLEASE

COLAMCO INC
COMPUTER SUPPLIES AND ACCESSORIES

975 Florida Central Parkway
Suite 1100
Longwood, Florida 32750-7634
(407) 331-3737 • (800) 327-2722
FAX (407) 331-3831

INVOICE

SOLD TO
C34407
SSU SERVICES
ACCOUNTS PAYABLE DEPT.
1300 COLOR PLACE
APOPKA, FL 32703

SHIP TO
SSU SERVICES
1000 COLOR PLACE
APOPKA, FL 32703
ATTN: STEVE GALLIS

A SERVICE CHARGE OF 1.5% PER MONTH (18% ANNUAL) WILL BE ADDED TO ALL PAST DUE ACCOUNTS.

ORDER NO.	SALESPERSON	DATE ORDERED	SHIP VIA	DATE SHIPPED
3429	RICHARD S. BARRETT	01/25/94	OUR TRUCK - 1	01/25/94

CUSTOMER PO NO.	CUSTOMER CONTACT	TERMS	WAREHOUSE	PAGE
105	STEVE GALLIS	NET 15 DAYS	1	1

NO RETURNS ACCEPTED WITHOUT PRIOR AUTHORIZATION

PRODUCT NO. / DESCRIPTION	QUANTITY ORDERED	QUANTITY SHIPPED	QUANTITY B/O	U/M	UNIT PRICE	EXTENSION
34523 / 134523 NASHUA DS500 8.5X11 CUTSHEET	30	30		CS	34.75	1,042.50

RECEIVED
JAN 31 1994
Accounts Payable

PLEASE PAY FROM THIS INVOICE.
STATEMENT ISSUED UPON REQUEST

MERCHANDISE SUBTOTAL	HANDLING	ALLOWANCES	MISC. CHARGES	SALES TAX	FREIGHT	INVOICE AMOUNT
1,042.50	0.00	0.00	0.00	62.55	0.00	1,105.05

DR3054

NOTE: SHADED FIELDS ARE REQUIRED

Southern States Utilities

RECEIVING REPORT

R/R 65736

PURCHASE ORDER NUMBER: 41105

PLANT NAME: Cypress

SUPPLIER: A-Copy Inc

PLANT NUMBER: 90001

LINE ITEM #	QTY. REC'D.	DESCRIPTION	COMPLETE	INCOMPLETE
1	30	Copy Paper 8½ x 11	✓	

3571

RECEIVED
JAN 31 1996
Accounts Payable

FOR BLANKET USE ONLY

PURPOSE & NECESSITY: Paper for General Office use.

INVOICE #

DOLLAR AMOUNT $

W/O#:

G.L. #: 9001-565-99-6208-0000-140

1/30/96 M. Weihart
DATE RECEIVED BY

1-30-96 Jodi Chaffey
DATE CHECKED BY

8/94

ACCOUNTS PAYABLE

COLAMCO INC
COMPUTER SUPPLIES AND ACCESSORIES

975 Florida Central Parkway • Suite 1100
Longwood, Florida 32750-7634

(407) 331-3737
(800) 327-2722
(407) 331-3831 FAX

WAREHOUSE LOCATIONS: ATLANTA, GA , AUSTIN, TX , JACKSONVILLE, FL , ORLANDO, FL

PACKING SLIP

SOLD TO

SHIP TO
SSU SERVICES
1000 COLOF PLACE
APOPKA, FL 32703
ATTN: STEVE GALLIS

DATE	01/25/
PAGE	1
WHSE	1

ORDER DATE	ORDER NO.	CUSTOMER P.O. NUMBER	SALESPERSON	SHIP VIA	DATE REQUIRED	DATE SHIPPED
			RICHARD S. PARRETT	OUR TRUCK - 1	01/26/96	

QUANTITY ORDERED	QUANTITY SHIPPED	✓	QUANTITY BACKORDERED	BIN LOCATION	PRODUCT NUMBER	DESCRIPTION	U/M	NET PRICE	EXTENSION
					NL34523/ 134523	NASHUA DB500 8.5X11 CUTSHEET	CS		

RECEIVED
JAN 31 1996
Accounts Payable

TOTAL NO. PIECES	WEIGHT	SPECIAL INSTRUCTIONS	PICKED BY	RECEIVED BY AND DATE
			CHECKED BY	BY DATE 1/31/96

NOTE: TERMS & CONDITIONS ON REVERSE SIDE

CUSTOMER COPY

APPENDIX DL505-B
PAGE 95 OF 2226

SSU
Southern States Utilities
PURCHASING DEPARTMENT
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

PURCHASE ORDER

Purchase Order: 41105 Print Number: 1
Date: 1/26/1996 Project: 95RA100
Requisitioner: Task:
Confirmed to: RIC P.
Description: REQ. #90172 STEVE GALLIS - DVH

Payment Terms: NET PAYABLE IN 30 DAYS
FOB: OUR PLANT
Ship via: TRUCK
Freight Terms: FREIGHT INCLUDED

Vendor:
[illegible]
175 FLORIDA CENTRAL PARKWAY
SUITE 1100
LONGWOOD, FL 32750-7614

Ship to:
SOUTHERN STATES UTILITIES, INC
1000 COLOR PLACE
APOPKA, FL 32703

Bill to:
SOUTHERN STATES UTILITIES, INC
1000 Color Place
Apopka, FL 32703

Line #	Item Code	Description	Due Date	Quantity	UOM	Unit Cost	Extended Cost
		CONFIRMING PURCHASE ORDER, PREVIOUSLY ORDERED. STATE TAX					62.55
1	[illegible]	COPY PAPER 8 1-2" X 11"	1/26/1996	30.00	CASE	34.75	1,042.50
		Acct Code: 001.00001.620.99.1861.0000.140					
		Acct Code: 001.00001.565.99.6288.0000.140					

RECEIVED
JAN 2 6 1996
Accounts Payable

IMPORTANT: THIS ORDER IS SUBJECT TO THE TERMS AND CONDITIONS PRINTED ON THE REVERSE SIDE.

Total $ 1,105.05

AUTHORIZED SIGNATURE
JOHN HILTON, C.P.M. OR
BARBARA L. REEDER

ACCOUNTS PAYABLE

APPENDIX D2305-B
PAGE 82 OF 226

SSU
Southern States Utilities

3591

90172

REQUISITION

NOTE: SHADED FIELDS ARE REQUIRED

PLANT/DEPT: 90001 Office Serv.
REQUESTED BY: Steve Gallen
REQUEST DATE: 1/25/96
DATE REQUIRED: 1/25/96

VENDOR NAME: Colonnade
ADDRESS:
PHONE NO: 331-3737

SHIP TO: DEPT/PLANT # 90001 Office Serv.
ADDRESS:
ATTN:

PO #	SHIP VIA	FOB	DUE DATE	CONFIRMING	MAIL	TAXABLE
41105	T	FI	1-26	Ric P	Y	b/b

L/N	Item No.	QNTY	U/M	Item Description (include p/n, cat. #, mfg, model, size, etc.)	Account Code PLANT	RSP	UC	ACCT	SUB-A	CEC	Project Number (WO#) PRJCT	TASK	SUBT	Unit Price	Amount
(1)		20	CTN	Copy Paper 8½x11	90001	565	99	6208	0000	140				~~35.00~~ 34.75	~~700.00~~ 695.00
(2)		10	CTN	Copy Paper 8½x11	00001	620	99	1861	0000	140	95RA100			~~35.00~~ 34.75	~~350.00~~ 347.50
(3)															
															1,042.50

APPROVALS
Steven M. Gallen
Gloria J. Wishart

PURPOSE AND NECESSITY
Re-stock of paper supply for General Office use and 1995 Rate Case copying of books, Affidavits etc.
☐ UNBUDGETED

SUBTOTAL	~~1,050.00~~ 1,042.50
FL. TAX 6%	~~63.00~~
FREIGHT	62.55
OTHER	
TOTAL	~~1,113.00~~ 1,105.05

ACCOUNTS PAYABLE

APPENDIX DR305-B
PAGE 93 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5229 Vendor Name: Eastman Kodak

Inv Date: 1.24.96 Inv #: 013B02698 Inv $: 427.97

Due Date: 2.14.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: 41088

Description: Toner Cartridge

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
90001.620.99.1861.1000.140	95RA100	383.97
90001.565.99.6208.0000.140		44.00

See Page 2 →

Voucher Prepared by: _____

Accounts Payable Voucher

'proved by: [signature]

Manual Check #: _____ Date: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 1.24.96 Inv #: 013B02701 Inv $: 194.30

Due Date: 2.14.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: 41088

Description: toner

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
C0001.620.99.1161.0000.140	95RA101	194.30

Voucher Prepared by: [signature]

INVOICE

DUNS CODE 00-220-6183 EIN 16-0417150

*** ORIGINAL ***

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	013B02698	01/24/96
CUSTOMER ORDER REFERENCE NUMBER			PAGE
41088			1 OF 1
EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER RECD DATE	SHIP DATE
		01/23/96	01/23/96

1-0- -675-670-007-93 714 S1

E001134-2-04-04

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA AIR			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	DEBBIE VANMETER 407 880 0058			
8	*EPRT L TONER 900GR CAT. NO. 808 6597 PRICED PER AGREEMENT NO. CRS1113725	S3	45.28	362.24
	PART OF ORDER SHIPPING REGULAR DEL.			
	TRANSPORTATION CAT. NO. 103 4016			44.00
	*FLORIDA STATE TAX CAT. NO. 191 6055			21.73
	MANY REMIT-TO ADDRESSES WILL BE CHANGING JANUARY 31, 1996. PLEASE WATCH FOR MORE INFORMATION TO FOLLOW.			

RECEIVED
JAN 29 1996
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

TERMS: NET 30 DAYS
$427.97 DUE 02/23/96

INVOICE TOTAL	
$	427.97

...er represents that with respect to its production of the articles ... or the performance of the services covered by this invoice it has ... complied with the Fair Labor Standards Act of 1938, as amended.

...0-200 S-15 89

INVOICE

DUNS CODE 00-220-6183 EIN 16-0417150

*** ORIGINAL ***

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	013B02701	01/24/96
CUSTOMER ORDER REFERENCE NUMBER			PAGE
41088			1 OF 1
EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER RECD DATE	SHIP DATE
		01/23/96	01/24/96

1-0- -675-670-007-93 714 S1

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA UNITED PARCEL SERVICE			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	DEBBIE VANMETER 407 880 0058			
2	*BTL 2.5KG EPRT L DEVELOPER CAT. NO. 121 4675 PRICED PER AGREEMENT NO. CRS1113725	M8	91.65	183.30
	PART OF ORDER SHIPPED ON 013B02698			
	*FLORIDA STATE TAX CAT. NO. 191 6055			11.00
	MANY REMIT-TO ADDRESSES WILL BE CHANGING JANUARY 31, 1996. PLEASE WATCH FOR MORE INFORMATION TO FOLLOW.			

RECEIVED
JAN 29 1996
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

TERMS: NET 30 DAYS
$194.30 DUE 02/23/96

INVOICE TOTAL	
$	194.30

esents that with respect to its production of the articles
erformance of the services covered by this invoice, it has
with the Fair Labor Standards Act of 1938 as amended.

NC SHADED FIELDS ARE REQUIRED

Southern States Utilities

RECEIVING REPORT

R/R 65733

PURCHASE ORDER NUMBER: 4[illegible]

SUPPLIER: [illegible]

PLANT NAME: [illegible]

PLANT NUMBER: [illegible]

LINE ITEM #	QTY. REC'D.	DESCRIPTION	COMPLETE	INCOMPLETE
[illegible]	[illegible]	[illegible]	✓	
[illegible]	[illegible]	[illegible]	✓	

RECEIVED
JAN 2 6 1996
Accounts Payable

FOR BLANKET USE ONLY	PURPOSE & NECESSITY: [illegible]
INVOICE #	
DOLLAR AMOUNT $	

W/O#: 95PA100

G.L. #:

1/25/96 [illegible] — DATE / RECEIVED BY

1/25/96 [illegible] — DATE / CHECKED BY

EV. 8/94

ACCOUNTS PAYABLE

Accounts Payable Voucher

roved by: _____ Manual Check #: _____ Date: _____

Vendor #: 5229 Vendor Name: Eastman Kodak

Inv Date: 1.5.96 Inv #: 013393826 Inv $: 418.97

Due Date: 1.17.96 Discount: _____ Terms: _____

Month/Yr: 1.96 Purchase Order #: L136189

Description: Toner

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.140	95RA150	418.97

Voucher Prepared by: _____

INVOICE

DUNS CODE 00-220-6183 EIN 16-0417150

*** ORIGINAL ***

CUSTOMER NUMBER	ACCOUNT NUMBER	INVOICE NUMBER	INVOICE DATE
5731708	5731708	013B93826	01/05/96
CUSTOMER ORDER REFERENCE NUMBER			PAGE
136189			1 OF 1
EK ORDER REFERENCE NUMBER	ORDER DATE	ORDER RECD DATE	SHIP DATE
		01/04/96	01/04/96

1-0- -675-670-007-93 714 S1

E0008855-2-02-02

--------- CHARGE TO ---------

SOUTHERN STATES UTIL SVC
1000 COLOR PLACE
APOPKA FL 32703

---------- SHIP TO ----------

SOUTHERN STATES UTIL SVC
STEVE GALLIS
1000 COLOR PLACE
APOPKA FL 32703

-------- TEL# TO CALL --------

(800) 255-3434
YOUR CUSTOMER NO. IS 5731708.
PLEASE INCLUDE THIS NUMBER ON
ALL PO'S AND CORRESPONDENCE.

QUANTITY	DESCRIPTION		UNIT PRICE	AMOUNT
	SHIPPED VIA AIR			
	TO PLACE ORDERS OR MAKE INQUIRIES, PLEASE CALL 1-800-255-3434 OR FAX: 1-716-726-6158			
	STEVE GALLIS X112 407 880 0058			
8	*EPRT L TONER CAT. NO. 808 6597 PRICED PER AGREEMENT NO. CRS1113725	S3	45.28	362.24
	PRICE & QTY VERIFIED WITH CUSTOMER CUSTOMER NOTIFIED OF PRICE BREAKS			
	TRANSPORTATION CAT. NO. 103 4016			35.00
	*FLORIDA STATE TAX CAT. NO. 191 6055			21.73
	MANY REMIT-TO ADDRESSES WILL BE CHANGING JANUARY 31, 1996. PLEASE WATCH FOR MORE INFORMATION TO FOLLOW.			

RECEIVED
JAN 12 1996
Accounts Payable

PLEASE RETURN REMITTANCE COPY WITH YOUR PAYMENT.

REMIT TO: EASTMAN KODAK COMPANY
PO BOX 65885
CHARLOTTE NC 28265-0885

TERMS: NET 30 DAYS
$418.97 DUE 02/04/96

INVOICE TOTAL	
$	418.97

M

Seller represents that with respect to its production of the articles and or the performance of the services covered by this invoice it has fully complied with the Fair Labor Standards Act of 1938, as amended.

©1992-2000 Sterling

LOCAL PURCHASE ORDER SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136189

DATE: 1/4/96
PLANT #: 90001
DEPT.: 565

VENDOR: Eastman Kodak
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE #
Acct # 5731703

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT	
8	ea	"L" toner cartridges #8806-6577	45.28	362	24
		Overnight delivery	41.00	41	~~00~~ 35.1

G.L. # 00001.620.99.1861.0000.140 95PA100

NOT VALID FOR PURCHASES OVER $500.00

TAX	21	63
TOTAL	424	87

21.73
418.9

JED BY PLOYEE SIGNATURE See K/R

AUTHORIZED BY SUPERVISOR SIGNATURE Steven D. Gallia

REASON FOR PURCHASE: Toner used to copy 1995 Rate Case books, customer notices, interrogatories etc.

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

NOTE: SHADED FIELDS ARE REQUIRED

Southern States Utilities

RECEIVING REPORT

R/R 65716

PURCHASE ORDER NUMBER: 136139

PLANT NAME: Apopka

SUPPLIER: Eastman Kodak

PLANT NUMBER: 90101

LINE ITEM #	QTY. REC'D.	DESCRIPTION	COMPLETE	INCOMPLETE
1	8	"L" Toner Cartridge # 8R8-1597	✓	

RECEIVED
JAN 05 1996
Accounts Payable

FOR BLANKET USE ONLY

PURPOSE & NECESSITY: Toner needed for Kodak 300 AER copiers for 1995 Rate Cases, Bunker & Interim customer notices

INVOICE #

DOLLAR AMOUNT $

P/O#: 95-RR100

G.L. #: 00001.620.99.186.0000.140

1/5/96 L Gallia
DATE RECEIVED BY

1/5/96 S. Wishart
DATE CHECKED BY

3/94

ACCOUNTS PAYABLE

RETURN POSTAGE GUARANTEED
FROM EASTMAN KODAK COMPANY

[illegible] PEACHTREE IND. BLVD

INVOICE NUMBER [illegible]

[illegible]3826

CUSTOMER REFERENCE NUMBER

ORDER DATE

136189

STEVE GALLIS X112 407 680 6056

SHIP TO SOUTHERN STATES UTIL SVC

STEVE GALLIS
1000 COLOR PLACE
APOPKA FL 32703

REQUESTED SHIP DATE

ORDER RECEIVED DATE 1/04/96

PAGE 1

CUSTOMER NO. 5731708

B/O QUAN.	CAT. NO.	QUANTITY	F	C	DESCRIPTION
	8086597	8	X	2	PURCHASE PLAN # CRS1113725 1/31/96 EPRT L TONER NOT REG. 0400 BLDES 00042 PRICE & QTY VERIFIED WITH CUSTOMER CUSTOMER NOTIFIED OF PRICE BREAKS

TRANS. NO	ORDER DATE	INVOICE NUMBER	CUSTOMER REFERENCE NUMBER	ITEMS	LOC.
[illegible]		[illegible]3826	136189		

IMPORTANT
BACK ORDERED QUANTITIES ARE INDICATED IN THIS COLUMN

DATE 1/04/96

PLEASE USE CATALOG NUMBERS

Thank You for your order

UNPACK WITH CARE

Do not discard the packing cases or any of the packing material until the contents have been carefully compared with the items on the packing memo.

KNOWN SHORTAGE OR DAMAGE

Check carefully for number of pieces and condition of shipment with the carrier's delivery receipt. Shortage or damage must be noted on the carrier's delivery receipt.

CONCEALED SHORTAGE OR DAMAGE

If concealed damage is not evident at time of delivery, it should be reported to the local Material Distribution Center and carrier immediately on discovery so that inspection can be made. Carrier regulations require that such claims be made within 15 days of delivery. Shipping carton and packing materials should be saved for inspection.

HANDWRITTEN CHANGES TO QUANTITY

It may become necessary to manually change a quantity of an ordered item. These changes can be identified by certain manual notations which are described for the reasons listed below.

BACKORDER OF WHOLE QUANTITY - A circled quantity (8) in the QUANTITY column indicates that the whole quantity was backordered.

PARTIAL BACKORDER OF QUANTITY - A circled quantity in the QUANTITY column with a handwritten quantity beside it 8 (2) indicates that part of the quantity 8 is shipped and the remainder 2 is backordered.

In either case, the quantity backordered will be handwritten in the B/O QUAN. column on the extreme left side of the packing memo.

CANCELLATION OF WHOLE QUANTITY - A circled quantity in the QUANTITY column with a diagonal line through it (8) indicates a cancellation of the whole quantity.

PARTIAL CANCELLATION OF QUANTITY - A circled quantity in the QUANTITY column with a diagonal line through it and a handwritten quantity beside it 8 (2) indicates that part of the quantity 8 is shipped and the remainder 2 is cancelled.

ERRORS, SHORTAGES AND DAMAGES SHOULD BE REPORTED IMMEDIATELY TO:

EASTMAN KODAK COMPANY

PACKING MEMO

TOTAL NUMBER OF PIECES THIS SHIPMENT

2

PAGE 963 OF 2226

APPENDIX LL200-2

PLEASE REMIT TO: 3 | NORTHWEST OFFICE | PACKING LIST NO 01739203001 | PKGS. 5

THE SMITH WILSON CO.

P.O. BOX 56805 · ORLANDO, FLORIDA 32856-6805

PHONE (407) 841-7390 TOLL FREE (800) 333-5908

FAX (407) 648-9015 TOLL FREE (800) 749-8145

INVOICE

SPECIAL INSTRUCTIONS

Contact: STEVE GALLIS 407-880-0058 Order Instr.: STEVE

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FL 32703

SOUTHERN STATES UTILITIES
ADMINISTRATION SERVICES
1000 COLOR PLACE
APOPKA, FL 32703

INVOICE NO	CUSTOMER PURCHASE ORDER NO	INVOICE DATE	ORDER DATE	TERMS	CUSTOMER NO
351886	136199	01/22/96	01/17/96	NET 10TH EOM	9103

PRODUCT NO.	ORDERED	SHIPPED	U/M	B/O	DESCRIPTION	LIST PRICE	NET PRICE	EXTENSION
********** Department: 565 - ADMINISTRATION SERVICES **********								
HAM-10286-3	50	50	PACK	0	PAPER,LTR,TAN,HAMMERMILL	10.98	6.59	329.5

VOUCHER NO:

PO NO.: L136199

VENDOR NO: 258

INVOICE NO.: 351886

INV DATE: 1/22/96 DUE DATE: 2/14/96

INVOICE AMOUNT: 349.27

DESCRIPTION: paper

PROJECT NO: 95RA100

G/L NO: 0001.620.99.1861.0000.140

APPROVED:

RECEIVED
JAN 23 1996
Accounts Payable

QUESTIONS ? CALL (407) 841-7390 AUTHORIZED SIGNATURE ONLY

X Jose Chavez

YOU SAVED $ 219.30

FREIGHT	0.00
TAX	19.77
PLEASE REMIT	349.27

TERMS: As specified on the original invoice and/or order form. Any amounts not paid when due are subject to a FINANCE CHARGE of 1 1/2% per month on the unpaid balance which is an ANNUAL PERCENTAGE RATE OF 18%. We shall be entitled to recover any costs incurred in enforcing collection of this account, including but not limited to reasonable attorney's fees.

RETURN POLICY: Returns without authorization cannot be accepted. No merchandise can be returned without a copy of our invoice attached. Special order merchandise and furniture are not returnable. All returned merchandise must be received in resalable condition.

SHORTAGES: Shortages must be reported within 72 hours.

LOCAL PURCHASE ORDER

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136199

DATE: 1/17/96
PLANT #: 90001
DEPT.: 565 Office Serv

VENDOR: Smith Wilson
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE # 351886
Acct # 9105
Linda Mayland 841-7390 x133

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT	
5	CASE	50 reams Tan Copy Paper 8½ x 11	6.59	329	50
		HAM-10286-3			

RECEIVED
JAN 23 1996
Accounts Payable

G.L. # 95RA100 00001.630.99.1861.0000.140	NOT VALID FOR PURCHASES OVER $500.00	TAX	19 77
		TOTAL	349 27

ISSUED BY EMPLOYEE SIGNATURE: [illegible]

AUTHORIZED BY SUPERVISOR SIGNATURE: Steve Gallis

REASON FOR PURCHASE: paper needed for insert pages in 1995 Rate Case book copying

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: ENTERED BY: RES

YEAR/PD:	1995-03	SOURCE:	GJ	JOURNAL NUMBER:	18005
COMPANY:	001	BATCH TYPE:	M		
INTERCO. TABLE:	001	REFERENCE CODE:	SJ520 RES	BATCH NUMBER:	7474

DESCRIPTION: RECORD ACCRUED TGI CHARGES-MARCH AUTO ACCRUAL? YES

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1	001.00001.000.99.2410.2000.000	0	SSU TAX RETURN	9,243.58
2	001.00001.000.99.4280.0000.000	0	BOND CLOSINGS-SUNBANK	110.14
3	001.00001.620.99.1861.0000.150	95RA100	RATE CASE ASSISTANCE	893.12
4	001.00001.000.99.2410.2000.000	0	ASSIST PW-SSU AUDIT	3,637.16
5	001.90001.999.99.6358.0000.150	0	SHAREHOLDER SERVICES/INVESTOR RELATIONS	17,116.03
6	001.00001.620.99.1861.0000.150	95RA100	OFFICE SVCS/TABS FOR RATE CASE	188.86
7	001.00001.000.99.4190.0000.000	0	INVESTMENT PORTFOLIO FEE	863.00
8	001.00001.000.99.2330.1000.000	0	TOTAL ACCRUED TGI CHARGES-MARCH	(32,051.89)
9		0		
10	0	0	0	
11	0	0	0	
12	0	0	0	

TOTAL NUMBER OF DISTRIBUTIONS: 8

TOTAL DEBITS: 32,051.89

TOTAL CREDITS: (32,051.89)

TOTAL UNITS (Statistics Only): N/A *****Pa:

183.85 +
2,533.4 +
2,872.25 =

002

APPENDIX DR 305-3
PAGE Rate OF 2226

SOUTHERN STATES UTILITIES, INC.
March 1995

March Estimate

RE: SSU Tax Return
Labor 9,243.58
001.00001.000.99.2410.2000.000
9,243.58

RE: Bond Closings - Sun Bank
Labor-Priscilla Mcnulty 90.14
Federal Express 20.00
001.00001.000.99.4280.0000.000
110.14

RE: Rate Case Assistance
Labor 865.62 X
Expenses 0.00
Federal express 27.50
95RA100
001.00001.620.99.1861.0000.150
893.12

RE: Assist PW - SSU Audit
Labor 1,913.31
Expenses 1,723.85
001.00001.000.99.2410.2000.000
3,637.16

RE: SSU Issues-Misc Corporate Administrative
Labor-R Edwards 1,454.95
Labor - L Anderson 248.09
Expenses 36.99
001.00001.500.99.6358.0000.150
1,740.03

RE: Shareholder Services/Investor Relations
Labor 9,932.07
expenses 7,183.96
001.90001.999.99.6358.0000.150
17,116.03

RE: Office Services-50 sets of tabs
Labor 14.32
expenses 144.04
Federal Express 30.50
95RA100
001.00001.620.99.1861.0000.150
188.86

RE: Investment Portfolio Fee
Fee 863.00
001.00001.000.99.1190.0000.000
863.00

Total Expense Billing $33,791.92

5/16/1995 8:57:01 Interactive trial balance GLGTX GLDTXI
JOURNAL DETAILS

Journal number : 18086 RECORD ACCRUED TGI CHARGES-MAR Monetary
Reference : SJ520 RES Source : GJ Year/period : 1995 04
Intercompany table : 001 Auto rev jrn : 18005
Credit total : 33,791.92 units Total :
Debit total : 33,791.92 Total :
Locate account . 001.00001.620.99.1861.0000.150

Co#.Plant.Rsp.UC.Acct.Sbac	CEC	Job code	Amount
Account Description	Transaction Description		units
project# task/sub-t			
001.00001.620.99.1861.0000.150			893.12-
Deferred Rate Case Costs 95RA100	RATE CASE ASSISTANCE		
001.00001.620.99.1861.0000.150			188.86-
Deferred Rate Case Costs 95RA100	OFFICE SVCS/TABS FOR RATE CASE		
001.00001.000.99.2330.1000.000			33791.92
Accounts Payable-Topeka/MP	TOTAL ACCRUED TGI CHARGES-MAR		

š
F3=Exit F4=Prompt F6=Journal Header F8=Function keys F24=More keys

minnesota power
intra company correspondence

February 28, 1995

To: Paul Holt

From: Pat Stabs

Re: Billing for Services

Please bill to Jobbing Order 1741-9021 - Southern States Utilities, c/o Mr. Steve Stroup, the amount of $158.36. This charge covers 50 sets of tabs (11 per set) for their budget. Listed below is the breakdown:

Paper stock	$122.71
copy charge	$ 5.50
Tax	$ 8.97
A & G	$ 6.86
Labor	
1 hour @ $14.32	$ 14.32
Total	$158.36

This was shipped out Federal Express on February 28, 1995, and the charge of $30.50 should also be billed to them.

Thank you.

Credit account 9210 556 26
Per Pat Stabs

PJS

188.86

TGI 51,554.33

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: VMC ENTERED BY: RES

YEAR/PD: 1995-06 SOURCE: GJ JOURNAL NUMBER: 18931

COMPANY: 001 BATCH TYPE: M

INTERCO. TABLE: 001 REFERENCE CODE: SJ520 RES BATCH NUMBER: 7885

DESCRIPTION: RECORD ACCRUED TGI CHARGES-JUNE AUTO ACCRUAL? YES

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1	001.00001.000.99.2410.2000.000	0	SSU TAX RETURN	453.91
2	001.00001.620.99.1861.0000.150	95RA100	RATE CASE SUPPORT	2,348.41
3	001.90001.500.99.6358.0000.150	0	SSU ISSUES-MISC CORP ADMIN	492.57
4	001.00001.620.99.1861.0000.150	95RA100	SSU RATE CASE-TABS & COPIES - Office printing	2,683.40
5	001.90001.999.99.6358.0000.150	0	SHAREHOLDER SVCS/INVESTOR RELATIONS	15,118.34
6	001.00001.000.99.4190.0000.000	0	INVESTMENT PORTFOLIO FEE	605.00
7	001.00001.000.99.2330.1000.000	0	TOTAL ACCRUED TGI CHARGES - JUNE	(21,701.63)
8	0	0	0	
9		0		
10	0	0	0	
11	0	0	0	
12	0	0	0	

TOTAL NUMBER OF DISTRIBUTIONS: 7

TOTAL DEBITS: 21,701.63

TOTAL CREDITS: (21,701.63)

TOTAL UNITS (Statistics Only): N/A

*****Page 1 of 1*****

APPENDIX D1305-3

PAGE 970 OF 2226

SOUTHERN STATES UTILITIES, INC.
June 1995

June estimate

RE: SSU Tax Return

Labor	453.91	001.00001.000.99.2410.2000.00
		453.91

RE: Rate Case Support

Misc-Gartzke	1,110.51	95RA10C
Misc-Schober	1,237.90	001.00001.620.99.1861.0000.15C
		2,348.41

RE: SSU Issues-Misc Corporate Administrative

Labor-Gartzke	492.57	001.90001.500.99.6358.0000.15
		492.57

RE: SSU Rate case-Tabs/& Copies

Labor	149.20	
Misc	2,193.75	95RA100
Federal express	340.45	001.00001.620.99.1861.0000.15C
		2,683.40

RE: Shareholder Services/Investor Relations

Labor	5,430.73	
Expenses	9,687.61	001.90001.999.99.6358.0000.15
		15,118.34

RE: Investment Portfolio Fee

Fee	605.00	001.00001.000.99.4190.0000.00C
		605.00

Total Expense Billing $21,701.63

S-Form No. 3898 Rev. 4/91

Forward To:
Accounting Department
Duluth, Minnesota

minnesota power

Transfer of Charges

Entry No.	
Acctg. Review	
Date	
Approved By	
CRT Entry By	
Date	
For Office Use Only	

MATERIAL/MISCELLANEOUS:

Original Tran. Date	From Charge Number	From Resp	From CC/TC	To Charge Number	To Resp	To CC/TC	Description/ Vendor	Reference Number	MP Item Number	Quantity	U/M	Amount
6/95	9210-0000	556	26	1941-9021			Mb Stock					1048.46
6/95	1862-0408	656	26	1941-9021			Copy Charge					80.75

(2)

Total 1,129.21

LABOR:

(2) Tabs Copies

Original Tran. Date	From Charge Number	From Resp	From CC	To Charge Number	To Resp	To CC	Employee Name	Employee Number	Hours	Rate/ Hour	Amount	Pay Conversion	Generated OH

Total

VEHICLE:

Original Tran. Date	From Charge Number	From Resp	From CC/TC	To Charge Number	To Resp	To CC/TC	Vehicle Number	Miles/Hours	Amount

Total

Explanation: to record charges for SSU.
SSU Rate-filing

Requested By Patricia J Stahn

Date 6/8/95

AUG-11-95 FRI 10:05 MN POWER ACCOUNTING DEPT FAX NO. 12187[illegible] PAGE 002 OF 2226

APPENDIX L-2-3-2

S-Form 3898 Rev. 4/91

Forward To:
Accounting Department
Duluth, Minnesota

Minnesota Power

Transfer of Charges

Entry No.	
Acctg. Review Date	
Approved By	
CRT Entry By Date	
For Office Use Only	

MATERIAL/MISCELLANEOUS:

Original Tran. Date	From Charge Number	From Resp	From CC/TC	To Charge Number	To Resp	To CC/TC	Description/ Vendor	Reference Number	MP Item Number	Quantity	U/M	Amount
6/95	9210-0000	556	26	7141-9021			Lab Stock					880.34
6/95	1862-0409	556	26	7141-9021			Copy Charge					85.40

(2)

(2) Tabs - Copies

Total 965.84

LABOR:

Original Tran. Date	From Charge Number	From Resp	From CC	To Charge Number	To Resp	To CC	Employee Name	Employee Number	Hours	Rate/ Hour	Amount	Pay Conversion	Generated OH
6/95	9200-0000	556	11	7141-9021			Suzette Marinella	4774	5	8.90			

Total

VEHICLE:

Original Tran. Date	From Charge Number	From Resp	From CC/TC	To Charge Number	To Resp	To CC/TC	Vehicle Number	Miles/Hours	Amount

Total

Explanation: to record charges for SSU

Requested By Patricia J. Stahs

Date 7/3/95

AUG-11-95 FRI 10:05 MN POWER ACCOUNTING DEPT FAX NO. 12187233 PAGE 973 F.13 2226

APPENDIX D2305-B

APPENDIX D225-3

XEROX

Customer Information

XEROX CORPORATION
350 S NORTHWEST HWY
PO BOX 8125
PARK RIDGE IL
60068

Telephone 800-822-2502
Direct Billing Inquiries To:

018706507 Customer No. | 155628145 Invoice No. | 06/05/95 Invoice Date
NEED PO# Purchase Order No. | 06/01/95 Date | GSA Contract No.
C867311 Xerox Order No. | 06/01/95 Date Proc. | Registration No.
DEBBIE SULLIVAN Special Reference No. | Tax | PAYABLE ON RECPT Terms of Sale

Ship To
MINNESOTA POWER INFO
SYSTS**MORNING DEL**
ATTN DEBBIE SULLIVAN
30 W SUPERIOR ST
DULUTH MN
55802-0000

Bill To
MINNESOTA POWER AND
LIGHT
ATTN ACCTS PAYABLE
PO BOX 6999
DULUTH MN
55806-6999

CH399400 Master Order No.
Bill Code

OVERNITE/FRIDAY
**MORNING DELIVERY **
CALLER:DEBBIE SULLIVAN 218-722-2641

Invoice

Reorder No.	Description	Quantity Ordered	Quantity Shipped	Unit Price	Amount
AGREEMENT # P0800					
003R04417	WHITE 5100/4135 TABS	3	3	162.30	486.90
W40687220	PREMIUM FREIGHT CHARGE *	1	1	92.76	92.76

	SUB TOTAL	$579.66
MINNESOTA	TAX 6.5000%	31.65
DULUTH CITY	TAX 1.0000%	4.87
SHIP TO IS A SPECIAL ADDRESS	INVOICE TOTAL	$61[illegible]

(2) $98.60 1741-9021 P. Stubs

For 3 less SSU

Ratefiling (Backup)

*DENOTES A NON-TAXABLE ITEM.

TO ORDER SUPPLIES CALL TOLL FREE 1-800-822-2200

Payment

Detach and Return Payment Section With Payment

Ship To
MINNESOTA POWER INFO
SYSTS**MORNING DEL**
ATTN DEBBIE SULLIVAN
30 W SUPERIOR ST
DULUTH MN
55802-0000

Contact Customer Service Department for Change of Address

Bill To
MINNESOTA POWER AND
LIGHT
ATTN ACCTS PAYABLE
PO BOX 6999
DULUTH MN
55806-6999

Send Payment To:
XEROX CORPORATION
P.O. BOX 890990
DALLAS, TX.
75389-0990

When Paying Electronically See Reverse Side

For Xerox Use Only

Invoice Amount

00-495-2826 1 018706507 155628145 06/05/95 4322 $616.18

000 221370310 B KA5073 T992 4 MIN00
K006369

202100008070060 1556281451 0300616183 201870450744

APPENDIX DR503-9

(3)

Form No. 3273 Rev. 10/88

Minnesota Power
Request For Payment

REQUIRES APPROVAL AND ACCOUNT NUMBER RETURN TO ACCOUNTS PAYABLE

_____ 19

FedEx

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

DATE 06/2
INVOICE NO. 5-532-91586 ACCOUNT NO. 1000-721

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
7744891431 ST LOUIS RIV ER RELICENSI 16721762 47	CHRISTOPHER D ANDERSON MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/15/95	DR EDWIN D SLATTERY ARCHEOLOGI FEDERAL ENERGY REGULATORY COM 810 FIRST ST N E DIVISION OF WASHINGTON, DC 20426 AA DELIVERED:06/16/95 09:58 SIGNED: P.PARTEE	1/ NA	PRIORITY LTR	9.00	9.
33300060731 16809158 608	MARY ANN METERAUD MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/16/95	DONNA GEHLHAART MINNESOTA POWER STE 100 515 CAPITOL COURT NE WASHINGTON, DC 20002 AA DELIVERED:06/17/95 09:55 SIGNED: C.SCHULTZ	1/ 3	PRIORITY PAK	15.75	15.
4380587820 16809165 608	BRUCE GANGNON MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/16/95	ERIC OLSEN BOSTON CONSULTING GROUP 200 S WACKER DR CHICAGO, IL 60606 AA DELIVERED:06/19/95 09:14 SIGNED: A.BERTSCH	1/ 17	PRIORITY PKG	32.30	32.
				CONTINUED NEXT PAGE		

QUESTIONS? CALL OUR CUSTOMER ACCOUNT SERVICES, 800-622-1147, 7AM - 6PM (CST) MONDAY - FRIDAY (IN MEMPHIS, TN, CALL 901-397-2000).
TO ENSURE PROPER CREDIT PLEASE RETURN THE REMITTANCE ADVICE (1ST PAGE OF THIS INVOICE) WITH YOUR PAYMENT.
MAIL TO: FEDERAL EXPRESS CORP., P.O. BOX 1140, DEPT. A, MEMPHIS, TN. 38101 - 1140

FedEx M-0145 7/94

☐ Attachment to be sent with check Requested by _____

Please attach all invoices

Explanation:

FedEx

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

DATE 06/22/95
INVOICE NO. 5-532-91586 ACCOUNT NO. 1000-7210-6

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
7744891428 ADJ GUIDE VA NE TECH 16513289 47	CHRISTOPHER D ANDERSON MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/12/95	DR JERZY OWCZAREK 2345 OVERLOOK DR BETHLEHEM, PA 18017 AA DELIVERED:06/13/95 08:16 SIGNED: J.OWCZAREK	1/ NA	PRIORITY LTR	9.00	9.00
056977138 FOX-SHIP 51545222 47	JOHN CARVER CARLSON MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/13/95	KERI ROSENE MULTEK CONSULTING STE 1568 MINNEAPOLIS, MN 55402 AA DELIVERED:06/14/95 10:13 SIGNED: K.JENSEN	1/ NA	PRIORITY LTR	9.00	9.00
056986086 FOX-SHIP 51545266 608	PAT STABS MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/13/95	MERVIN HOOTHART SSU 1000 COLOR PLACE APOPKA, FL 32703 AA DELIVERED:06/14/95 08:59 SIGNED: P.BURN	1/ 37	PRIORITY PKG	51.20	✓ 51.20
				CONTINUED NEXT PAGE		

P.Stabs 6/29/95

QUESTIONS? CALL OUR CUSTOMER ACCOUNT SERVICES, 800-622-1147, 7AM - 6PM (CST) MONDAY - FRIDAY (IN MEMPHIS, TN, CALL 901-397-2000).
TO ENSURE PROPER CREDIT PLEASE RETURN THE REMITTANCE ADVICE (1ST PAGE OF THIS INVOICE) WITH YOUR PAYMENT.
MAIL TO: FEDERAL EXPRESS CORP., P.O. BOX 1140, DEPT. A, MEMPHIS, TN. 38101 - 1140

FedEx M-0145 7/94

1774191021		51 20

17-32 SR-58

Form No. 3273 Rev. 10/88

FedEx

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

PAGE 2 OF
DATE 06/1
INVOICE NO. 5-527-20850 ACCOUNT NO. 1000-72

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGE
856271014 FDX-SHIP 51540685 47	MICHELLE SMITH MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/05/95	STEPHEN SHERNER MARRIOTT'S ORLANDO WORLD'S CENTER ORLANDO, FL 32821 AA DELIVERED:06/06/95 10:02 SIGNED: C.FUENTES	1/ NA	PRIORITY LTR	9.00	9
856307300 FDX-SHIP 51540871 47	JAMES VIZANKO MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/05/95	SCOTT VIERIMA SSU 1000 COLOR PLACE APOPKA, FL 32703 AA DELIVERED:06/06/95 09:30 SIGNED: G.WISHART	1/ NA	PRIORITY LTR	9.00	9
5129228801 15700249 47	STEVE KOKOTOVICH MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/05/95	MR JIMMY D KUMANA LENNOX MARCH INC 5809 RICHMOND AVE STE 560 HOUSTON, TX 77042 AA DELIVERED:06/06/95 10:10 SIGNED: A.BRODJINSKI	1/ NA	PRIORITY LTR	9.00	9
				CONTINUED NEXT PAGE		

QUESTIONS? CALL OUR CUSTOMER ACCOUNT SERVICES, 800-622-1147, 7AM - 6PM (CST) MONDAY - FRIDAY (IN MEMPHIS, TN, CALL 901-397-2000).
TO ENSURE PROPER CREDIT PLEASE RETURN THE REMITTANCE ADVICE (1ST PAGE OF THIS INVOICE) WITH YOUR PAYMENT.
MAIL TO: FEDERAL EXPRESS CORP., P.O. BOX 1140, DEPT. A, MEMPHIS, TN, 38101 - 1140

FedEx M-0145 7/94

State Tax _____
City Tax _____
Total _____

☐ Attachment to be sent with check

Requested by _____ P. Stalz 6/29/95

FedEx

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

PAGE 3 OF
DATE 06/15/
INVOICE NO. 5-527-20850 ACCOUNT NO. 1000-7210

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
856368833M FDX-SHIP 51541173 608	PAT STARS MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/06/95	MERVIN HOOTHART SSU 1000 COLOR PLACE APOPKA, FL 32703 AA DELIVERED:06/07/95 09:05 SIGNED: G.WISEHART	1/ 35	PRIORITY PKG	49.60	✓ 49.6
856376364 FDX-SHIP 51541265 608	MARY JOHNSON MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/06/95	LYNDON ANDERSON LIGNITE ENERGY COUNCIL 1016 E OWENS AVE. BISMARCK, ND 58502 AA DELIVERED:06/07/95 10:20 SIGNED: B.FORTSCHELLER	1/ 1	PRIORITY PAK	11.25	11.2
856379385 FDX-SHIP 51541280 47	KERRY CARTER MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/06/95	JUDY KIMBALL SSU 1000 COLOR PLACE APOPKA, FL 32703 AA DELIVERED:06/07/95 09:05 SIGNED: G.WISEHART	1/ NA	PRIORITY LTR	9.00	9.0
				CONTINUED NEXT PAGE		

QUESTIONS? CALL OUR CUSTOMER ACCOUNT SERVICES, 800-622-1147, 7AM - 6PM (CST) MONDAY - FRIDAY (IN MEMPHIS, TN, CALL 901-397-2000).
TO ENSURE PROPER CREDIT PLEASE RETURN THE REMITTANCE ADVICE (1ST PAGE OF THIS INVOICE) WITH YOUR PAYMENT.
MAIL TO: FEDERAL EXPRESS CORP., P.O. BOX 1140, DEPT. A, MEMPHIS, TN, 38101 - 1140

FedEx M-0145 7/94

17141902 21 4960

17-32 38-56 58-59 68-68 69-70 72-80

Fed

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

PAGE 4 OF 8
DATE 06/08/
INVOICE NO. 5-521-11672 ACCOUNT NO. 10

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGE
3330062551 14703247 47	DENNIS HOLLINGSWORTH MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/26/95	MICHAEL SAYZ CAPITAL RE 1325 AVENUE OF THE AMERICAS NEW YORK, NY 10019 AA DELIVERED:05/30/95 09:14 SIGNED: J.BEVERLY	1/ NA	PRIORITY LTR	9.00	
5129227180 14703348 608	PAT STABS MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/26/95	MERVIN MOOTHART SSU 1000 COLOR PL APOPKA, FL 32703 AA DELIVERED:05/30/95 09:05 SIGNED: S.GALLIS	1/ 16	PRIORITY PKG	31.40	9. 31.
3330060230 15206962 608	STEVEN W TYACKE MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 1ST ATTEMPT 06/01/95 09:47 17 SHIPPED 05/31/95	JOHN MCGRANE REID & PRIEST 701 PENNSYLVANIA AVE NW 800 WASHINGTON, DC 20004 AA DELIVERED:06/01/95 11:47 SIGNED: F.MERRIWEATHER	1/ 2	PRIORITY PAK	13.00	13.
				CONTINUED NEXT PAGE		

Fed EX

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

PAGE 5 OF
DATE 06/08/
INVOICE NO. 5-521-11672 ACCOUNT NO. 1000-7210

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
3330064975 15206962 47	JOHN DICK MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/31/95	SCOTT VIERIMA SOUTHERN STATES UTILITES 1000 COLOR PL APOPKA, FL 32703 AA DELIVERED:06/01/95 10:01 SIGNED: G.WISHART	1/ NA	PRIORITY LTR	9.00	
5129226653 15206962 47	EDWIN L RUSSELL MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/31/95	WINSTON W HUTCHINS FORSTMANN LITTLE & CO 767 FIFTH AVE NEW YORK CITY, NY 10153 AA DELIVERED:06/01/95 10:29 SIGNED: B.EGGEN	1/ NA	PRIORITY LTR	9.00	9.0
5129227165 15206962 608	DEBBIE SULLIVAN MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/31/95	MERVIN MOOTHART SSU 1000 COLOR PL APOPKA, FL 32703 AA DELIVERED:06/01/95 10:01 SIGNED: M.WISHART	1/ 48 1/ 34 --- 2/ 82	PRIORITY PKG	108.80	0 ✓ 108.80

Fed EX

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

PAGE 6 OF 1
DATE 06/08/9
INVOICE NO. 5-521-11672 ACCOUNT NO. 1000-7210

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
2222275141 51978194 608	JOHN GRIMM MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/01/95	RICH QUEST NORTHERN STATES POWER 1518 CHESTNUT AVENUE NORTH MINNEAPOLIS, MN 55403 AA DELIVERED:06/02/95 10:16 SIGNED: K.LAZAR	1/ 3	PRIORITY BOX	15.75	15.75
3330060753 51978194 47	MARY ANN METERAUD MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/01/95	ANDREA KRAFKA GMAC 3421 HAMMOND AVE WATERLOO, IA 50704 AA DELIVERED:06/02/95 09:22 SIGNED: P.SCHMITZ	1/ NA	PRIORITY LTR	9.00	9.00
3330062481 51978194 608	JEFF HARTY MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/01/95	BRAD TODD/LARRY WECHTER ADESA CORPORATION 1013 SOUTH POST ROAD INDIANAPOLIS, IN 46239 AA DELIVERED:06/02/95 09:55 SIGNED: J.BOTTOFF	1/ 2	PRIORITY BOX	13.00	13.00
				CONTINUED NEXT PAGE		

QUESTIONS? CALL OUR CUSTOMER ACCOUNT SERVICES, 800-622-1147, 7AM - 6PM (CST) MONDAY - FRIDAY (IN MEMPHIS, TN, CALL 901-397-2000).
TO ENSURE PROPER CREDIT PLEASE RETURN THE REMITTANCE ADVICE (1ST PAGE OF THIS INVOICE) WITH YOUR PAYMENT.
MAIL TO: FEDERAL EXPRESS CORP., P.O. BOX 1140, DEPT. A, MEMPHIS, TN 38101 - 1140

FedEx M-0145 7/94

1741-9021 108 80

17-32 38-56 58-59 66-68 69-70 72-80

Fed

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

INVOICE NO. 5-521-11672 ACCOUNT NO. 100

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
5129124873 51978205 608	MAX MERBACH MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/02/95	JILL PAUH VAUGHN COMMUNICATIONS GROUP 7951 COMPUTER AVE S EDINA MN 55435 AA DELIVERED:06/05/95 10:29 SIGNED: W.GODFREY	1/ 2	PRIORITY PKG	13.00	
5129225345 51978205 47	KERRY CARTER MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/02/95	JUDY KIMBALL SOUTHERN STATES UTILITIES INC 1000 COLOR PLACE APOPKA, FL 32703 AA DELIVERED:06/03/95 11:06 SIGNED: G.WISHART	1/ NA	PRIORITY LTR SAT SERVICE	9.00 10.00	13
5129226664 51978205 608	MARY KAY WARREN MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 02 SHIPPED 06/02/95	EDWIN L RUSSELL 86 BUENA VISTA AVE RUMSON, NJ 07760 AA DELIVERED:06/05/95 09:08 SIGNED: R.USSELL	1/ 1	PRIORITY PAK	11.25	19.
						11.

Fed EX

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

PAGE 11 OF
DATE 06/08/
INVOICE NO. 5-521-11672 ACCOUNT NO. 1000-7210

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
5129226782 51978205 608	DEBBIE SULLIVAN MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/02/95	MERVIN HOOTHART SSU 1000 COLOR PLACE APOPKA, FL 32703 AA DELIVERED:06/03/95 11:06 SIGNED: G.WISHART	1/ 47	PRIORITY PKG SAT SERVICE	49.20 10.00	✓ 69.2

FedEx

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

RECIPIENT ACTIVITY SUMMARY

PAGE 12
DATE
INVOICE NO. 5-521-11672 ACCOUNT NO. 100

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
3379470044 PRERATED 2734717 10543399 608	DISCLOSURE INC 5161 RIVER RD BLDG 60 BETHESDA, MD 20816 SHIPPED 05/16/95	DONNA WILSON 105695 MINNESOTA POWER 30 WEST SUPERIOR STREET DULUTH, MN 55802 AA DELIVERED:05/17/95 10:09 SIGNED: D.SULLIVAN	1/ 7	PRIORITY PKG	22.75	22.75
		RECIPIENT SUBTOTAL	22.75	PAY THIS AMOUNT		549.45

QUESTIONS? CALL OUR CUSTOMER ACCOUNT SERVICES, 800-622-1147, 7AM - 6PM (CST) MONDAY - FRIDAY (IN MEMPHIS, TN, CALL 901-397-2000)
TO ENSURE PROPER CREDIT PLEASE RETURN THE REMITTANCE ADVICE (1ST PAGE OF THIS INVOICE) WITH YOUR PAYMENT.
MAIL TO: FEDERAL EXPRESS CORP., P.O. BOX 1140, DEPT. A, MEMPHIS, TN 38101 - 1140

FedEx M-0145 7/94

Charge Number	Description	TC	Resp	CC	Amount
1744 - 90211					6920

17-32 38-56 58-59 66-68 69-70 72-80

Fed

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

INVOICE NO. 5-521-11672 ACCOUNT NO. 1000-7210-9

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
3330062351 14703247 47	DENNIS HOLLINGSWORTH MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/26/95	MICHAEL SATZ CAPITAL RE 1328 AVENUE OF THE AMERICAS NEW YORK, NY 10019 AA DELIVERED:06/30/95 09:14 SIGNED: J.BEVERLY	1/ NA	PRIORITY LTR	9.00	
5129227180 14703348 608	PAT STABS MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/26/95	MERVIN MOOTHART SSU 1000 COLOR PL APOPKA, FL 32703 AA DELIVERED:06/30/95 09:05 SIGNED: S.GALLIS	1/ 16	PRIORITY PKG	31.40	9. ✓ 31.
3330060230 15206962 608	STEVEN W TYACKE MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 1ST ATTEMPT 06/01/95 09:47 17 SHIPPED 05/31/95	JOHN MCGRANE REID & PRIEST 701 PENNSYLVANIA AVE NW 800 WASHINGTON, DC 20004 AA DELIVERED:06/01/95 11:47 SIGNED: F.MERRIWEATHER	1/ 2	PRIORITY PAK	13.00	13.
				CONTINUED NEXT PAGE		

Fed

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

INVOICE NO. 5-521-11672 ACCOUNT NO. 1000-7210-

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
3330064973 15206962 47	JOHN DICK MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/31/95	SCOTT VIERIMA SOUTHERN STATES UTILITES 1000 COLOR PL APOPKA, FL 32703 AA DELIVERED:06/01/95 10:01 SIGNED: G.WISHART	1/ NA	PRIORITY LTR	9.00	
5129226653 15206962 47	EDWIN L RUSSELL MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/31/95	WINSTON W HUTCHINS FORSTMANN LITTLE & CO 767 FIFTH AVE NEW YORK CITY, NY 10153 AA DELIVERED:06/01/95 10:29 SIGNED: B.EGGEN	1/ NA	PRIORITY LTR	9.00	9.0
5129227165 15206962 608	DEBBIE SULLIVAN MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 558:2 SHIPPED 05/31/95	MERVIN MOOTHART SSU 1000 COLOR PL APOPKA, FL 32703 AA DELIVERED:06/01/95 10:01 SIGNED: G.WISHART	1/ 98 1/ 34 2/ 32	PRIORITY PKG	108.80	108.8

Fed

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

INVOICE NO. 5-521-11672 ACCOUNT NO. 1000-7210-9

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
2222273141 51978194 608	JOHN GRIMM MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/01/95	RICH QUEST NORTHERN STATES POWER 1216 CHESTNUT AVENUE NORTH MINNEAPOLIS, MN 55403 AA DELIVERED:06/02/95 10:16 SIGNED: K.LAZAR	1/ 3	PRIORITY BOX	15.75	15.75
3330060753 51978194 47	MARY ANN METERAUD MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/01/95	ANDREA KRAFKA SMAC 1451 HAMMOND AVE WATERLOO, IA 50704 AA DELIVERED:06/02/95 09:22 SIGNED: P.SCHMITZ	1/ NA	PRIORITY LTR	9.00	9.00
3330062481 51978194 608	JEFF MARTY MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 06/01/95	BRAD TODD/LARRY WECHTER ADESA CORPORATION 1919 SOUTH POST ROAD INDIANAPOLIS, IN 46239 AA DELIVERED:06/02/95 09:58 SIGNED: J.BOTTOFF	1/ 2	PRIORITY BOX	13.00	13.00
				CONTINUED NEXT PAGE		

QUESTIONS? CALL OUR CUSTOMER ACCOUNT SERVICES, 800-622-1147, 7AM - 6PM (CST) MONDAY - FRIDAY (IN MEMPHIS, TN, CALL 901-397-2000)
TO ENSURE PROPER CREDIT PLEASE RETURN THE REMITTANCE ADVICE (1ST PAGE OF THIS INVOICE) WITH YOUR PAYMENT.
MAIL TO: FEDERAL EXPRESS CORP., P.O. BOX 1140, DEPT. A, MEMPHIS, TN, 38101 - 1140

FedEx M-0145 7/94

1741-9031 3140

17-32 38-56 58-59 66-68 69-70 72-80

Form No 3273 Rev 10/88

Fed

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

PAGE 4 OF 9
DATE 06/02/
INVOICE NO. 5-515-55746 ACCOUNT NO. 1000-721

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
5129226631 51978161 47	MARY KAY WARREN MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/23/95	EDWIN L RUSSELL ORLANDO AIRPORT WYATT 5100 AIRPORT BLVD ORLANDO, FL 32827 AA DELIVERED:05/24/95 10:02 SIGNED: M.KENNEDY	1/ NA	PRIORITY LTR	9.00	9
5129226745 51978161 47	SYLVIA MEYER MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/23/95	REGINA M LYNN HEWITT ASSOCIATES 100 HALF DAY RD LINCOLNSHIRE, IL 60069 AA DELIVERED:05/24/95 08:58 SIGNED: S.BRACEY	1/ NA	PRIORITY LTR	9.00	9.
3338058373 14603090 47	NAN OLSON MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/25/95	MS BENITA MCGRAW-CASRR AMERICAN STOCK EXCHANGE 86 TRINITY PL NEW YORK, NY 10006 AA DELIVERED:05/26/95 08:58 SIGNED: S.GOODWIN	1/ NA	PRIORITY LTR	9.00	9.
				CONTINUED NEXT PAGE		

FedEx

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

PAGE 5 OF
DATE 06/02/
INVOICE NO. 5-515-55746 ACCOUNT NO. 1000-721

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
3338058384 14603090 47	NAN OLSON MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/25/95	BRUCE AGUSTINO NEW YORK STOCK EXCHANGE LISTI TWENTY BROAD 17TH FL NEW YORK, NY 10005 AA DELIVERED:05/26/95 09:07 SIGNED: L.ROSS	1/ NA	PRIORITY LTR	9.00	9.0
3338058712 14603090 47	BARBARA OMUNDSON MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/25/95	HEAD TELLER NATION'S BANK 691 5TH AVE S NAPLES, FL 33940 AA DELIVERED:05/26/95 09:19 SIGNED: N.WHRITE	1/ NA	PRIORITY LTR	9.00	0
5129227191 14603090 606	PAT STABS MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/25/95	MARVIN HOGHART SSU 1000 COLOR PL APOPKA, FL 32703 AA DELIVERED:05/26/95 10:34 SIGNED: G.WISHART	1/ 15	PRIORITY PKG	30.25	✓ 30.2
				CONTINUED NEXT PAGE		

FedEx

BILL TO: MINNESOTA POWER & LIGHT
30 WEST SUPERIOR ST
DULUTH, MN 55802

SENDER ACTIVITY SUMMARY

PAGE 6 OF
DATE 06/02/
INVOICE NO. 5-515-55746 ACCOUNT NO. 1000-7210-

TRACKING NOS REFERENCE	SENDER'S NAME AND ADDRESS	RECIPIENT INFORMATION AND PROOF OF DELIVERY	PACKAGES & WEIGHT	SERVICES	CHARGES	NET CHARGES
9558492308 143200001976 14603090 47	CAROLYN BURKE MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/25/95	TROY LUND UNIVERSITY OF 12901 BRUCE B DOWNS BLVD MDC TAMPA, FL 33612 AA DELIVERED:05/26/95 09:10 SIGNED: M.RICH	1/ NA	PRIORITY LTR	9.00	9.0
5129225286 14703247 47	KERRY CATER MINNESOTA POWER & LIGHT 30 WEST SUPERIOR ST DULUTH, MN 55802 SHIPPED 05/26/95	JUDY KIMBALL SOUTHERN STATES UTILITIES 1000 COLOR PL APOPKA, FL 32703 AA DELIVERED:05/27/95 10:36 SIGNED: J.FIELD	1/ NA	PRIORITY LTR SAT SERVICE	9.00 10.00	19.0
		SENDER SUBTOTAL	196.50	CONTINUED NEXT PAGE		

QUESTIONS? CALL OUR CUSTOMER ACCOUNT SERVICES, 800-322-1147, 7AM - 6PM (CST) MONDAY - FRIDAY. IN MEMPHIS, TN, CALL 901-397-2000.
TO ENSURE PROPER CREDIT PLEASE RETURN THE REMITTANCE ADVICE (1ST PAGE OF THIS INVOICE) WITH YOUR PAYMENT.
MAIL TO: FEDERAL EXPRESS CORP., P.O. BOX 1140, DEPT. A, MEMPHIS, TN 38101 - 1140

M-0145 / 94

1741902 3025

17-32 38-56 58-59 66-68 69-70 72-80

APPENDIX 981 PAGE 4

07/19/95 PAG 1

SSU LABOR CHARGES
JOBBING ORDER 1741-9021
JUNE ACTUAL 1995

CHARGE #	MOR #	SUB ACCT	EMPLOYEE	EMP #	LABOR WITH OVERHEADS	TOTAL LABOR HOURS	DESCRIPTION
17419021			STABB,PATRICIA J	2465	82.45	2.0	LABOR-RECORD
17419021			GARTZKE,DAVID G	2975	492.57	4.0	LABOR-RECORD
17419021			JAGO,JANIE L	4313	82.35	2.5	LABOR-RECORD
17419021			JAGO,JANIE L	4313	65.40	2.0	LABOR-RECORD
17419021			CARTER,KERRY D	4430	216.72	6.0	LABOR-RECORD
17419021			MAINELLA,SUZETTE M	4774	74.29	5.0	SUZETTE MAINELLA
17419021			FENDER,JULIE L	5018	34.81	1.5	LABOR-RECORD
17419021			ROSBACKA,TINA J	5234	36.98	3.0	LABOR-RECORD
17419021			MOONY,JOHN P	5244	17.65	1.5	LABOR-RECORD
TOTAL FOR SUB ACCOUNT		=			1103.22	27.5	
TOTAL FOR MOR		=			1103.22	27.5	
17419021	18620385		BORST,GLORIA K	1409	45.75	1.5	LABOR-RECORD
17419021	18620385		WEST,GLORIA R	2721	52.52	2.6	LABOR-RECORD
17419021	18620385		WEST,GLORIA R	2721	39.00	1.9	LABOR-RECORD
17419021	18620385		SMART,DOROTHY L	3288	48.60	1.9	LABOR-RECORD
17419021	18620385		SMART,DOROTHY L	3288	14.40	0.8	CORR LABOR CHGS
17419021	18620385		SMART,DOROTHY L	3288	71.22	3.4	LABOR-RECORD
17419021	18620385		OLSON,KAY R	3449	4.82	0.1	LABOR-RECORD
17419021	18620385		THORP,TIMOTHY J	3488	20.74	0.5	LABOR-RECORD
17419021	18620385		THORP,TIMOTHY J	3488	33.24	0.8	LABOR-RECORD
17419021	18620385		JOHNSON,TERRY M	3596	264.14	7.6	LABOR-RECORD
17419021	18620385		JOHNSON,TERRY M	3596	238.25	6.9	LABOR-RECORD
17419021	18620385		MCINTOSH,PATTI L	3620	139.25	6.7	LABOR-RECORD
17419021	18620385		MCINTOSH,PATTI L	3620	123.31	5.9	LABOR-RECORD
17419021	18620385		SCHAOEMALD,LISA G	3732	108.25	5.3	LABOR-RECORD
17419021	18620385		SCHAOEMALD,LISA G	3732	92.79	4.6	LABOR-RECORD
17419021	18620385		RONCHAK,MURIEL S	4226	60.95	3.4	LABOR-RECORD
17419021	18620385		RONCHAK,MURIEL S	4226	42.48	2.3	LABOR-RECORD
17419021	18620385		DOUGLAS,KATHY D	4865	44.77	2.6	LABOR-RECORD
17419021	18620385		DOUGLAS,KATHY D	4865	59.42	3.4	LABOR-RECORD
17419021	18620385		HUNTER,MARY F	5150	101.26	6.1	LABOR-RECORD
17419021	18620385		HUNTER,MARY F	5150	126.99	7.6	LABOR-RECORD
17419021	18620385		HILL,BRYAN J	5241	32.42	2.8	LABOR-RECORD
17419021	18620385		HILL,BRYAN J	5241	70.97	6.0	LABOR-RECORD

SSU Rate Case - Tabs & Copies
Corporate overhead
Tax
SSU Rate Case - Tabs & Copies
Tax

Labor 6549.14
Misc 14.990.39
21,539.53

(4)

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: ENTERED BY: RES

YEAR/PD:	1995-07	SOURCE:	GJ	JOURNAL NUMBER:	19114
COMPANY:	001	BATCH TYPE:	M		
INTERCO. TABLE:	001	REFERENCE CODE:	SJ550 RES	BATCH NUMBER:	7917

DESCRIPTION: RECORD ACTUAL TGI CHARGES-JUNE AUTO ACCRUAL? NO

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1	001.00001.000.99.2410.2000.000	0	SSU TAX RETURN	453.91
2	001.00001.620.99.1861.0000.150	95RA100	RATE CASE SUPPORT	2,348.41
3	001.90001.500.99.6358.0000.150	0	SSU ISSUES-MISC CORPORATE ADMIN	492.57
4	001.00001.620.99.1861.0000.150	95RA100	SSU RATE CASE-TABS & COPIES	2,712.89
5	001.90001.999.99.6358.0000.150	0	SHAREHOLDER SERVICES/INVESTOR RELATIONS	24,225.75
6	001.00001.000.99.4190.0000.000	0	INVESTMENT PORTFOLIO FEE	605.00
7	001.00001.999.99.1620.2000.999	0	EXCESS LIABILITY INSURANCE REFUND	(9,299.00)
8	001.00001.000.99.2330.1000.000	0	TOTAL ACTUAL TGI CHARGES-JUNE	(21,539.53)
9	0	0	0	
10	0	0	0	
11	0	0	0	
12	0	0	0	

TOTAL NUMBER OF DISTRIBUTIONS: 8

TOTAL DEBITS: 30,838.53

TOTAL CREDITS: (30,233.53)

TOTAL UNITS (Statistics Only): N/A

APPENDIX DE 305-B

PAGE 982 OF 2226

SOUTHERN STATES UTILITIES, INC.
June 1995

			June actual
Jax Budgeted	RE: SSU Tax Return		
	Labor	453.91	C01.00001.000.99.2410.2000.00C
			453.91
Rate Case Budgeted	RE: Rate Case Support		95 RA100
	Misc-Gartzke	1,110.51	
	Misc-Schober	1,237.90	001.00001.630.99.1861.0000.150
			2.348.41
Topeka Charges Budgeted	RE: SSU Issues-Misc Corporate Administrative		
	Labor-Gartzke	492.57	001.90001.500.99.6358.0000.150
			492.57
Rate Case Budgeted	RE: SSU Rate case-Tabs & Copies		95 RA100
	Labor	156.74	
	Misc	2,193.75	
	Federal express	362.40	001.00001.620.99.1861.0000.150
			2,712.89
Shareholder Svcs - Budgeted	RE: Shareholder Services/Investor Relations		
	Labor	5,445.92	
	Expenses	18,779.83	C01.90001.999.99.6358.0000.150
			24,225.75
Invest Analysis Unbudgeted	RE: Investment Portfolio Fee		
	Fee	605.00	001.00001.000.99.4190.0000.0C
			605.00
Prepaid Ins. Budgeted	RE: Excess Liability Insurance		
	Premium refund	(9,299.00)	001 00001.999.99.1620.2000.999
			(9,299.00)
	Total Expense Billing		$21,539.53

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: VDC ENTERED BY: RES

YEAR/PD:	1995-07	SOURCE:	GJ	JOURNAL NUMBER:	19181
COMPANY:	001	BATCH TYPE:	M		
INTERCO. TABLE:	001	REFERENCE CODE:	SJ520 RES	BATCH NUMBER:	7981

DESCRIPTION: RECORD ACCRUED TGI CHARGES-JULY AUTO ACCRUAL? YES

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1	001.00001.000.99.2410.2000.000	0	SSU TAX RETURN	11.65
2	001.90001.500.99.6358.0000.150	0	SSU ISSUES-MISC CORP ADMIN	245.71
3	001.00001.620.99.1861.0000.150	95RA100	SSU RATE CASE-TABS & COPIES	539.48
4	001.00001.000.99.2410.2000.000	0	AUDIT AGREEMENT REVIEWS	756.35
5	001.90001.999.99.6358.0000.150	0	SHAREHOLDER SERVICES/INVESTOR RELATIONS	5,062.01
6	001.00001.000.99.4190.0000.000	0	INVESTMENT PORTFOLIO FEE	602.00
7	001.90001.540.99.6358.0000.150	0	AT&T COMMUNICATION LINES	2,159.07
8	001.00001.000.99.2330.1000.000	0	TOTAL ACCRUED TGI CHARGES-JULY	(9,376.27)
9		0		
10	0	0	0	
11	0	0	0	
12	0	0	0	

TOTAL NUMBER OF DISTRIBUTIONS: 8

TOTAL DEBITS: 9,376.27

TOTAL CREDITS: (9,376.27)

TOTAL UNITS (Statistics Only): N/A

*****Page 1 of 1*****

APPENDIX DR 365-13

PAGE 984 OF 2226

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: JBC ENTERED BY: RES

YEAR/PD:	1995-08	SOURCE:	GJ	JOURNAL NUMBER:	19413
COMPANY:	001	BATCH TYPE:	M		
INTERCO. TABLE:	001	REFERENCE CODE:	SJ520 RES	BATCH NUMBER:	8075

DESCRIPTION: RECORD ACCRUED TGI CHARGES-AUGUST AUTO ACCRUAL? YES

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1	001.00001.000.99.2410.2000.000	0	SSU TAX RETURN	3,067.00
2	001.90001.500.99.6358.0000.150	0	SSU ISSUES-STRATEGIC DEVELOPMENT MEETIN	1,400.41
3	001.00001.620.99.1861.0000.150	95RA100	SSU RATE CASE-TABS & COPIES	251.00
4	001.00001.000.99.2410.2000.000	0	AUDIT-DEVELOPER AGREEMENTS	9,233.33
5	001.90001.505.99.6358.0000.150	0	INVEST & ANALYSIS-DEBT RELATED ISSUES	244.00
6	001.00001.650.99.1740.0000.150	0	INVEST & ANALYSIS-ORANGE OSCEOLA UTILITY	244.06
7	001.90001.999.99.6358.0000.150	0	SHAREHOLDER SERVICES/INVESTOR RELATIONS	6,596.00
8	001.00001.000.99.4190.0000.000	0	INVESTMENT PORTFOLIO FEE	194.00
9	001.90001.540.99.6358.0000.150	0	AT&T COMMUNICATION LINES	315.95
10	001.00001.000.99.2330.1000.000	0	TOTAL ACCRUED TGI CHARGES-AUG	(21,545.75)
11	0	0	0	
12	0	0	0	

TOTAL NUMBER OF DISTRIBUTIONS:	10
TOTAL DEBITS:	21,545.75
TOTAL CREDITS:	(21,545.75)
TOTAL UNITS (Statistics Only):	N/A

*****Page 1 of 1*****

APPENDIX DR 305-B

PAGE 185 OF 2226

SOUTHERN STATES UTILITIES, INC.
August 1995

August 1995
Estimate

RE:	SSU Tax Return Labor	3,067.00	001.00001.000.99.2410.2000.0 3,067.00
RE:	SSU Issues-Strategic development meetings Misc-Gartzke	1,400.41	001.90001.500.99.6358.0000.1 1,400.41
RE:	SSU Rate case-Tabs & Copies Federal express	251.00	95RA100 001.00001.620.99.1861.0000.152 251.00
RE:	Audit-Developer Agreements Labor Misc expense	8,149.00 1,084.33	001.00001.000.99.2410.2000.00C 9,233.33
RE:	Investments & Analysis / Debt related issues Labor-John Dick	244.00	001.90001.505.99.6358.0000. 244.00
RE:	Investments & Analysis / Orange Osceola Utility Labor-John Dick	244.06	001.00001.650.99.1740.0000.15 244.06
RE:	Shareholder Services/Investor Relations Labor Expenses	4,500.00 2,096.00	001.90001.999.99.6358.0000.150 6,596.00
RE:	Investment Portfolio Fee Fee	194.00	001.80001.000.99.4190.0000.15 194.00
RE:	A T & T communication lines August 1995	315.95	001.90001.540.99.6358.0000.150 315.95
	Total Expense Billing		**$21,545.75**

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: [signature] ENTERED BY: RES

YEAR/PD:	1995-09	SOURCE:	GJ	JOURNAL NUMBER:	19607
COMPANY:	001	BATCH TYPE:	M		
INTERCO. TABLE:	001	REFERENCE CODE:	SJ550 RES	BATCH NUMBER:	8155

DESCRIPTION: RECORD ACTUAL TGI CHARGES-AUGUST AUTO ACCRUAL? NO

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1	001.00001.000.99.2410.2000.000	0	SSU TAX RETURN	3,035.69
2	001.90001.500.99.6358.0000.150	0	SSU ISSUES-STRATEGIC DEVELOPMENT MEETINGS	1,400.41
3	001.00001.620.99.1861.0000.150	95RA100	SSU RATE CASE-TABS & COPIES	1,282.14
4	001.00001.000.99.2410.2000.000	0	AUDIT-DEVELOPER AGREEMENTS	10,714.60
5	001.90001.505.99.6358.0000.150	0	INVEST & ANALYSIS-DEBT RELATED ISSUES	242.16
6	001.00001.650.99.1740.0000.150	0	ORANGE OSCEOLA UTILITY	5,304.78
7	001.90001.999.99.6358.0000.150	0	SHAREHOLDER SVCS/INVESTOR RELATIONS	14,457.55
8	001.00001.000.99.4190.0000.000	0	INVESTMENT PORTFOLIO FEE	194.00
9	001.90001.540.99.6358.0000.150	0	AT&T COMMUNICATION LINES	315.95
10	001.00001.000.99.2330.1000.000	0	TOTAL ACTUAL TGI CHARGES-AUGUST	(36,947.28)
11	0	0	0	
12	0	0	0	

TOTAL NUMBER OF DISTRIBUTIONS: 10

TOTAL DEBITS: 36,947.28

TOTAL CREDITS: (36,947.28)

TOTAL UNITS (Statistics Only): N/A

*****Page 1 of 1*****

APPENDIX DL30C-B

PAGE 987 OF 2226

SOUTHERN STATES UTILITIES, INC.
August 1995

			August 1995 Actual
Tax Budgeted	RE: SSU Tax Return Labor	3,035.69	001.00001.000.99.2410.2000.000 3,035.69
Peka Charges Budgeted	RE: SSU Issues-Strategic development meetings Misc-Gartzke	1,400.41	001.90001.500.99.6358.0000.150 1,400.41
te Case Budgeted	RE: SSU Rate case-Tabs & Copies Tabs and copies Federal express	934.34 347.80	95 RA100 001.00001.620.99.1861.0000.150 1,282.14
ternal Audit Budgeted	RE: Audit-Developer Agreements Labor Misc expense	8,063.82 2,650.78	001.00001.000.99.2410.0000.000 10,714.60
p. Finance Budgeted	RE: Investments & Analysis / Debt related issues Labor-John Dick	242.16	001.90001.505.99.6358.0000.150 242.16
p Develop. Unbudgeted	RE: Orange Osceola Utility Labor-John Dick Briggs and Morgan	241.26 5,063.52	001.00001.650.99.1740.0000.150 5,304.78
reholder Svcs. Budgeted	RE: Shareholder Services/Investor Relations Labor Expenses	9,782.43 4,675.12	001.90001.999.99.6358.0000.150 14,457.55
est. Analysis Unbudgeted	RE: Investment Portfolio Fee Fee	194.00	001.00001.000.99.4190.0000.000 194.00
LS - Unbudgeted	RE: A T & T communication lines August 1995	315.95	001.90001.540.99.6358.0000.150 315.95
	Total Expense Billing		**$36,947.28**

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: ENTERED BY: RES

YEAR/PD:	1995-10	SOURCE:	GJ	JOURNAL NUMBER:	19941
COMPANY:	001	BATCH TYPE:	M		
INTERCO. TABLE:	001	REFERENCE CODE:	SJ550 RES	BATCH NUMBER:	8308

DESCRIPTION: RECORD ACTUAL TGI CHARGES-SEPTEMBER AUTO ACCRUAL? NO

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1	001.00001.000.99.2410.2000.000	0	SSU TAX RETURN	4,798.43
2	001.90001.500.99.6358.0000.150	0	CORPORATE OVERHEAD	1,843.99
3	001.00001.620.99.1861.0000.150	95RA100	SSU RATE CASE-TABS & COPIES	361.30
4	001.00001.000.99.2410.2000.000	0	AUDIT-DEVELOPER AGREEMENTS	7,246.75
5	001.90001.540.99.6358.0000.150	0	AUDIT-NETWORK AUDIT	103.00
6	001.00001.650.99.1740.0000.150	0	INVEST & ANALYSIS-OOU DEBT ASSUMPTION	130.25
7	001.90001.999.99.6358.0000.150	0	SHAREHOLDER SVCS/INVESTOR RELATIONS	19,829.47
8	001.90001.540.99.6358.0000.150	0	AT&T COMMUNICATION LINES	315.95
9	001.00001.000.99.2330.1000.000	0	TOTAL ACTUAL TGI CHARGES-SEPTEMBER	(34,629.14)
10	0	0	0	
11	0	0	0	
12	0	0	0	

TOTAL NUMBER OF DISTRIBUTIONS: 9

TOTAL DEBITS: 34,629.14

TOTAL CREDITS: (34,629.14)

TOTAL UNITS (Statistics Only): N/A

*****Page 1 of 1*****

JOURNAL ENTRY TRANSACTION FORM

APPENDIX DR305-6

PAGE 989 OF 2226

SOUTHERN STATES UTILITIES, INC.

September 1995
Actual

Tax Budgeted	RE: SSU Tax Return		
	Labor	4,798.43	001.00001.000.99.2410.2000.000
			4,798.43
Opeka Charges Budgeted	RE: Corporate overhead		
	Labor-Gartzke	746.77	
	Labor-Halverson	1,062.72	
	Expenses	34.50	001.90001.500.99.6358.0000.150
			1,843.99
Rate Case Budgeted	RE: SSU Rate case-Tabs & Copies		95RA100
	Federal express	361.30	001.00001.420.99.1861.0000.150
			361.30
Internal Audit Budgeted	RE: Audit-Developer Agreements		
	Labor	7,182.11	
	Expenses	64.64	001.00001.000.99.2410.2000.000
			7,246.75
DS. Unbudgeted	RE: Audit-Network Audit		
	Labor	103.00	001.90001.540.99.6358.0000.150
			103.00
Emp. Develop. Unbudgeted	RE: Investments & Analysis / OOU debt assumption		
	Labor-John Dick	130.25	001.00001.650.99.1740.0000.150
			130.25
Shareholder Svcs. Budgeted	RE: Shareholder Services/Investor Relations		
	Labor	10,824.85	
	Expenses	9,004.62	001.90001.999.99.6358.0000.150
			19,829.47
DS. Unbudgeted	RE: AT & T communication lines	315.95	
	September 1995		001.90001.540.99.6358.0000.150
			315.95
	Total Expense Billing		**$34,629.14**

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: [signature] ENTERED BY: RES

YEAR/PD:	1995-11	SOURCE:	GJ	JOURNAL NUMBER:	20254
COMPANY:	001	BATCH TYPE:	M		
INTERCO. TABLE:	001	REFERENCE CODE:	SJ550 RES	BATCH NUMBER:	8444

DESCRIPTION: RECORD ACTUAL TGI CHARGES-OCTOBER AUTO ACCRUAL? NO

JR	CO	PLANT	RSP	UC	ACCT	SUBA	CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1			001.00001.000.99.2410.2000.000					0	SSU TAX RETURN	129.94
2			001.90001.500.99.6358.0000.150					0	CORPORATE OVERHEAD	3,820.15
3			001.90001.500.99.6358.0000.150					0	DIRECT I.C. AWARD	300.71
4			001.00001.000.99.2410.2000.000					0	DIRECT I.C. AWARD	13.26
5			001.00001.620.99.1861.0000.150					95RA100	SSU RATE CASE-TABS & COPIES	2,034.89
6			001.00001.000.99.2410.2000.000					0	AUDIT-DEVELOPER AGREEMENTS	1,284.21
7			001.90001.540.99.6358.0000.150					0	AUDIT-NETWORK AUDIT	169.14
8			001.00001.000.99.2410.2000.000					0	AUDIT-UNACCOUNTED FOR WATER	329.99
9			001.90001.540.99.6358.0000.150					0	AUDIT-AS/400 AUDIT	749.61
10			001.00001.650.99.1740.0000.150					0	INVEST & ANALYSIS-OOU DEBT ASSUMPTION	122.09
11			001.00001.650.99.1740.0000.150					0	CORPORATE DEVELOPMENT-OOU	28.25
12			001.90001.999.99.6358.0000.150					0	SHAREHOLDER SERVICES/INVEST RELATIONS	15,866.12

TOTAL NUMBER OF DISTRIBUTIONS: 14

TOTAL DEBITS: 25,164.31

TOTAL CREDITS: (25,164.31)

TOTAL UNITS (Statistics Only): N/A

JOURNAL ENTRY TRANSACTION FORM

APPENDIX DR 305-13

PAGE 911 OF 2226

PREPARED BY: APPROVED BY: ENTERED BY:

YEAR/PD: 1995-11 SOURCE: GJ JOURNAL NUMBER:

COMPANY: 001 BATCH TYPE: M

INTERCO. TABLE: 001 REFERENCE CODE: SJ550 RES BATCH NUMBER:

DESCRIPTION: RECORD ACTUAL TGI CHARGES-OCTOBER AUTO ACCRUAL? NO

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
13	001.90001.540.99.6358.0000.150	0	AT&T COMMUNICATION LINES	315.95
14	001.00001.000.99.2330.1000.000	0	TOTAL ACTUAL TGI CHARGES-OCTOBER	(25,164.31)
15	0	0	0	
16	0	0	0	
17	0	0	0	
18	0	0	0	
19	0	0	0	
20	0	0	0	
21	0	0	0	
22	0	0	0	
23	0	0	0	
24	0	0	0	

TOTAL NUMBER OF DISTRIBUTIONS: _____

TOTAL DEBITS: _____

TOTAL CREDITS: _____

TOTAL UNITS (Statistics Only): N/A

APPENDIX DR305-13

PAGE 992 OF 2226

SOUTHERN STATES UTILITIES, INC.

October 1995
Actual

RE: SSU Tax Return		
Labor	129.94	001.00001.000.99.2410.2000.000
		129.94
RE: Corporate Overhead		
Labor-Gartzke	3,731.15	001.90001.500.99.6358.0000.150
Expenses	89.00	
		3,820.15
RE: Direct I. C. Award		
Gartzke	300.71	001.90001.500.99.6358.0000.150
Sanders	13.26	001.90001.000.99.2410.2000.000
		313.87
RE: SSU Rate case-Tabs & Copies		
Tab stock	1,783.40	95 RA100
Copy charges	179.34	
Federal express	62.15	001.00001.620.99.1861.0000.150
		2,034.89
RE: Audit-Developer Agreements		
Labor	1,284.21	001.00001.000.99.2410.2000.000
Expenses	0.00	
		1,284.21
RE: Audit-Network Audit		
Labor	169.14	001.90001.540.99.6358.0000.150
		169.14
RE: Audit-Unaccounted for Water		
Labor	329.99	001.00001.000.99.2410.2000.000
		329.99
RE: Audit-AS/400 Audit		
Labor	749.61	001.90001.540.99.6358.0000.150
		749.61
RE: Investments & Analysis / OOU debt assumption		
Labor-John Dick	122.09	001.00001.650.99.1740.0000.150
		122.09
RE: Corporate Development-OOU		
Expense-Phil Bergerson	28.25	001.00001.650.99.1740.0000.150
		28.25
RE: Shareholder Services/Investor Relations		
Labor	7,621.81	001.90001.999.99.6358.0000.150
Expenses	8,244.51	
		15,866.12
RE: A T & T communication lines		
October 1995	315.95	001.90001.540.99.6358.0000.150
		315.95
Total Expense Billing		$25,164.31

APPENDIX _____ PAGE _____ OF _____

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: [signature] ENTERED BY: RES

YEAR/PD: 1995-12 SOURCE: GJ JOURNAL NUMBER: 20684

COMPANY: 001 BATCH TYPE: M

INTERCO. TABLE: 001 REFERENCE CODE: SJ550 RES BATCH NUMBER: 8588

DESCRIPTION: RECORD ACTUAL TGI CHARGES-NOVEMBER AUTO ACCRUAL? NO

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1	001.00001.000.99.2410.2000.000	0	SSU TAX RETURN	1,324.73
2	001.90001.500.99.6358.0000.150	0	SSU ISSUES-MISC. CORPORATE ADMIN	1,244.40
3	001.90001.500.99.6358.0000.150	0	DIRECT I.C. AWARD	118.02
4	001.00001.000.99.2410.2000.000	0	DIRECT I.C. AWARD	105.30
5	001.00001.620.99.1861.0000.150	95RA100	SSU RATE CASE-TABS & COPIES	388.90
6	001.00001.000.99.2410.2000.000	0	AUDIT-DEVELOPER AGREEMENTS	1,409.28
7	001.90001.540.99.6358.0000.150	0	AUDIT-NETWORK AUDIT	3,212.18
8	001.00001.000.99.2410.2000.000	0	AUDIT-UNACCOUNTED FOR WATER	3,165.42
9	001.90001.540.99.6358.0000.150	0	AUDIT-AS/400 AUDIT	8,931.79
10	001.00001.000.99.2410.2000.000	0	AUDIT-ASSIST PRICE WATERHOUSE	3,349.21
11	001.00001.000.99.1810.0000.000	0	TAX EXEMPT & TAXABLE DEBT FINANCING	730.49
12	001.00001.000.99.1810.0000.000	0	INDUSTRIAL DEVELOPMENT REVENUE FINANCING	2,277.00

TOTAL NUMBER OF DISTRIBUTIONS: 16

TOTAL DEBITS: 153,852.94

TOTAL CREDITS: (153,852.94)

TOTAL UNITS (Statistics Only): N/A

*****Page 1 of 1*****

JOURNAL ENTRY TRANSACTION FORM

APPENDIX DL 30-B PAGE 944 OF 2216

SOUTHERN STATES UTILITIES, INC.

November 1995
Actual

Tax Budgeted	RE: SSU Tax Return			
	Labor	1,317.23		
	Expense	7.50		
			1,324.73	001.00001.000.99.2410.2000.000
spoke Chgs. Budgeted	RE: SSU Issues - Misc Corporate Administrative			
	Labor-Gartzke	1,244.40		
	Expenses	0.00		
			1,244.40	001.90001.500.99.6358.0000.150
spoke Chg. Budgeted	RE: Direct I. C. Award			
	Gartzke	118.02	-	001.90001.500.99.6358.0000.150
exp. Acctg.	Sanders	105.30	-	001.00001.000.99.2410.2000.000
			223.32	
rate Assistance Budgeted	RE: SSU Rate case-Tabs & Copies			95RA100
	Federal express	388.90	388.90	001.00001.620.99.1801.0000.150
Internal Audit Budgeted	RE: Audit-Developer Agreements			
	Labor	1,409.28		
	Expenses	0.00		
			1,409.28	001.00001.000.99.2410.2000.000
IS nbudgeted	RE: Audit-Network Audit			
	Labor	3,212.18	3,212.18	001.90001.540.99.6358.0000.150
Internal Audit Budgeted	RE: Audit-Unaccounted for Water			
	Labor	2,692.25		
	Expense	473.17		
			3,165.42	001.00001.000.99.2410.2000.000
IS nbudgeted	RE: Audit-AS/400 Audit			
	Labor	7,201.18		
	Expense	1,730.61		
			8,931.79	001.90001.540.99.6358.0000.150
Internal Audit Budgeted	RE: Audit-Assist Price Waterhouse			
	Labor	3,136.84		
	Expense	212.37		
			3,348.21	001.00001.000.99.2410.2000.000
exp Finance nbudgeted	RE: Investments & Analysis / Tax exempt & taxable debt financing			
	Labor-John Dick	730.49	730.49	001.00001.000.99.1810.0000.000
exp Finance Inbudgeted	RE: Investments & Analysis / Industrial development revenue financing			
	Labor-John Dick	729.36		
	Expense	1,547.64		
			2,277.00	001.00001.000.99.1810.0000.000
exp. Develop. nbudgeted	RE: Corporate Development-ODU			
	Expense-Phil Bergerson	354.51	354.51	001.00001.650.99.1740.0000.150
shareholder Svcs. Budgeted	RE: Shareholder Services/Investor Relations			
	Labor	7,552.23		
	Expenses	9,313.48		
			16,865.71	001.90001.999.99.6358.0000.150
repaid Ins Budgeted	RE: Excess liability insurance 11/15/95-11/15/96			
	Premium	110,376.00	110,376.00	001.00001.565.99.1620.2000.999
	Total Expense Billing		$153,852.84	

JOURNAL ENTRY TRANSACTION FORM

PREPARED BY: RES APPROVED BY: JT ENTERED BY: RES

YEAR/PD:	1996-01	SOURCE:	GJ	JOURNAL NUMBER:	21478
COMPANY:	001	BATCH TYPE:	M		
INTERCO. TABLE:	001	REFERENCE CODE:	SJ520 RES	BATCH NUMBER:	9002

DESCRIPTION: RECORD ACCRUED TGI CHARGES-JANUARY AUTO ACCRUAL? YES

JR	CO PLANT RSP UC ACCT SUBA CEC	PROJECT	DESCRIPTION	AMOUNT DR <CR>
1	001.00001.000.99.2410.2000.000	0	SSU TAX RETURN	931.47
2	001.90001.500.99.6358.0000.150	0	SSU ISSUES-MISC CORPORATE ADMIN	127.22
3	001.00001.620.99.1861.0000.150	95RA100	SSU RATE CASE-TABS & COPIES	622.15
4	001.00001.000.99.2410.2000.000	0	AUDIT-DEVELOPER AGREEMENTS	308.99
5	001.00001.000.99.2410.2000.000	0	AUDIT-UNACCOUNTED FOR WATER	647.85
6	001.90001.540.99.6358.0000.150	0	AUDIT-AS/400 AUDIT	935.64
7	001.00001.650.99.1740.0000.150	0	CORPORATE DEVELOPMENT-OOU	579.88
8	001.90001.999.99.6358.0000.150	0	SHAREHOLDER SERVICES/INVESTOR RELATIONS	7,838.43
9	001.00001.000.99.2330.1000.000	0	TOTAL ACCRUED TGI CHARGES-JANUARY	(11,991.63)
10	0	0	0	-
11	0	0	0	-
12	0	0	0	-

TOTAL NUMBER OF DISTRIBUTIONS: 139

TOTAL DEBITS: 11,991.63

TOTAL CREDITS: (11,991.63)

TOTAL UNITS (Statistics Only): N/A

*****Page 1 of 1*****

COPY

APPENDIX D1305-B

PAGE 996 OF 2226

SOUTHERN STATES UTILITIES, INC.

January 1996
Estimate

RE: SSU Tax Return			
Labor	919.27		
Expense	12.20	001.00001.000.99.2410.2000.000	
			931.47
RE: SSU Issues - Misc Corporate Administrative			
Labor-Gartzke	118.22		
Expenses	9.00	001.90001.500.99.6358.0000.150	
			127.22
RE; Direct I. C. Award			
Gartzke	0.00		
Sanders	0.00		
			0.00
RE: SSU Rate Case-Tabs & Copies		95 RA100	
Federal Express	622.15	001.00001.620.99.861.0000.150	
			622.15
RE: Audit-Developer Agreements			
Labor	308.99		
Expenses	0.00	001.00001.000.99.2410.2000.000	
			308.99
RE: Audit-Unaccounted for Water			
Labor	647.85		
Expense	0.00	001.00001.000.99.2410.2000.000	
			647.85
RE: Audit-AS/400 Audit			
Labor	935.64		
Expense	0.00	001.90001.540.99.6358.0000.150	
			935.64
RE: Corporate Development-OOU			
Expenses-Phil Bergerson	579.88	001.00001.650.99.1740.0000.150	
			579.88
RE: Shareholder Services/Investor Relations			
Labor	5,000.00		
Expenses	2,838.43	001.90001.999.99.6358.0000.150	
			7,838.43
Total Expense Billing			$11,991.63

Accounts Payable Voucher

Approved by: [signature]

Manual Check #: _____ Date: _____

Type: _____

Vendor #: 3876 Vendor Name: Copy Shoppe

Inv Date: 3-1-95 Inv #: 950301 Inv $: 11.71

Due Date: 3-8-95 Discount: _____ Terms: _____

Month/Yr: 3-95 Purchase Order #: C129166

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
C0001.6615.99.1861.0000.135	95RA1001	11.71

Voucher Prepared by: [signature]

..0..

..0..

11.71 +
2,057. +
51.27 +
20.63 +
22.26 +
51.94 +
163.24 +
14.84 +

2,411.94 *

COPY SHOPPE/ Babcock Systems

3063 Enterprise Rd., Suite 11
DeBary, FL. 32713
(407) 668-2952 • Fax: (407) 668-2781

Date Ordered 950301

Date Out

Name Southern States Utilities

Address

Phone

	Price
☐ Collate	
☐ Fold	
☐ Staple	
☐ Hole Punch	
☐ Pad	
☐ Number	
☐ Typesetting	

	Quantity	Size	Wt.	Color	Ink	Job Description	
1							
2						221 Copies X.05	11.05
3							
4							
5							
6							
7						made in house	
8							
9							
10							
12							
13							
14							
15							

RECEIVED
MAR 0 3 1995
Accounts Payable

It is the customer's responsibility to check all typesetting for any errors (spelling, punctuation, numbers, etc.). We will not be responsible for any errors after typesetting has been *proofed and signed.*

I have read the above and understand completely.

Typesetting O.K.

Customer's Signature

Sub Total	11.05
Tax	.66
Total	11.71
Deposit	
Balance	

LOCAL PURCHASE ORDER

SSU
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 129166

DATE: 3/1/95
PLANT #: — —
DEPT. STO Analytical Lab

VENDOR: Copy Shoppe
ADDRESS: 3063 Interstate Rd Ste 11
CITY: Deary
STATE: FL ZIP: 32713

VENDOR INVOICE #

QTY.	U/M	DESCRIPTION	AMOUNT	
221	ea	Copies for Rate Case	11	05
		00001.665.99.1861.0000.235		
		95RA1002		
		RECEIVED		
		MAR 0 6 1995		
		Accounts Payable		
		NOT VALID FOR PURCHASES OVER $250.00 — TAX		66
		TOTAL	11	71

ISSUED BY EMPLOYEE SIGNATURE

AUTHORIZED BY SUPERVISOR SIGNATURE Craig Andrews

REASON FOR PURCHASE: Copies for Rate Case Documents

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2253 Vendor Name: Baies Printing

Inv Date: 5-9-95 Inv #: 9058 Inv $: 206.00

Due Date: 5-17-95 Discount: _____ Terms: _____

Month/Yr: 5-95 Purchase Order #: 39252

Description: Kate Case Stationary

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.000.135	95RA100	206.00

Voucher Prepared by: _____

Baie's Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009058

INVOICE DATE: 05/09/95

PAGE: 1

SOLD TO
SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO
SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 05/09/95
DUE DATE..: 06/08/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: MERVIN-39252
P.O. DATE.....: 05/05/95
OUR ORDER NO..: 9058
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
11,000 COVER	STOCK, UNPRINTED 80# KHAKI CURTIS FLANNEL	1.00	1.00	LT	1950.00	1950.00	*

NET AMOUNT: 1,950.00
TAX: 117.00 *
TOTAL DUE: 2,067.00

RECEIVED

MAY 1 1 1995

Accounts Payable

NOTICE

By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods **MUST** be accompanied by this bill.

Received By

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703

Phone: (407) 884-8822 • FAX: (407) 884-8828

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2093 Vendor Name: KINKO'S

Inv Date: 5-9-95 Inv #: 640033307805 Inv $: 51.27

Due Date: 5-31-95 Discount: _____ Terms: _____

Month/Yr: 5/95 Purchase Order #: 429667

Description: COPIES (BOOKS)

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	51.27

Voucher Prepared by: _____

APPENDIX

PAGE 1004 OF 2226

VENDOR INVOICE
0640033078O5

please remit payment to:

Kinko's National A/R
P.O. Box 8033
Ventura, CA 93002-8033

questions? call:
1-800-488-3705

Delivery Address

Stefanie
Co-worker Initials

RECEIVED
MAY 1 1 1995
Accounts Payable

X Carol Denny
Signature

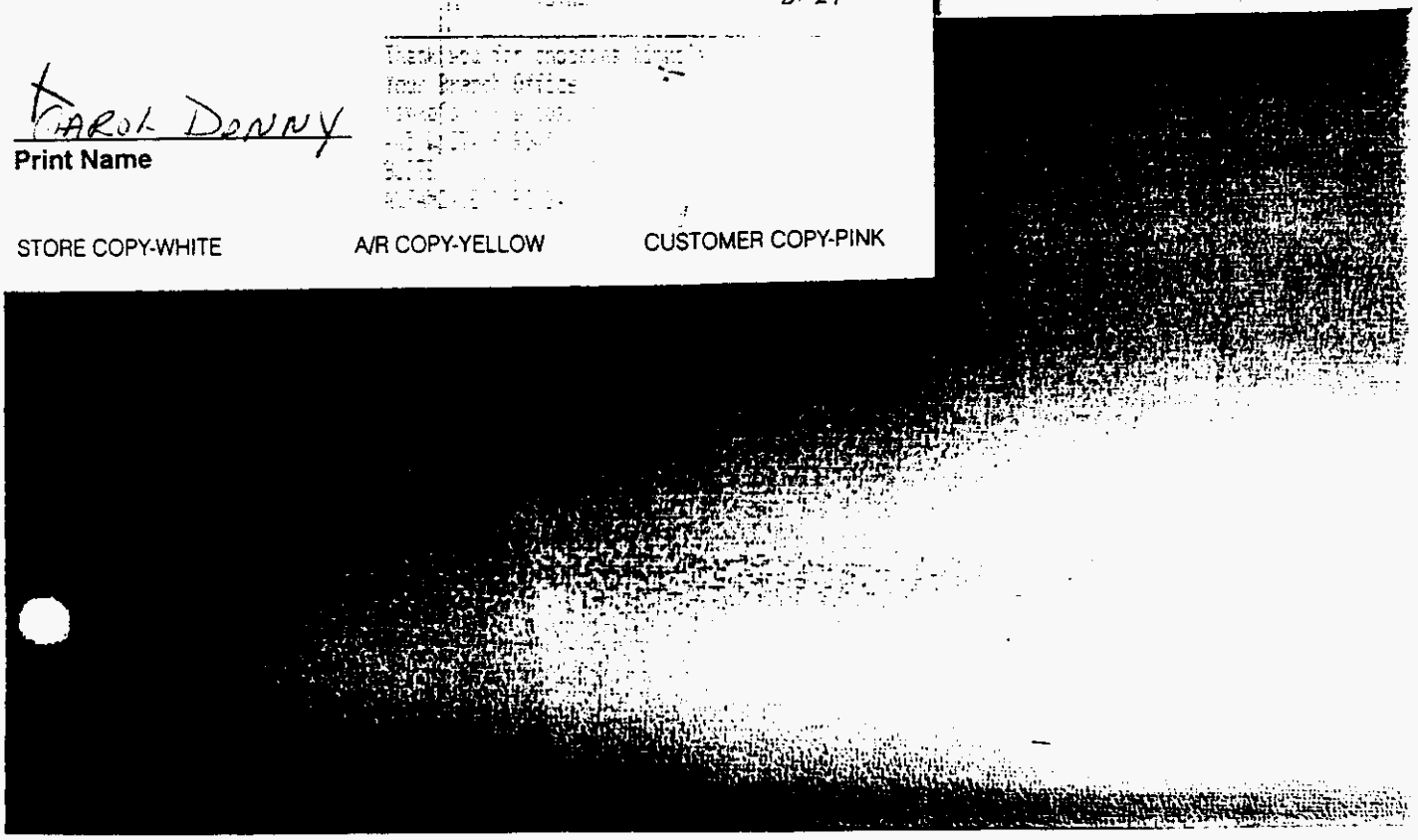
CAROL DENNY
Print Name

	AMOUNT	
nk (384 SHEETS)		
.4.	42	92
low inserts		
RECEIVED	5	00
MAY 1 1 1995		
Accounts Payable		
ALID FOR CHASES $250.00 — TAX	3	35
TOTAL	51	27

HASES

SUBTOTAL 47.92
TAX 3.35
TOTAL 51 27

STORE COPY-WHITE A/R COPY-YELLOW CUSTOMER COPY-PINK



Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2253 Vendor Name: Bair's Printing

Inv Date: 6-20-95 Inv #: 9242 Inv $: 29.68

Due Date: 6-28-95 Discount: _____ Terms: _____

Month/Yr: 6 95 Purchase Order #: C129673

Description: Covers

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.135	95RA100	✓ 29.68

Voucher Prepared by: _____

Baie's Printing Inc.

Quality Printing and Engraving

INVOICE NO.: 009242

INVOICE DATE: 06/20/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 06/20/95
DUE DATE..: 07/20/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: MERVIN-L129673
P.O. DATE.....: 06/20/95
OUR ORDER NO..: 9242
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
4 COVERS, 60	COVER IMPRINTS EACH, C.F.S.	4.00	4.00	E	7.00	28.00	*

NET AMOUNT:	28.00
TAX:	1.68 *
TOTAL DUE:	29.68

90001.620.99.1861,0000.135 95RA100

RECEIVED
JUN 22 1995
Accounts Payable

NOTICE
By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods MUST be accompanied by this bill.

Received By

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: _____ Vendor Name: Baies Printing

Inv Date: 6-20-95 Inv #: 9234 Inv $: 22.26

Due Date: 6-28-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: L129673

Description: Covers

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.135	95RA100	√22.26

Voucher Prepared by: _____

Baie's Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009239

INVOICE DATE: 06/20/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 06/20/95
DUE DATE..: 07/20/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: MERVIN-L129673
P.O. DATE.....: 06/19/95
OUR ORDER NO..: 9239
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
	COVER IMPRINTS						
2 COVERS, 35	EACH, C.F.S.	2.00	2.00	E	7.00	14.00	*
1 COVER, 60	EACH, C.F.S.	1.00	1.00	E	7.00	7.00	*

RECEIVED
JUN 2 2 1995
Accounts Payable

NET AMOUNT:	21.00
TAX:	1.26 *
TOTAL DUE:	22.26

9001.620.99.1861.0000.135 95RA100

NOTICE
By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods MUST be accompanied by this bill.

Received By

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: _____ Vendor Name: Bass Printing

Inv Date: 6-19-95 Inv #: 9225 Inv $: 51.94

Due Date: 6-__-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: L129673

Description: Imprint Covers

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1161.0000.135	95RA100	51.94

Voucher Prepared by: _____

Baio's Printing Inc.SM

Quality Printing and Engraving

9000I. 620. 99.1861.0000. 135 95RA

INVOICE NO.: 009225

INVOICE DATE: 06/19/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 06/19/95
DUE DATE..: 07/19/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: MERVIN 129673
P.O. DATE.....: 06/18/95
OUR ORDER NO..: 9225
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
35/EACH OF 7	ORIGINALS, IMPRINT COVERS	7.00	7.00	E	7.00	49.00	*

NET AMOUNT:	49.00
TAX:	2.94 *
TOTAL DUE:	51.94

RECEIVED
JUN 2 2 1995
Accounts Payable

NOTICE
By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods MUST be accompanied by this bill

Received By Phyllis Sims
K. Sutton

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Vendor #: 2253 Vendor Name: Baies Printing

Inv Date: 6-27-95 Inv #: 9269 Inv $: 163.24

Due Date: 7-2-95 Discount: Terms:

Month/Yr: 6-95 Purchase Order #: C129677

Description: Cover Inserts

Units: Job Code:

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1161.0000.135	95RA100	163.24 ✓

Voucher Prepared by: [signature]

Baie's Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009269

INVOICE DATE: 06/27/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: BPI TRUCK
SHIP DATE.: 06/27/95
DUE DATE..: 07/27/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: MERVIN 129677
P.O. DATE.....: 06/27/95
OUR ORDER NO..: 9269
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
20 SETS OF	22 ORIGINALS COVER IMPRINTS	22.00	22.00	E	7.00	154.00	*

NET AMOUNT:	154.00
TAX:	9.24 *
TOTAL DUE:	163.24

RECEIVED

JUN 2 8 1995

Accounts Payable

9 0001. 620. 99. 1861. 0000. 135 95RA100

NOTICE

By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods MUST be accompanied by this bill.

Received By

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2253 Vendor Name: Bair's Printing

Inv Date: 6-26-95 Inv #: 9264 Inv $: 14.84

Due Date: 7-5-95 Discount: _____ Terms: _____

Month/Yr: 6-95 Purchase Order #: L1296716

Description: Envs.

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.4.1861.0000.135	95KA100	✓ 14.84

Voucher Prepared by: [signature]

Baie's Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009264

INVOICE DATE: 06/26/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 06/26/95
DUE DATE..: 07/26/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: MERVIN-L129678
P.O. DATE.....: 06/26/95
OUR ORDER NO..: 9264
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
2 COVERS, 35	ADD'L COVER IMPRINTS EACH, C.F.S.	2.00	2.00	E	7.00	14.00	*

NET AMOUNT: 14.00
TAX: 0.84 *
TOTAL DUE: 14.84

Southern States Utilities

RECEIVED
JUN 27 1995
PURCHASING

RECEIVED
JUN 27 1995
Accounts Payable

NOTICE
By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods MUST be accompanied by this bill

Received By

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Journal Entry Transaction Form

Prepared By:DRR Approved By: Entered By:DRR

YEAR/PERIOD:	1995-7	Source Code	GJ	Journal #	19174
Company	001	Batch Type (M = Monetary, S = Statistical)	M	Batch #	7986
Inter Co. Table	001	Reference Code	GJ/DRR	Auto Accrual?	N

DESCRIPTION: Reclass to proper account/responsibility center

Line	Account Number	Project	CPR	SUBT	Description	Amount
1	001.00001.625.99.1862.0000.245	94EA008			System One Invoices #11428	(515.25)
2	001.00001.625.99.1861.0000.245	95RA100			System One Invoices #11428	✓515.25
3	001.90001.570.99.1059.2000.150				Boyle Engineering OR-S25-001-94	(7,100.06)
4	001.00772.570.01.1050.0000.275	95CC706			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.48
5	001.00575.570.01.1050.0000.275	95CC708			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.48
6	001.00782.570.01.1050.0000.275	95CC716			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.48
7	001.00783.570.01.1050.0000.275	95CC727			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.48
8	001.01429.570.01.1050.0000.275	95CW715			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.48
9	001.00987.570.01.1050.0000.275	95CW718			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.48
10	001.00442.570.01.1050.0000.275	95CN719			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.46
11	001.02601.570.01.1050.0000.275	95CS713			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	626.47
12	001.00332.570.01.1050.0000.275	95CC701			Boyle Eng.OR-S25-001-94 Inv. #2,3 & 5	2,088.25
13	001.90001.591.99.6758.0000.250				Hernando County Clerk of Court 6/19/95	(343.50)
14	001.02701.591.02.1050.0000.250	95CW720			Hernando County Clerk of Court 6/19/95	343.50
15	001.90001.620.99.6208.0000.135				Miracle Copy & Printing #32592	(356.16)
16	001.00001.620.99.1861.0000.135	95RA100			Miracle Copy & Printing #32592	✓ 356.16
17	001.90001.625.99.6758.0000.185				Federal Express	(139.07)

Total Number of lines	18
Total Debits	8,454.04
Total Credits	(8,454.04)

APPENDIX DR 365-B
PAGE 115 OF 222

REPORT OF INCORRECT CHARGES

- ACCOUNT # INCORRECTLY CHARGED: **00001.625.99.1862.0000.245 TEMPORARY HELP** 9 4EA 008
- CORRECT ACCOUNT # TO CHARGE: **00001.625.99.1861.0000.245 RATE CASE** [illegible]
- PLANT/RESP # INCORRECTLY CHARGED:
- CORRECT PLANT/RESP # TO CHARGE:
- AMOUNT OF CHARGES: **$515.25**
- MONTH OF CHARGES: **APRIL, 1995**

EXPLANATION (PLEASE ATTACH COPIES OF SUPPORT DOCUMENTION):

TRANSFER OF SYSTEM ONE (AUTO CADD TECHNICIAN) TEMPORARY LABOR ASSOCIATED WITH THE CONVERSION OF THE SYSTEM MAPS FROM 1862 (OTHER DEFERRED ASSETS) TO THE RATE CAS EXPENSE PROJECDT 95RA100.

INVOICE DATE	INVOICE #	AMOUNT
4/02/95	11428	$515.25 GROVER BOSHERS

SIGNATURE (ORIGINATOR): [signature] DATE: 5/3/95 6/13/95

SIGNATURE (RECEIVER): _____ DATE: _____

Note 1: *If you are unable to determine which cost center should be charged,* please contact the Budget Department for assistance.

Note 2: After this form has been completed and returned to the Budget Department, an adjusting journal entry will be written and forwarded to the Accounting Department. The change will be reflected in the following month and may result in a negative amount.

Note 3: If support documentation is not available please list the vendor, invoice number, and the amount of the charge(s). This can be found through S2K or use the directory to refer to a department that can be of assistance.

Note 4: All entries for any single account must be $50.00 or more for a journal entry to be prepared.

REPORT OF INCORRECT CHARGE

ACCOUNT # INCORRECTLY CHARGED: 001.90001.620.99.6208.0000,135

CORRECT ACCOUNT # TO CHARGE: 001.00001.620.99.1861.0000,135 ~~7450005~~

PLANT/RSP # INCORRECTLY CHARGED:

CORRECT PLANT/RSP # TO CHARGE:

AMOUNT OF CHARGE: $356.16

MONTH OF CHARGE: June, 1995

EXPLANATION (Please attach copies of support documentation):

Correct printing charge to charge to rate case 950495-WS.

SIGNATURE (ORIGINATOR): Terry L. Larsen DATE: 7/14/95

SIGNATURE (RECEIVER): Dan Rhodes DATE: 7/14/95

Note 1: If you unable to determine which cost center should be charged, please contact the Budget Department for assistance.

Note 2: After this form has been completed and returned to the Budget Department, an adjusting journal entry will be written and forwarded to the Accounting Department. The change will be reflected in the following month and may result in a negative

Note 3: If support documentation is not available please list the vendor, invoice number, and the amount of the charge(s). This can found through S2K or use the directory to refer to a department that can be of assistance.

Note 4: All entries for any single account must be $50.00 or more for a journal entry to be prepared.

Southern States Utilties

RECEIVING REPORT

RR 52645

PURCHASE ORDER NUMBER: B95023-014

PLANT NAME: APOPKA / ENGINEERING

SUPPLIER: MIRACLE COPY & PRINTING CENTER, INC.

PLANT NUMBER: 90001

LINE ITEM #	QTY RECD	DESCRIPTION	COMPLETE	INCOMPLETE
1	2	COLOR 11x17 PLANT LOCATION MAPS 190 EACH	X	

Utilities

AMOUNT

DEC 08 1995

RECEIVED

THE ABOVE ORDER WAS REQUESTED BY PURCHASING DEPART FOR THE RATE CASE

INVOICE NUMBER - 32591
INVOICE AMOUNT - 356.16

PURPOSE & NECESSITY: THE ABOVE ORDER IS COMPLETE AS SHOWN & IS FOR MATERIALS & SUPPLIES - OFFICE PRINTING
90001.620.22.6208.0000.135

RECEIVED BY _____ DATE _____

CHECKED BY Vicki Kennedy DATE 12-8-95

W/O#: _____ G.L.#: _____

PURCHASING

APPENDIX DR305-B
PAGE 1018 OF 2226

MIRACLE

INVOICE
№ 32592

COPY & PRINTING CENTER, INC.

1203 NORTH MILLS AVENUE
ORLANDO, FLORIDA 32803
Phone: 894-6677

Customer's Order No. B95023 Date 6 June 1995

Name SSU.

Address

Bch

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	

QUAN.	DESCRIPTION	PRICE	AMOUNT
	Job # 94C6032		
	Silver Lake & Western Shores		
48	Orig 4 Sets		192.00
36	Plots 4 Sets		43.68
4	GBC Binders		8.00
8	Covers		.80
	W.T.P. IMPROVEMENTS		
	Pick up		
			154.54
	All claims and returned goods MUST be accompanied by this bill.	TAX	9.27
	Thank You Received By	TOTAL	163.81

MIRACLE

INVOICE
№ 32591

COPY & PRINTING CENTER, INC.

1203 NORTH MILLS AVENUE
ORLANDO, FLORIDA 32803
Phone: 894-6677

Customer's Order No. Po# B95023 Date 6-6 1995

Name SSU

Address

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	

QUAN.	DESCRIPTION	PRICE	AMOUNT
	Plant Location Maps		
2	Color orig - 11x17 - 140 lb		336.00
	Pick up		
			336.00
	All claims and returned goods MUST be accompanied by this bill.	TAX	20.16
	Thank You Received By	TOTAL	356.16

APPENDIX DW305-5
PAGE 1019 OF 2026

Vendor #: 2253 Vendor Name: [redacted]

Inv Date: 4-27-95 Inv #: 9281 Inv $: 5181.81

Due Date: 7-19-95 Discount: _____ Terms: _____

Month/Yr: 7.95 Purchase Order #: 37103

Description: envelopes, letterhead

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.605.99.1861.0000135	95RA100	5181.81

Voucher Prepared by: [signature]

Baile's Printing Inc.SM

Quality Printing and Engraving

RECEIVED

JUL 05 1995

Accounts Payable

INVOICE NO.: 009281

INVOICE DATE: 06/27/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: CENTRAL FLORIDA BULK MAIL
3425 LAKE CENTER DRIVE
MT. DORA, FLORIDA

SHIP VIA..: OUR TRUCK
SHIP DATE.: 06/27/95
DUE DATE..: 07/27/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: 39703
P.O. DATE.....: 06/20/95
OUR ORDER NO..: 9281
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
	RATE INCREASE						
75,000 ENV.	#10 REG, PERMIT #91	75.00	75.00	M	28.36	2127.00	*
75,000 LETTER	MAIN,& MARCO/BURNT	75.00	75.00	M	36.82	2761.50	*

NET AMOUNT:	4,888.50
TAX:	293.31 *
TOTAL DUE:	5,181.81

NOTICE

By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods **MUST** be accompanied by this bill.

Received By _____

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703

Phone: (407) 884-8822 • FAX: (407) 884-8828

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2253 Vendor Name: Bains Printing

Inv Date: 7-7-95 Inv #: 9308 Inv $: 200.34

Due Date: 7-14-95 Discount: _____ Terms: _____

Month/Yr: 7-95 Purchase Order #: L129680

Description: Covers

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	200.34

Voucher Prepared by: _____

Bate's Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009308

INVOICE DATE: 07/07/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 07/07/95
DUE DATE..: 08/06/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: MERVIN-L129680
P.O. DATE.....: 07/05/95
OUR ORDER NO..: 9308
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
	COVER IMPRINTS						
27 ORIG(10/EA C.F.S.)		27.00	27.00	E	7.00	189.00	*

NET AMOUNT:	189.00
TAX:	11.34 *
TOTAL DUE:	200.34

9 000 1.620.99 1861.0000.135 95RA100

RECEIVED
JUL 11 1995
Accounts Payable

NOTICE

By acceptance of these goods buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods MUST be accompanied by this bill

Received By

174-A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Vendor Name: [illegible]

Inv Date: 7-14-95 Inv #: 9342 Inv $: 76.32

Due Date: 7-26-95 Discount: _____ Terms: _____

Month/Yr: 7-95 Purchase Order #: C129613

Description: Covers

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.135	95RA100	76.32

Voucher Prepared by: [signature]

Baie's Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009342

INVOICE DATE: 07/14/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 07/14/95
DUE DATE..: 08/13/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: ~~MEVIN~~ 129683
P.O. DATE.....: 07/13/95
OUR ORDER NO..: 9342
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
	IMPRINT COVERS						
4 ORIGINALS	- 70/EACH C.F.S.	4.00	4.00	E	12.00	48.00	*
1 ORIGINAL	- 60/EACH C.F.S.	1.00	1.00	E	12.00	12.00	*
1 ORIGINAL	- 90/EACH C.F.S.	1.00	1.00	E	12.00	12.00	*

NET AMOUNT: 72.00
TAX: 4.32 *
TOTAL DUE: 76.32

RECEIVED
JUL 18 1995
Accounts Payable

Good 1.620.99.1847 Code 135 95-RA100

NOTICE
By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods **MUST** be accompanied by this bill.

Received By

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____ Vendor Name: KINKO'S

Vendor #: 2033 Inv #: 64003308678 Inv $: 4.82

Inv Date: 7-10-95 Discount: _____ Terms: _____

Due Date: 7-19-95 Purchase Order #: L129681

Month/Yr: 7/95

Description: TABS - RATES FILING

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	4.82

Voucher Prepared by: _____

Kinko's
the copy center

Please remit payment to:

Kinko's Customer Administrative Services
(formerly Kinko's National A/R)
P.O. Box 8033
Ventura, CA 93002-8033

Questions? call:
1-800-488-3705

Delivery Address

Co-worker's Initials

Signature

Print Name

Get Connected With The Kinko's Charge Card.

- *Faster Checkout*
- *Single, Monthly Automated Billing Statements*
- *Customized Billing Capabilities*
- *Convenient, Easy To Use*
- *Recognition As A Valued Customer*
- *Accepted At Participating Kinko's In The United States And Canada*

STORE COPY - WHITE
A/R COPY - YELLOW
CUSTOMER COPY - PINK

INVOICE
Official Bill of Sale
Terms Net 30 Days
Please Reference Invoice # Below

Invoice#:0640033308673

Receipt #: 109682 Test: 2 Page: 1
Customer #: 6400[illegible]
Customer : SOUTHERN STATES UTILITIES
Auth. User: SOUTHERN STATES UTILITIES
Reference :
129681

Date: 07/10/95 [illegible] Co-Worker: [illegible]

Qty	Price	Disc.	
FULL OTHER SPECIAL PRICE			
50	0.30	0.00	[illegible]
FULL OTHER SPECIAL PRICE			
200	0.15	0.00	[illegible]

SUBTOTAL [illegible]
TAX
TOTAL [illegible]

Thank you for [illegible]
your Branch Office

9080 1-620.99.6208.0000.135
95RA100

RECEIVED
JUL 11 1995
Accounts Payable

... Utilities
Sims
Ext. 232
DELIVER YES ☐ NO ☐
13

Accounts Payable Voucher

Manual Check #: _____ Date: _____

Vendor #: 19583 Vendor Name: Sir Speedy

Inv Date: 6/28/95 Inv #: 18271 Inv $: 2191.24

Due Date: 7/19/95 Discount: _____ Terms: _____

Month/Yr: 7/95 Purchase Order #: 39770

Description: Copying

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95LA100	2191.24

Voucher Prepared by: _____

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
18271	06/28/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO:
Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	STEVE GALLIS		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
35	Re: BOOK II Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 565 Orig., 1S to 1S, Uncollate 19775 Sheets	642.69
35	Re: BOOK IV Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 260 Orig., 1S to 1S, Uncollate 9100 Sheets	295.75
60	Re: VOL VIII BOOK 1 OF 4 Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 350 Orig., 1S to 1S, Uncollate 21000 Sheets	682.50
35	Re: RAY GAGON TESTEMONY Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 582 Orig., 1S to 1S, Uncollate 20370 Sheets	662.03
35	Re: O & M BENCHMARK Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 225 Orig., 1S to 1S, Uncollate 7875 Sheets	255.94

RECEIVED
JUN 29 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
Deliver	2,538.91	6.000%	152.33			$ 2,691.24

Jose Chabry

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2060 Vendor Name: First Image

Inv Date: 7.31.95 Inv #: 380-070137 Inv $: 208.84

Due Date: 8.23.95 Discount: _____ Terms: _____

Month/Yr: 8-95 Purchase Order #: L130539

Description: Fische Forms

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.515.99.1861.0000.150	95RA100	$ 208.84

Voucher Prepared by: _____

FIRSTIMAGE™

CUSTOMER	INVOICE DATE	INVOICE NUMBER	CUSTOMER ORDER NO.	TAX DEFERRAL NO.
[redacted]	07/31/95	380-070137	895280	

SOUTHERN STATES UTILITY SERVIC

QUANTITY	ITEM DESCRIPTION	UNIT PRICE	EXTENSION	TAX
	**SERVICES			
20,343	ORIGINAL FICHE FRAMES	0.00000	0.00	0.00
108	ORIGINAL FICHE	1.35204	146.02	8.76
324	COPY FICHE	0.12500	40.50	2.43
	**SPECIAL CHARGE			
1	XPD	10.50000	10.50	0.63
	** INVOICE TOTAL **		197.02	11.82

RECEIVED
AUG 09 1995
Accounts Payable

PLEASE DIRECT INQUIRIES TO:
TERRE OSWALD
(813) 885-3150

FIRST IMAGE MANAGEMENT COMPANY
5706 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

PAYMENT DUE: 08/20/95

REMIT TO: P.O. BOX 100589
ATLANTA, GA. 30384-0589

PLEASE PAY THIS AMOUNT: 208.84

FORM ID: FIM01

OVERDUE BALANCES ARE SUBJECT TO A CHARGE OF 1.5% PER MONTH ON THE UNPAID BALANCE

FIRSTIMAGE℠

A DIVISION OF FIRST FINANCIAL MANAGEMENT CORPORATION

INVOICE BACKUP BY JOB

PORT: BSRP440R
ANCH: 380 TAMPA

07/01/95 THRU 07/31/95

INVOICE: 070137

INVOICE CODE:

CUSTOMER: 553300 SOUTHERN STATES UTILITY SERVIC
SOUTHERN STATES UTILITY SERVIC DIVISION:

DATE	WORK ORDER NUMBER	FRAME VOLUME	FRAME RATE	FRAME AMOUNT	ORIGINAL VOLUME	ORIGINAL RATE	ORIGINAL AMOUNT	COPIES VOLUME	COPIES RATE	COPIES AMOUNT	TAX	TOTAL
J011 Y-T-D GENERAL LEDGER												
7/18/95	0704508	10,566		0.00	56		75.71	168		21.00	5.80	102.51
7/18/95	0704509	9,777		0.00	52		70.31	156		19.50	5.39	95.20
ARGEABLE TOTAL		20,343			108	1.3520	146.02	324	0.1250	40.50	11.19	197.71
PORT TOTALS:		20,343			108		146.02	324		40.50	11.19	197.71

For more information on Electronic Printing Services, contact your First Image representative.

LOCAL PURCHASE ORDER

SSU
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 130539

DATE: 8-15-95
PLANT #: 90001
DEPT.: 515
VENDOR: First Image
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE #
380-070137

QTY.	U/M	DESCRIPTION	AMOUNT	
1	lot	Fiche Frames	197	02
		(Copies of SSU General Ledger for FPSC Auditors)		

FIRSTIMAGE℠

A DIVISION OF FIRST FINANCIAL MANAGEMENT CORPORATION

INVOICE BACKUP BY JOB

PORT: BSRP440R
UNCH: 380 TAMPA

07/01/95 THRU 07/31/95

PAGE: 1
INVOICE: 070137

CUSTOMER: 553300 SOUTHERN STATES UTILITY SERVIC
INVOICE CODE: SOUTHERN STATES UTILITY SERVIC DIVISION:

INVOICE SUMMARY

ESCRIPTION		AMOUNT	TAX	TOTAL
	1	10.50	0.63	11.13
GINAL FICHE FRAMES	20,343	0.00	0.00	0.00
GINAL FICHE	108	146.02	8.76	154.78
Y FICHE	324	40.50	2.43	42.93
INVOICE TOTALS:		197.02	11.82	208.84

For more information on Electronic Printing Services, contact your First Image representative.

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1324 Vendor Name: A.S.A.P. Quick Print

Inv Date: 8.18.95 Inv #: 18222 Inv $: 370.92

Due Date: 9.6.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: C 129692

Description: Xerox Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	370.92

Voucher Prepared by: _____

ASAP
QUICK-PRINT of APOPKA, INC
2430 E. SEMORAN BLVD.
APOPKA, FLORIDA
32703
PRINTING:
886-6336
SHIPPING:
886-1601
FAX:
886-2534

Date 8/18/95 INVOICE # Nº 18222

SOLD TO:

Name SOUTHERN STATES UTILITIES

Address 1000 COLOR PLACE

City APOPKA State FL Zip 32703

Phone 884-8777 *235 P.O. #

CASH ☐ COD ☐ TOA ☐ DEPOSIT ☐ CHARGE ☐

WANTED	
M	
T	
W	
T	
F	
DUE DATE	A.S.A.P.

NO OF ORIG	PRINTED SHTS.	UP	SIDES	SIZE	DESCRIPTION	AMOUNT
	5832			8½x11	20# White ~~3 Holes~~	349 92
					RECEIVED	
					AUG 22 1995	
					9.40/. 6.20. 94. 1861. COCO. 135 75 ~~Accounts~~ Payable	
					BUSINESS CARDS	
					BUSINESS CARDS	

EXTRA SERVICES	SHEETS	PRICE
☐ COLORED INK		
☐ TRIM SIZE		
☐ PERFPAD ☐ 50's ☐ 100's		
☐ FOLD SIZE ☐ Z ☐ LT ☐ 1/2		
☒ DRILL HOLES		inc
☐ STAPLE ☐ FLAT ☐ BOOK		
☐ PERFORATE ☐ SCORE		
☒ COLLATE ↓ SEP Sheet		N/C
☐ NO. FROM TO		
☐ SET UP ☐ METAL PLATES		
☐ TYPESETTING		
☐ STATS ☐ HALF TONES		

TOTAL EXTRAS	
SUB TOTAL	349 92
SALES TAX	21 00
TOTAL	370 92
DEPOSIT	
BALANCE	

PLEASE PAY FROM THIS INVOICE

All Delinquent Accounts Charged 1.5% Per Month (18% APR). Where Collection Is Required, Debtor Will Pay All Costs Including, But Not Limited to Collection Costs, Attorney's Fees, & Court Costs.

All published prices indicate printing on 20# white bond, black ink, unless otherwise specified by customer. We are not responsible for typing or spelling errors in customer's original or copy provided by customer.

SIGNATURE Gloria Wishart

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2253 Vendor Name: Baics Printing

Inv Date: 7.27.95 Inv #: 9403 Inv $: 127.20

Due Date: 8.16.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: C129684

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001120.99.1861.0000.135	95RA100	127.20

Voucher Prepared by: [signature]

Bode's Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009403

INVOICE DATE: 07/27/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 07/27/95
DUE DATE..: 08/26/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: MERVIN
P.O. DATE.....: 07/26/95
OUR ORDER NO..: 9403
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
	IMPRINT COVERS						
5 SETS OF 80	EACH, C.F.S.	5.00	5.00	E	12.00	60.00	*
2 SETS OF 60	EACH, C.F.S.	2.00	2.00	E	12.00	24.00	*
1 SET OF 75	EACH, C.F.S.	1.00	1.00	E	12.00	12.00	*
2 SETS OF 55	EACH, C.F.S.	2.00	2.00	E	12.00	24.00	*

NET AMOUNT: 120.00
TAX: 7.20 *
TOTAL DUE: 127.20

RECEIVED
JUL 31 1995
Accounts Payable

9000/.620.99/861.0000/3595 RA/00

NOTICE
By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods MUST be accompanied by this bill.

Received By J. Bowers

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Accounts Payable Voucher

.pproved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2753 Vendor Name: Davis Printing

Inv Date: 7.28.95 Inv #: 9409 Inv $: 163.60

Due Date: 8.16.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: L 129684

Description: Covers

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.1620.99.1861.0000135	95RA100	163.60

Voucher Prepared by: _____

Baie's Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009409

INVOICE DATE: 07/28/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 07/28/95
DUE DATE..: 08/27/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: MERVIN-129684
P.O. DATE.....: 07/27/95
OUR ORDER NO..: 9409
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
	COVER IMPRINTS						
1 SET - 80	EACH, C.F.S.	1.00	1.00	E	12.00	12.00	*
4 SETS - 100	EACH, C.F.S.	4.00	4.00	E	12.00	48.00	*

NET AMOUNT:	60.00
TAX:	3.60 *
TOTAL DUE:	63.60

Gen01.620.99.1861.0000-B5 95RA100

RECEIVED
JUL 3 1 1995
Accounts Payable

NOTICE
By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods MUST be accompanied by this bill.

Received By

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2253 Vendor Name: Bales Printing

Inv Date: 8.14.95 Inv #: 9491 Inv $: 410.22

Due Date: 8.23.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: L129687

Description: Cover Transmittals

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1461.0000.135	95RA100	410.22

Voucher Prepared by: _____

Baier Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009491

INVOICE DATE: 08/14/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 08/14/95
DUE DATE..: 09/13/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: MERVIN-129687
P.O. DATE.....: 08/09/95
OUR ORDER NO..: 9491
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
	COVER IMPRINTS						
2 SETS DEL'D	8/10/95	2.00	2.00	E	9.00	18.00	*
14 SETS DEL'D	8/11/95	14.00	14.00	E	9.00	126.00	*
27 SET PICKED UP	8/12/95	27.00	27.00	E	9.00	243.00	*

NET AMOUNT:	387.00
TAX:	23.22 *
TOTAL DUE:	410.22

RECEIVED

AUG 16 1995

Accounts Payable

NOTICE

By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods **MUST** be accompanied by this bill.

Received By _____

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2253 Vendor Name: Bair's Printing

Inv Date: 8.16.95 Inv #: 9509 Inv $: 124.02

Due Date: 8.30.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: C12A688

Description: Covers

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
01001.1620.99.1161.0000.135	95RA100	124.02

Voucher Prepared by: _____

Boie's Printing Inc.

Quality Printing and Engraving

INVOICE NO.: 009509

INVOICE DATE: 08/16/95

PAGE: 1

SOLD TO
SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO
SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 08/16/95
DUE DATE..: 09/15/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: MERVIN
P.O. DATE.....: 08/15/95
OUR ORDER NO..: 9509
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
	COVER IMPRINTS						
13 SETS OF	COVER IMPRINTS	13.00	13.00	E	9.00	117.00	*

NET AMOUNT:	117.00
TAX:	7.02 *
TOTAL DUE:	124.02

9001.620.99.1861.0000.135 95RA100

NOTICE

By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods MUST be accompanied by this bill

Received By

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Accounts Payable Voucher

Approved by: [signature]

Manual Check #: _____ Date: _____

Vendor #: 2253 Vendor Name: Bair's Printing

Inv Date: 8.18.95 Inv #: 9517 Inv $: 280.00

Due Date: 9.6.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: 40066

Description: Envelopes

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.135	95RA100	280.00

Voucher Prepared by: [signature]

Baie's Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009517

INVOICE DATE: 08/18/95

PAGE: 1

SOLD TO SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO CENTRAL FLORIDA BULK MAIL
174B SEMORAN COMMERCE PL.
SUITE 122
APOPKA, FL 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 08/18/95
DUE DATE..: 09/17/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: 40066
P.O. DATE.....: 08/15/95
OUR ORDER NO..: 9517
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
100,000 ENV.	#10 "LABELING"	100.00	100.00	M	26.50	2650.00	*

NET AMOUNT:	2,650.00
TAX:	159.00 *
TOTAL DUE:	2,809.00

RECEIVED
AUG 2 1 1995
Accounts Payable

NOTICE
By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods MUST be accompanied by this bill

Received By _____

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2253 Vendor Name: Baie's Printing, Inc.

Inv Date: 8.17.95 Inv #: 9540 Inv $: 781.75

Due Date: 9.6.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: 40139

Description: Cust. Hearing Notice

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.620.99.1861.0000.135	95RA100	781.75

Voucher Prepared by: _____

Bates Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009540

INVOICE DATE: 08/17/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: CENTRAL FLORIDA BULK MAIL
174B SEMORAN COMMERCE PL
SUITE 122
APOPKA, FL 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 08/17/95
DUE DATE..: 09/16/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: 89311
P.O. DATE.....: 08/15/95
OUR ORDER NO..: 9540
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
25,000	LETTER NOTICE CUST.HEARING	25.00	25.00	M	29.50	737.50	*

NET AMOUNT:	737.50
TAX:	44.25 *
TOTAL DUE:	781.75

RECEIVED
AUG 23 1995

NOTICE

By acceptance of these goods, buyer agrees to pay a reasonable Attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods **MUST** be accompanied by this bill.

Received By _____

174A Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 2023 Vendor Name: KINKO'S

Inv Date: 7-28-95 Inv #: 064003309026 Inv $: 435.06

Due Date: 8-16-95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 129685

Description: TABS/COVERS

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.186.0000.135	95RA100 1	435.06

Voucher Prepared by: _____

KINKO'S
the copy center

Please remit payment to:

Kinko's Customer Administrative Services
(formerly Kinko's National A/R)
P.O. Box 8033
Ventura, CA 93002-8033

Questions? call:
1-800-488-3705

INVOICE
Official Bill of Sale
Terms Net 30 Days
Please Return This Portion With Payment

Invoice # [illegible] Date [illegible]

Receipt #: [illegible] Page 1
Customer #: [illegible]
Customer : SOUTHERN STATES UTILITIES
Attn: Dean SOUTHERN STATES UTILITIES
Telephone #
[illegible]

Date: 07/28/95 11:01 AM Co-Worker: [illegible]

Qty	Price	Disc.	Total
FULL OTHER CUSTOMER STOCK			
10%	0.10	1.00	[illegible]
FULL OTHER CUSTOMER STOCK			
20%	0.05	0.00	[illegible]
FULL OTHER COLLATED TEXT			
11708	0.01	0.00	0.01
BTP MAC FULL SPECIAL PRICE			
498	1.00	0.00	498.00

Delivery Address

Co-worker's Initials

Signature

Print Name

5000.620.99.1208.00000.135
95RA100

RECEIVED
JUL 31 1995
Accounts Payable

SUBTOTAL [illegible]
TAX [illegible]
TOTAL [illegible]

Thank you for choosing Kinko's
Your Branch Office
Kinko's - the copy center [illegible]
445 W STATE ROAD 434
SUITE 1041
ALTAMONTE SPRING, FL 32714

Get Connected With The Kinko's Charge Card.

- *Faster Checkout*
- *Single, Monthly Automated Billing Statements*
- *Customized Billing Capabilities*
- *Convenient, Easy To Use*
- *Recognition As A Valued Customer*
- *Accepted At Participating Kinko's In The United States And Canada*

STORE COPY - WHITE
A/R COPY - YELLOW
CUSTOMER COPY - PINK

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 2023 Vendor Name: Kinko's Copy Centers

Inv Date: 8.17.95 Inv #: 6460330936 04 Inv $: 187.25

Due Date: 9.6.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: L129689

Description: Sets, tabs

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.420.99.1661.0000.135	95RA100	187.25

Voucher Prepared by: _____

kinko's
the copy center

Please remit payment to:

Kinko's Customer
Administrative Services
(formerly Kinko's National A/R)
P.O. Box 8033
Ventura, CA 93002-8033

Questions? call:
1-800-488-3705

Delivery Address

Co-worker's Initials

Signature

Print Name

Get Connected With The Kinko's Charge Card.

- *Faster Checkout*
- *Single, Monthly Automated Billing Statements*
- *Customized Billing Capabilities*
- *Convenient, Easy To Use*
- *Recognition As A Valued Customer*
- *Accepted At Participating Kinko's In The United States And Canada*

STORE COPY - WHITE
A/R COPY - YELLOW
CUSTOMER COPY - PINK

90001.620.9861.0000.135 95CA100

RECEIVED
AUG 22 1995
Accounts Payable

Thank you for choosing Kinko's
Your Branch Office

90001.620.9861.0000.135 95CA100
Customer Signature

I have reviewed the above instructions and they are in accordance with my specifications

TOTAL

Cashier

Tran#

P.O. #

All of our co-workers are empowered to insure that we exceed your expectations for quality, timeliness and dependability. At anytime, if you feel that we are not meeting these expectations, please contact the manager or assistant manager at (407) 682-4440. Thank you for choosing Kinko's

Note to Customer: Please retain your copy of this work order and

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 4497 Vendor Name: Cabras Data, Inc

Inv Date: 8.18.95 Inv #: 21781 Inv $: 310.24

Due Date: 9.6.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: L129491

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1161.0000.135	95RA100	310.24

Voucher Prepared by: [signature]

1000

LABAR DATA, INC.
Copy Center
925 S. ORANGE BLOSSOM TR. SUITE 2
APOPKA, FL 32703
(407) 886-3244 Fax (407) 884-1818

P.O.# 129691

Customer's Order No.

Date 8/18 19 95

Name Southern States Athletics

Address

Phone No. 884-8777

SOLD BY	CASH	C.O.D.	CHARGE	RETURN	PAID OUT

Quantity	DESCRIPTION	PRICE	AMOUNT	
10	Vol VIII - A			
	Book 191			
6690	640 pg plus 29	03½	234	15
	total (669)			
	Rush Charge		58	53
	½ day			
	[illegible]	[illegible]		
	RECEIVED	SUB TOTAL	292	68
	AUG 2 2 1995	TAX	17	56
	Accounts Payable	TOTAL	310	24

ALL claims and returned goods MUST be accompanied by this Bill.

21781

Rec'd by [signature]

THANK YOU

Accounts Payable Voucher

Approved by: ✓ Manual Check #: _____ Date: _____

Vendor #: 4497 Vendor Name: Cabas Data, Inc.

Inv Date: 8.18.95 Inv #: 21782 Inv $: 465.37

Due Date: 9.6.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: L-129690

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
001X01.620.99.1861.0000.135	95RA100	465.37

Voucher Prepared by: [signature]

LABAR DATA, INC.
Copy Center
925 S. ORANGE BLOSSOM TR. SUITE 2
APOPKA, FL 32703
(407) 886-3244 Fax (407) 884-1818

PO# 129690

Customer's Order No. | Date 8/18 19 95

Name Southern State Statistics

Address

Phone No. 884-8777

SOLD BY	CASH	C.O.D.	CHARGE	RETURN	PAID OUT

Quantity	DESCRIPTION	PRICE	AMOUNT
15	Vol. VIII-A Book 191		
10,035	640 pgs. plus 29 Count (669 total)	03½	351 23
	RECEIVED Rush Charge		87 80
	AUG 22 1995 1 Day		
	Accounts Payable		
	9001.620.99.1861.0000.135 95 8/16		
		SUB TOTAL	439 03
		TAX	26 34
		TOTAL	465 37

ALL claims and returned goods MUST be accompanied by this bill.

Rec'd by Mimi Smothers

21782

THANK YOU

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 13391 Vendor Name: MERCURY PRINTERS

Inv Date: 7-28-95 Inv #: 50954 Inv $: 114.48

Due Date: 8-16-95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 4134466

Description: BLANK LETTERHEAD - STOCK

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.605.99.1861.0000.~~410~~ 135	9SRA100	114.48

Voucher Prepared by: [redacted]

INVOICE

MERCURY Printers
1010 Virginia Drive
Orlando, FL 32803
(407) 894-5963
FAX (407) 897-3681

CUSTOMER ID: SOUTST

INVOICE NO.: 050954
INVOICE DATE: 07/28/95
PAGE: 1

SOLD TO
SOUTHERN STATES UTILITIES
ATTN: TERRY INGRAM
1000 COLOR PLACE
APOPKA, FL 32703
ATTN: JOANNE HARRIS

SHIP TO

SHIP VIA: Our Truck
DELIVERY:
SHIP DATE:
DUE DATE:
TERMS: Net 10 Days

YOUR ORDER NO.: JOANNE
OUR ORDER NO.: 42655 01
ORDER DATE: 07/28/95
SALESPERSON: RANDY P.

	DESCRIPTION	AMOUNT
4,000	BLANK LETTERHEAD STOCK	108.00

RECEIVED
AUG 0 8 1995
Accounts Payable

FREIGHT/POSTAGE 0.00
SALES TAX 6.48

PAY THIS AMOUNT

114.48

CUSTOMER

Approved by: A Manual Check #: _____ Date: _____

pe: _____

Vendor #: 13391 Vendor Name: MERCURY PRINTERS

Inv Date: 7-28-95 Inv #: 509.52 Inv $: 291.50

Due Date: 8-16-95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: L134465

Description: LETTERHEAD - LATE CASE

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.605.99.1861.0000.135	95EA100	29.50

Voucher Prepared by: _____

INVOICE

MERCURY Printers INC
1010 Virginia Drive
Orlando, FL 32803
(407) 894-5963
FAX (407) 897-3681

CUSTOMER ID: SOUTST

INVOICE NO.: 050952
INVOICE DATE: 07/28/95
PAGE: 1

SOLD TO
SOUTHERN STATES UTILITIES
ATTN: TERRY INGRAM
1000 COLOR PLACE
APOPKA, FL 32703
ATTN: JOANN HARRIS

SHIP TO

SHIP VIA: Our Truck
DELIVERY:
SHIP DATE:
DUE DATE:
TERMS: Net 10 Days

YOUR ORDER NO.: JOANNE
OUR ORDER NO.: 42567 01
ORDER DATE: 07/28/95
SALESPERSON: RANDY P.

	DESCRIPTION	AMOUNT
11,000	LETTERHEAD PAPER	275.00

RECEIVED
AUG 0 8 1995
Accounts Payable

FREIGHT/POSTAGE	0.00
SALES TAX	16.50

PAY THIS AMOUNT

291.50

CUSTOMER

LOCAL PURCHASE ORDER — SOUTHERN STATES

1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 134465

DATE: 08/03/95
PLANT #: 9001
DEPT.: Ammun.

VENDOR: Mercury Printers
ADDRESS: 1016 Virginia Dr.
CITY: Orlando
STATE: FL ZIP: 32803

VENDOR INVOICE #: 05952

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT
1		11,000 Letterhead papers		275 00
		for Non-Uniform Cust		
		follow-up Letter		
		for Rate Case		16 50
		001.00001.605.99.1861.0000.166		
		RECEIVED		
		AUG 0 8 1995		
		Accounts Payable		

G.L. #

NOT VALID FOR PURCHASES OVER $500.00

TAX 16 50
TOTAL 291 52

ISSUED BY EMPLOYEE SIGNATURE: Joanne L. Harris

AUTHORIZED BY SUPERVISOR SIGNATURE: Marilyn Dorsey

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 13391 Vendor Name: MERCURY PRINTERS

Inv Date: 7-28-95 Inv #: 50953 Inv $: 30.74

Due Date: 8-16-95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: L1344464

Description: BLANK STOCK FOR LETTERHEAD

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.605.99.186.0000.135	95RA100	30.74

Voucher Prepared by: _____

1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 134464

DATE: 08/03/95 VENDOR: Mercury Printers

PLANT #: 40001 ADDRESS: 1010 Virginia Dr.

DEPT.: Commun. CITY: Orlando

STATE: FL ZIP: 32803

VENDOR INVOICE # 050953

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT
1		1,000 Blank Stock - Gray		24 00
1		for Rate Case Letter to Non-Uniform Cust.		
		001.0000.605.99.1861.0000.135		1 74
		RECEIVED AUG 08 1995 Accounts Payable		
			TAX	1 74
G.L. #		NOT VALID FOR PURCHASES OVER $500.00	TOTAL	30 74

ISSUED BY EMPLOYEE SIGNATURE Joanne D. Harris

AUTHORIZED BY SUPERVISOR SIGNATURE Marilyn Dorsey

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

INVOICE

irginia Drive
, FL 32803
394-5963
07) 897-3667

CUSTOMER ID: SOUTST

INVOICE NO.: 050953
INVOICE DATE: 07/28/95
PAGE: 1

SOLD TO
SOUTHERN STATES UTILITIES
ATTN: TERRY INGRAM
1000 COLOR PLACE
APOPKA, FL 32703
ATTN: JOANNE HARRIS

SHIP TO

SHIP VIA: Our Truck
DELIVERY:
SHIP DATE:
DUE DATE:
TERMS: Net 10 Days

YOUR ORDER NO.: JOANNE
OUR ORDER NO.: 42601 01
ORDER DATE: 07/28/95
SALESPERSON: RANDY P.

	DESCRIPTION	AMOUNT
1,000	BLANK STOCK FOR LETTERHEAD	29.00

RECEIVED
AUG 0 8 1995
Accounts Payable

FREIGHT/POSTAGE 0.00
SALES TAX 1.74

PAY THIS AMOUNT
30.74

CUSTOMER

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 13486 Vendor Name: Miracle Copy

Inv Date: 8.15.95 Inv #: 33049 Inv $: 351.25

Due Date: 9.6.95 Discount: _____ Terms: _____

Month/Yr: 8.95 Purchase Order #: C130540

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.565.99.1861.0000.135	95RA100	351.25

Voucher Prepared by: _____

LOCAL PURCHASE ORDER

SSU
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 130540

DATE: 8-21-95
PLANT #: 70001
DEPT.: 95 RA 10U

VENDOR: Marcia Brinton Center
ADDRESS: 1203 N. Mills Ave
CITY: Orlando
STATE: FL ZIP: 32803

VENDOR INVOICE # 33049

QTY.	U/M	DESCRIPTION	AMOUNT	
2	each	1137 Page Book for 1995 Rate Case	141	77
2	each	1420 Page Book for 1995 Rate Case	184	60

RECEIVED
AUG 24 1995
Accounts Payable

95RA(U)

NOT VALID FOR PURCHASES OVER $250.00

TAX	19	88
TOTAL	351	25

ISSUED BY EMPLOYEE SIGNATURE: Maria J. Washington

AUTHORIZED BY SUPERVISOR SIGNATURE: Judy Kimball

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

MIRACLE

INVOICE
№ 33049

COPY & PRINTING CENTER, INC.

1203 NORTH MILLS AVENUE
ORLANDO, FLORIDA 32803
Phone: 894-6677

Customer's Order No. _____ Date 8-15 19 95

Name SSU

Address Steve

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	

QUAN.	DESCRIPTION	PRICE	AMOUNT
1127	orig - 2 sets, 3HD		146.77
1420	orig - 2 sets, 3HD		184.60
			331.37
	slip sheets inserted		
	image shift		
	RECEIVED AUG 24 1995 Account's Payable		
			331.37
		TAX	19.88
		TOTAL	351.25

All claims and returned goods MUST be accompanied by this bill.

Thank You Received By Steve Gallo

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 19583 Vendor Name: Sir Speedy

Inv Date: 7/10/95 Inv #: 18426 Inv $: 2270.52

Due Date: 8/09/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 39956

Description: copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA10	2270.52

Voucher Prepared by: _____

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
18426	07/10/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	STEVE GALLIS		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
10	Re: BOOK I Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 1170 Orig., 1S to 2S, Uncollate 5850 Sheets	438.75
10	Re: BOOK II Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 1140 Orig., 1S to 2S, Uncollate 5700 Sheets	427.50
10	Re: BOOK III Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 1170 Orig., 1S to 2S, Uncollate 5850 Sheets	438.75
10	Re: BOOK IV Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 1092 Orig., 1S to 2S, Uncollate 5460 Sheets	409.50
10	Re: BOOK X Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 1140 Orig., 1S to 2S, Uncollate 5700 Sheets	427.50

RECEIVED
JUL 11 1995
Accounts Payable
Southern States Utilities

RECEIVED
JUL 27 1995
PURCHASING

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
over	2,142.00	6.000%	128.52			$ 2,270.52

W/ Ck. 1

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 7/24/95 Inv #: 18685 Inv $: 1912.61

Due Date: 8/09/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 39956

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0000.1620.99.1861.0000.135	95RA100	1912.61

Voucher Prepared by: _____

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
18685	07/24/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	STEVE GALLIS		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
23	Re: VOLUME VIII BOOK 3 OF 4 Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 1013 Orig., 1S to 2S, Uncollate 11661 Sheets	873.71
23	Re: VOLUME VIII BOOK 2 OF 4 Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 1079 Orig., 1S to 2S, Uncollate 12420 Sheets	930.64

Southern States Utilities
RECEIVED
JUL 27 1995
PURCHASING

JOSE CHARRY

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
iver	1,804.35	6.000%	108.26			$ 1,912.61

1/ C. 14

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 7/10/95 Inv #: 19427 Inv $: 20336.1

Due Date: 8/09/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 39956

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1961.0000.135	95RA100	20336.1

Voucher Prepared by: _____

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
18427	07/10/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	STEVE GALLIS		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
10	Re: BOOK 12 Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 1140 Orig., 1S to 2S, Uncollate 5700 Sheets	427.50
10	Re: BOOK 13 Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 1064 Orig., 1S to 2S, Uncollate 5320 Sheets	399.00
10	Re: BOOK 14 Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 912 Orig., 1S to 2S, Uncollate 4560 Sheets	342.00
10	Re: BOOK 15 Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 1064 Orig., 1S to 2S, Uncollate 5320 Sheets	399.00
10	Re: BOOK 23 Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 936 Orig., 1S to 2S, Uncollate 4680 Sheets	351.00

RECEIVED
JUL 11 1995
Accounts Payable
Southern States Utilities

POSTED
JUL 27 1995
PURCHASING

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
	1,918.50	6.000%	115.11			$ 2,033.61

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 19583 Vendor Name: Sir Speedy

Inv Date: 7/28/95 Inv #: 18789 Inv $: 122033

Due Date: 8/23/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 39994

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	122033

Voucher Prepared by: _____

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
18789	07/28/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	GLORIA	39994	TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
25	Re: III A-BOOK 2 OF 3 Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 1228 Orig., 1S to 2S, Uncollate 15350 Sheets	1,151.25

RECEIVED
AUG 10 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
Deliver	1,151.25	6.000%	69.08			$ 1,220.33

Stacy Ann Acton

Manual Check #: _____ Date: _____

Vendor #: 19583 Vendor Name: Sir Speedy

Inv Date: 7/13/95 Inv #: 18504 Inv $: 704.89

Due Date: 8/09/95 Discount: _____ Terms: _____

Month/Yr: 7/95 Purchase Order #: 39898

Description: Copy

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.135	9SRA100	704.89

Voucher Prepared by: _____

INVOICE

peedy PRINTING, COPYING and DIGITAL NETWORK

...one (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
18504	07/13/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	STEVE GALLIS		LARRY

QUANTITY	DESCRIPTION	SUB-TOTAL
23	Re: AFPI BOOK Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 771 Orig., 1S to 2S, Coll/Slip 8878 Sheets	664.99

RECEIVED
JUL 20 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
Deliver	664.99	6.000%	39.90			$ 704.89

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: _____ Vendor Name: Sir Speedy

Inv Date: 7/31/95 Inv #: 18819 Inv $: 1072.59

Due Date: 8/30/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 40049

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1961.0000.135	95RA100	1072.59

Voucher Prepared by: _____

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
18819	07/31/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	GLORIA		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
25	Re: VOL VI A BOOK 1 OF 1 Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 1026 Orig., 1S to 1S, Uncollate 25650 Sheets	1,011.88

RECEIVED
AUG - 2 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
Pickup	1,011.88	6.000%	60.71			$ 1,072.59

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 7/31/95 Inv #: 18920 Inv $: 1042.78

Due Date: 8/30/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 40049

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	1042.78

Voucher Prepared by: _____

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
18820	07/31/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	GLORIA		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
25	Re: VOL V-A BOOK 1 Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 996 Orig., 15 to 15, Uncollate 24900 Sheets	983.75

RECEIVED
AUG - 7 1995

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
Pickup	983.75	6.000%	59.03			$ 1,042.78

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: _____ Vendor Name: _____

Inv Date: 7/31/95 Inv #: 18821 Inv $: 221.94

Due Date: 8/30/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 40049

Description: Copies

Units: _____ Job Code: _____

Account Number PtLResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	221.94

Voucher Prepared by: _____

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
18821	07/31/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	GLORIA		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
25	Re: VOL II-A BOOK 2 OF 4 Copies on 8.5 x 11 20# WHITE BOND 8.5 X 11 170 Orig., 1S to 1S, Uncollate 4250 Sheets	209.38

RECEIVED
AUG - 3 1995

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
Pickup	209.38	6.000%	12.56			$ 221.94

Accounts Payable Voucher

pproved by: _____ Manual Check #: _____ Date: _____

pe: _____

endor #: 19583 Vendor Name: Sir Speedy

Date: 8/16/95 Inv #: 19142 Inv $: 2369 74

e Date: ~~8/30/95~~ 9/6/95 Discount: _____ Terms: _____

nth/Yr: 8/95 Purchase Order #: 40141

scription: Copies

ts: _____ Job Code: _____

Account Number Res.Str.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
2001.620.99.1861.0000.135	95RA100	2369 74

Voucher Prepared by: JH

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
19142	08/16/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703-

Stacy Ann Acton

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	STEVE		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
12	Re: VOLUME I BOOK I OF 2 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1024 Orig., 1S to 2S, Uncollate 6144 Sheets	614.40
12	Re: VOLUME I BOOK 2 OF 2 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 852 Orig., 1S to 2S, Coll/Slip 5112 Sheets	511.20
12	Re: VOLUME II BOOK 1 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 350 Orig., 1S to 2S, Coll/Slip 2100 Sheets	210.00
12	Re: VOLUME II BOOK 2 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1050 Orig., 1S to 2S, Coll/Slip 6300 Sheets	630.00
12	Re: VOLUME II BOOK 3 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 450 Orig., 1S to 2S, Coll/Slip 2700 Sheets	270.00

RECEIVED
AUG 2 8 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
DELIVER	2,235.60	6.000%	134.14			$ 2,369.74

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 19583 Vendor Name: _____

Inv Date: 8/16/95 Inv #: 19143 Inv $: 2710.63

Due Date: ~~8/30/95~~ 9/6/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 40141

Description: Copies

Units: _____ Job Code: _____

Account Number ResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	2710.63

Voucher Prepared by: _____

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
19143	08/16/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703-

Stacy Ann Acton

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	STEVE		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
12	Re: VOLUME II BOOK 4 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 254 Orig., 1S to 2S, Uncollate 1524 Sheets	152.40
12	Re: VOLUME III BOOK 1 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1326 Orig., 1S to 2S, Coll/Slip 7956 Sheets	795.60
12	Re: VOLUME III BOOK 2 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 858 Orig., 1S to 2S, Coll/Slip 5148 Sheets	514.80
12	Re: VOLUME III BOOK 3 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1064 Orig., 1S to 2S, Coll/Slip 6384 Sheets	638.40
12	Re: VOLUME III BOOK 4 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 760 Orig., 1S to 2S, Coll/Slip 4560 Sheets	456.00

RECEIVED
AUG 2 8 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
DELIVER	2,557.20	6.000%	153.43			$ 2,710.63

Accounts Payable Voucher

pproved by: _____ Manual Check #: _____ Date: _____

pe: _____

ndor #: 19583 Vendor Name: _____

Date: 8/16/95 Inv #: 19144 Inv $: 2184 02

e Date: ~~8/30/95~~ 9/6/95 Discount: _____ Terms: _____

nth/Yr: 8/95 Purchase Order #: 40141

scription: Copies

ts: _____ Job Code: _____

ount Number ResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0001.620.99-1861.0000.135	9SRA100	2184 02

Voucher Prepared by: DH

- INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
19144	08/16/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703-
Stacy Ann Acton

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	STEVE		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
12	Re: VOLUME III BOOK 5 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 858 Orig., 1S to 2S, Uncollate 5148 Sheets	514.80
12	Re: VOLUME III BOOK 6 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 624 Orig., 1S to 2S, Coll/Slip 3744 Sheets	374.40
12	Re: VOLUME IV BOOK 1 OF 1 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 200 Orig., 1S to 2S, Coll/Slip 1200 Sheets	120.00
12	Re: VOLUME V BOOK 1 OF 1 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 714 Orig., 1S to 2S, Coll/Slip 4284 Sheets	428.40
12	Re: VOLUME VI BOOK 1 OF 2 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1038 Orig., 1S to 2S, Coll/Slip 6228 Sheets	622.80

RECEIVED
AUG 2 8 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
DELIVER	2,060.40	6.000%	123.62			$ 2,184.02

Accounts Payable Voucher

pproved by: _____ Manual Check #: _____ Date: _____

ype: _____

endor #: 19583 Vendor Name: _____

v Date: 8/16/95 Inv #: 19145 Inv $: 2561 81

e Date: 8/30/95 ~~9/6/95~~ Discount: _____ Terms: _____

onth/Yr: 8/95 Purchase Order #: 40141

scription: Copies

its: _____ Job Code: _____

Account Number ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	2561 81

Voucher Prepared by: _____

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
19145	08/16/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703-

Stacy Conn Acton

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	STEVE		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
12	Re: VOLUME VI BOOK 2 OF 2 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 572 Orig., 1S to 2S, Uncollate 3432 Sheets	343.20
12	Re: VOLUME VII BOOK 1 OF 1 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 972 Orig., 1S to 2S, Coll/Slip 5832 Sheets	583.20
12	Re: VOLUME VIII BOOK 1 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 350 Orig., 1S to 2S, Coll/Slip 2100 Sheets	210.00
12	Re: VOLUME VIII BOOK 2 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1100 Orig., 1S to 2S, Coll/Slip 6600 Sheets	660.00
12	Re: VOLUME VIII BOOK 3 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1034 Orig., 1S to 2S, Coll/Slip 6204 Sheets	620.40

RECEIVED
AUG 28 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
DELIVER	2,416.80	6.000%	145.01			$ 2,561.81

Accounts Payable Voucher

pproved by: _____

ype: _____

endor #: 19583

v Date: 8/16/95

ue Date: 8/30/95 9/1/95

Month/Yr: 8/95

escription: Copies

nits: _____

Manual Check #: _____ Date: _____

Vendor Name: _____

Inv #: 19146 Inv $: 1287 90

Discount: _____ Terms: _____

Purchase Order #: 40141

Job Code: _____

Account Number (ER.ResCtr.UC.Acct.SubAcct.CEC)	Project Number	Dollar Amount
00001.620.99.1861.0000.135	95RA100	1287 90

Voucher Prepared by: DR

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
19146	08/16/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703-

Stacy Ann Acton

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	STEVE		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
12	Re: VOLUME VIII BOOK 4 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 968 Orig., 1S to 2S, Uncollate 5808 Sheets	580.80
12	Re: VOLUME IX BOOK 1 OF 1 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 124 Orig., 1S to 2S, Coll/Slip 744 Sheets	74.40
12	Re: VOLUME 11-A BOOK 1 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 311 Orig., 1S to 2S, Coll/Slip 1866 Sheets	186.60
12	Re: VOLUME 11-A BOOK 2 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 311 Orig., 1S to 2S, Coll/Slip 1866 Sheets	186.60
12	Re: VOLUME II-A BOOK 3 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 311 Orig., 1S to 2S, Coll/Slip 1866 Sheets	186.60

RECEIVED
AUG 2 8 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
DELIVER	1,215.00	6.000%	72.90			$ 1,287.90

Accounts Payable Voucher

pproved by: _____ Manual Check #: _____ Date: _____

pe: _____

endor #: 19583 Vendor Name: _____

v Date: 8/16/95 Inv #: 19148 Inv $: 1582.37

ue Date: ~~8/30/95~~ 9/16/95 Discount: _____ Terms: _____

onth/Yr: 8/95 Purchase Order #: 40141

escription: Copies

nits: _____ Job Code: _____

Account Number (Fund.ResCtr.UC.AcctSubAcct.CEC)	Project Number	Dollar Amount
00001.620.99.1861.0000.135	95RA10	1582.37

Voucher Prepared by: JH

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
19148	08/16/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703-

Stacy Cann Caton

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	STEVE		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
12	Re: VOLUME V-A BOOK 1 OF 1 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 996 Orig., 1S to 2S, Uncollate 5976 Sheets	597.60
12	Re: VOLUME VI-A BOOK 1 OF 1 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 356 Orig., 1S to 2S, Coll/Slip 2136 Sheets	213.60
12	Re: VOLUME VII-A BOOK 1 OF 1 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 360 Orig., 1S to 2S, Coll/Slip 2160 Sheets	216.00
12	Re: VOLUME VIII-A BOOK 1 0F 1 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 634 Orig., 1S to 2S, Coll/Slip 3804 Sheets	380.40
12	Re: VOLUME IX-A BOOK 1 OF 1 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 142 Orig., 1S to 2S, Coll/Slip 852 Sheets	85.20

RECEIVED
AUG 2 8 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
DELIVER	1,492.80	6.000%	89.57			$ 1,582.37

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Type: _____

Vendor #: 19583 Vendor Name: _____

Inv Date: 8/21/95 Inv #: 19229 Inv $: 7668.68

Due Date: 8/30/95 9/6/95 Discount: _____ Terms: _____

Month/Yr: 8/95 Purchase Order #: 40141

Description: Copies

Units: _____ Job Code: _____

Account Number FLResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.135	95RA100	7668.68

Voucher Prepared by: _____

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
19229	08/21/95
FEDERAL TAX ID NUMBER: 59-2019939	

L TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703-

Stacy Cann Cotton

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	GLORIA		SANDRA

QUANTITY	DESCRIPTION	SUB-TOTAL
31	Re: VOL. VI BOOK 1 OF 2 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1038 Orig., 1S to 2S, Uncollate 16089 Sheets	1,695.40
26	Re: VOL. V BOOK 1 OF 1 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 714 Orig., 1S to 2S, Coll/Slip 9282 Sheets	1,014.70
25	Re: VOL. V-A BOOK 1 OF 1 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 996 Orig., 1S to 2S, Uncollate 12450 Sheets	1,331.50
25	Re: VOL. III-A BOOK 1 OF 3 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1188 Orig., 1S to 2S, Coll/Slip 14850 Sheets	1,571.50
25	Re: VOL. III-A BOOK 2 OF 3 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1228 Orig., 1S to 2S, Coll/Slip 15350 Sheets	1,621.50

RECEIVED
AUG 28 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
ELIVER	7,234.60	6.000%	434.08			$ 7,668.68

APPENDIX DE305-B

PAGE 1098 OF 2226

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
19230	08/21/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703-

Stacy Ann Cator

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	GLORIA		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
25	Re: VOL. II-A BOOK 3 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 508 Orig., 1S to 2S, Coll/Slip 6350 Sheets	721.50
27	Re: VOL. 3 BOOK 5 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 858 Orig., 1S to 2S, Uncollate 11583 Sheets	1,244.80
27	Re: VOL. III BOOK 4 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 760 Orig., 1S to 2S, Coll/Slip 10260 Sheets	1,112.50
27	Re: VOL. III BOOK 6 OF 6. Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 524 Orig., 1S to 2S, Coll/Slip 8424 Sheets	928.90
27	Re: VOL. III BOOK 1 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1326 Orig., 1S to 2S, Coll/Slip 17901 Sheets	1,876.60

RECEIVED
AUG 28 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
DELIVER	5,884.30	6.000%	353.06			$ 6,237.36

Accounts Payable Voucher

pp. d by: _____ Manual Check #: _____ Date: _____

pe: _____

endor #: 19583 Vendor Name: Sir Speedy

v Date: 8/21/95 Inv #: 19230 Inv $: 6237 36

e Date: 8/30/95 9/6/95 Discount: _____ Terms: _____

onth/Yr: 8/95 Purchase Order #: 40141

scription: Copies

its: _____ Job Code: _____

Account Number ResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	6237 36

Voucher Prepared by: DH

APPENDIX DR305-B

PAGE 1100 OF 2226

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
19230	08/21/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703-

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	GLORIA		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
25	Re: VOL. II-A BOOK 3 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 508 Orig., 1S to 2S, Coll/Slip 6350 Sheets	721.50
27	Re: VOL. 3 BOOK 5 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 858 Orig., 1S to 2S, Uncollate 11583 Sheets	1,244.80
27	Re: VOL. III BOOK 4 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 760 Orig., 1S to 2S, Coll/Slip 10260 Sheets	1,112.50
27	Re: VOL. III BOOK 6 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 624 Orig., 1S to 2S, Coll/Slip 8424 Sheets	928.90
27	Re: VOL. III BOOK 1 OF 6 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1326 Orig., 1S to 2S, Coll/Slip 17901 Sheets	1,876.60

RECEIVED
AUG 28 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
DELIVER	5,884.30	6.000%	353.06			$ 6,237.36

Accounts Payable Voucher

pp. d by: _____ Manual Check #: _____ Date: _____

pe: _____

endor #: 19583 Vendor Name: _____

v Date: 8/21/95 Inv #: 19231 Inv $: 2716.57

e Date: ~~8/30/95~~ 9/6/95 Discount: _____ Terms: _____

onth/Yr: 8/95 Purchase Order #: 40141

escription: Copies

nits: _____ Job Code: _____

Account Number CResClr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	2716.57

Voucher Prepared by: JH

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
19231	08/21/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703-

Stacy Ann Cloe

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	GLORIA		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
	Re: RUSH BOOK GLORIA 8/17/95	
27	Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 913 Orig., 1S to 2S, Coll/Slip 12325 Sheets	1,318.00
	Re: VOL III BOOK 2OF 6	
27	Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 858 Orig., 1S to 2S, Uncollate 11583 Sheets	1,244.80

RECEIVED
AUG 2 8 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
DELIVER	2,562.80	6.000%	153.77			$ 2,716.57

Accounts Payable Voucher

pproved by: _____ Manual Check #: _____ Date: _____

pe: _____

endor #: 19583 Vendor Name: Sir Speedy

v Date: 8/16/95 Inv #: 19147 Inv $: 2571.35

ue Date: 8/30/95 ~~9/16/95~~ Discount: _____ Terms: _____

onth/Yr: 8/95 Purchase Order #: 40141

escription: Copies

nits: _____ Job Code: _____

ccount Number ResCtr.UC.AcctSubAcct.CEC	Project Number	Dollar Amount
20001.620.99.1861.0000.135	95R4100	2571.35

Voucher Prepared by: _____

SSU
Southern States Utilities

89314

REQUISITION

NOTE: SHADED FIELDS ARE REQUIRED

PLANT/DEPT: 90001 Office Genl
REQUESTED BY: Gloria Wishart
REQUEST DATE: 5/22/95
DATE REQUIRED: 5/22/95

VENDOR NAME: Sir Speedy
ADDRESS:
PHONE NO:

SHIP TO: DEPT/PLANT # 90001 Office Genl
ADDRESS: Same
ATTN:

Invoice # 19147

PO #	SHIP VIA	FOB	DUE DATE	CONFIRMING	MAIL	TAXABLE
40141	X	OP	8-14	Trisha	Y	6%

L/N	Item No.	QNTY	U/M	Item Description (include p/n, cat. #, mfg, model, size, etc.)	Account Code PLANT	RSP	UC	ACCT	SUB-A	CEC	Project Number (WO#) PRJCT	TASK	SUBT	Unit Price	Amount
1		12	ea	Vol II-A Book 4 of 4	00001	620	99	1861	0000	185	95	RA 100			186.60
				311 Orig 1 to 2 sided											
2		12	ea	Vol III A Book 1 of 3	00001	620	99	1861	0000	185	95	RA 100			720.00
				1200 Orig 1 to 2 sided											
3		12	ea	Vol III A Book 2 of 3	00001	620	99	1861	0000	185	95	RA 100			
				1200 Orig 1 to 2 sided											720.00
4		12	ea	Vol III A Book 3 of 3	00001	620	99	1861	0000	185	95	RA 100			720.00
				1200 Orig 1 to 2 sided											
5		12	ea	Vol IV-A Book 1 of 1	00001	620	99	1861	0000	185	95	RA 100			79.20
				132 Orig 1 to 2 sided											

APPROVALS
Gloria Wishart
K. Stolfa

PURPOSE AND NECESSITY
Out of house printer being utilized to meet deadline for 1995 Rate Case

☐ UN-BUDGETED

SUBTOTAL	2425.80
FL. TAX 6%	145.55
FREIGHT	
OTHER	
TOTAL	2571.35

ACCOUNTS PAYABLE

APPENDIX DR365-B
PAGE 1164 OF 2226

INVOICE

Sir Speedy PRINTING, COPYING and DIGITAL NETWORK

Phone (407) 423-2051 • Fax (407) 843-5962

317 N. Orange Avenue
Orlando, FL 32801-1610

INVOICE NUMBER	INVOICE DATE
19147	08/16/95
FEDERAL TAX ID NUMBER: 59-2019939	

BILL TO:
SSU SERVICES
Attn.: Accounts Payable
1000 COLOR PLACE
APOPKA, FL 32703-

Stacy Ann Ceston

SHIP TO: Same

TERMS	CUSTOMER'S PHONE	CUSTOMER CONTACT	PURCHASE ORDER #	CUSTOMER SERVICE REP.
30	407-880-0058	STEVE		TRISHA

QUANTITY	DESCRIPTION	SUB-TOTAL
12	Re: VOLUME II-A BOOK 4 OF 4 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 311 Orig., 1S to 2S, Uncollate 1866 Sheets	186.60
12	Re: VOLUME III-A BOOK 1 OF 3 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1200 Orig., 1S to 2S, Coll/Slip 7200 Sheets	720.00
12	Re: VOLUME III-A BOOK 2 OF 3 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1200 Orig., 1S to 2S, Coll/Slip 7200 Sheets	720.00
12	Re: VOLUME III-A BOOK 3 OF 3 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 1200 Orig., 1S to 2S, Coll/Slip 7200 Sheets	720.00
12	Re: VOLUME IV-A BOOK 1 OF 1 Copies on 8.5 x 11 B&W COPIES - 20# WHITE BOND 8.5 X 11 132 Orig., 1S to 2S, Coll/Slip 792 Sheets	79.20

RECEIVED
AUG 2 8 1995
Accounts Payable

SHIP VIA	SUB-TOTAL	TAX RATE %	TAX	FREIGHT CHARGES	DEPOSIT	AMOUNT DUE
DELIVER	2,425.80	6.000%	145.55			$ 2,571.35

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1324 Vendor Name: A.S.A.P. Quicklist

Inv Date: 9.28.95 Inv #: 18428 Inv $: 194.70

Due Date: 10.4.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: L136160

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	194.70

Voucher Prepared by: _____

APPENDIX D2305-B

PAGE 1106 OF 2226

ASAP
QUICK-PRINT of APOPKA, INC
2430 E. SEMORAN BLVD.
APOPKA, FLORIDA
32703
PRINTING:
886-6336
SHIPPING:
886-1601
FAX:
886-2534

Date 9/28/95 (9/28) INVOICE # Nº 18428

SOLD TO:
Name Southern States Utilities
Address Cedar Place
City APOPKA State FL Zip 32703
Phone 880-0058 P.O. #
Steve

CASH ☐ COD ☐ TOA ☐ DEPOSIT ☐ CHARGE ☐

WANTED
M
T
W
T
F
DUE DATE A.S.A.P.

NO OF ORIG	PRINTED SHTS	UP	SIDES	SIZE	DESCRIPTION	AMOUNT
	2624				Assorted cards 07	183 68
					Copies for Office of Public Counsel	
					BUSINESS CARDS	
					BUSINESS CARDS	

EXTRA SERVICES	SHEETS	PRICE
☐ COLORED INK		
☐ TRIM SIZE		
☐ PER PAD ☐ 50's ☐ 100's		
☐ FOLD SIZE ☐ 2 ☐ LT ☐ 1/2		
☐ DRILL HOLES		
☐ STAPLE ☐ FLAT ☐ BOOK		
☐ PERFORATE ☐ SCORE		
☐ COLLATE		
☐ NO. FROM TO		
☐ SET UP ☐ METAL PLATES		
☐ TYPESETTING		
☐ STATS ☐ HALF TONES		

TOTAL EXTRAS	
SUB TOTAL	183 68
SALES TAX	11 02
TOTAL	194.70
DEPOSIT	
BALANCE	

PLEASE PAY FROM THIS INVOICE

All Delinquent Accounts Charged 1.5% Per Month (18% APR). Where Collection is Required, Debtor Will Pay All Costs Including, But Not Limited to, Collection Costs, Attorney's Fees, & Court Costs.

All published prices indicate printing on 20# white bond, black ink, unless otherwise specified by customer. We are not responsible for typing or spelling errors in customer's original or copy proofread by customer.

SIGNATURE Steven M. Gallo

LOCAL PURCHASE ORDER **SOUTHERN STATES UTILITIES**

1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136160

DATE: 9-29-95
PLANT #: 90001
DEPT.: 565 OFFICE SERVICES

VENDOR: A.S.A.P. Quick Print
ADDRESS: 2430 East Semoran Blvd.
CITY: Apopka
STATE: Florida ZIP: 32703

VENDOR INVOICE # 18438

1324

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT	
1	lot	2624 single copies	.07	153	68
		copies for Office of Public Counsel (OPC) as requested			
		RECEIVED OCT 0 2 1995 Accounts Payable			
G.L. # 00001.620.99.1861.0000.135 95RA100		NOT VALID FOR PURCHASES OVER $500.00	TAX	11	03
			TOTAL	194	70

ISSUED BY EMPLOYEE SIGNATURE: Gloria J. Wishart

AUTHORIZED BY SUPERVISOR SIGNATURE: Steven M. Gallo

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

APPENDIX DR305-B
PAGE 1108 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1324 Vendor Name: A.S.A.P Quick Print

Inv Date: 9.27.95 Inv #: 11422 Inv $: 547.00

Due Date: 10.4.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: L136159

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.135	95RA105	547.00

Voucher Prepared by: _____

APPENDIX D2305-B

PAGE 1169 OF 2226

QUICK-PRINT of APOPKA, INC.

2430 E. SEMORAN BLVD.
APOPKA, FLORIDA
32703
PRINTING:
886-6336
SHIPPING:
886-1601
FAX:
886-2534

Date 7/27 INVOICE # Nº 18422

SOLD TO:

Name Southern State utilities

Address Color Place

City APOPKA State FL Zip 32703

Phone 880-0058 (112) P.O. #

Steve

CASH ☐ COD ☐ TOA ☐ DEPOSIT ☐ CHARGE ☐

WANTED	
M	
T	
W	
T	
F	
DUE DATE	A.S.A.P.

NO OF ORIG	PRINTED SHTS	UP	SIDES	SIZE	DESCRIPTION	AMOUNT
	7372				Assorted copies of	516 04
					Copies for Office of Public Counsel	
					BUSINESS CARDS ~~CD~~	
					BUSINESS CARDS	

EXTRA SERVICES	SHEETS	PRICE
☐ COLORED INK		
☐ TRIM SIZE		
☐ PER PAD ☐ 50's ☐ 100's		
☐ FOLD SIZE ☐ Z ☐ LT ☐ 1/2		
☐ DRILL HOLES		
☐ STAPLE ☐ FLAT ☐ BOOK		
☐ PERFORATE ☐ SCORE		
☐ COLLATE		
☐ NO. FROM TO		
☐ SET UP ☐ METAL PLATES		
☐ TYPESETTING		
☐ STATS ☐ HALF TONES		

Accounts Payable

TOTAL EXTRAS	
SUB TOTAL	516 04
SALES TAX	30 96
TOTAL	547 00
DEPOSIT	
BALANCE	

PLEASE PAY FROM THIS INVOICE

All Delinquent Accounts Charged 1.5% Per Month (18% APR). Where Collection is Required, Debtor Will Pay All Costs Including, But Not Limited to Collection Costs, Attorney's Fees, & Court Costs.

All published prices indicate printing on 20# white bond, black ink, unless otherwise specified by customer. We are not responsible for typing or spelling errors in customer's original or copy proofread by customer.

SIGNATURE Steven M. Willis

LOCAL PURCHASE ORDER

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136159

DATE: 9-28-95
PLANT #: 90001
DEPT.: 565 OFFICE SERVICES

VENDOR: A.S.A.P. Quick Print
ADDRESS: 2430 East Semoran Blvd.
CITY: Apopka
STATE: FL ZIP: 32703

VENDOR INVOICE # 18422

1324

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT
1	lot	7377 single copies	.07	516 04
		Copies for Office of Public Counsel (OPC) as requested		
			TAX	30 96
			TOTAL	547 00

RECEIVED
SEP 28 1995
Accounts Payable

G.L. # 00001.620.99.1861.0000.135

NOT VALID FOR PURCHASES OVER $500.00

ISSUED BY EMPLOYEE SIGNATURE: Gloria J. Wishart

AUTHORIZED BY SUPERVISOR SIGNATURE: Steven M. Gallen

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

APPENDIX DR 305-B
PAGE 1111 OF 2026

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1324 Vendor Name: A.S.A.P

Inv Date: 9.26.95 Inv #: 18410 Inv $: 66.78

Due Date: 10.4.95 Discount: _____ Terms: _____

Month/Yr: 10.95 Purchase Order #: L136156

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.135	95RA100	66.78

Voucher Prepared by: _____

APPENDIX DR305-B

PAGE 1112 OF 2226

A.S.A.P.
QUICK-PRINT of APOPKA, INC.
2430 E. SEMORAN BLVD.
APOPKA, FLORIDA
32703
PRINTING:
886-6336
SHIPPING:
886-1601
FAX:
886-2534

Date Sept. 26 '95 INVOICE # Nº 18410

SOLD TO:
Name Southern States Utilities
Color Place
Address
City Apopka State FL Zip 32703
Phone 880-0058 P.O. #

WANTED
M
T
W
T
F
DUE DATE
A.S.A.P.

CASH ☐ COD ☐ TOA ☐ DEPOSIT ☐ CHARGE ☒

NO. OF ORIG	PRINTED SHTS.	UP	SIDES	SIZE	DESCRIPTION	AMOUNT
	900				Copies of Complete Books	63 00
					RECEIVED	
					SEP 27 1995	
					Accounts Payable	
					Copies for Office of Public Counsel	
					BUSINESS CARDS	
					BUSINESS CARDS	

EXTRA SERVICES	SHEETS	PRICE
☐ COLORED INK		
☐ TRIM SIZE		
☐ PER PAD ☐ 50's ☐ 100's		
☐ FOLD SIZE ☐ Z ☐ LT ☐ 1/2		
☐ DRILL HOLES		
☐ STAPLE ☐ FLAT ☐ BOOK		
☐ PERFORATE ☐ SCORE		
☐ COLLATE		
☐ NO. FROM TO		
☐ SET UP ☐ METAL PLATES		
☐ TYPESETTING		
☐ STATS ☐ HALF TONES		

TOTAL EXTRAS	
SUB TOTAL	63 00
SALES TAX	3 78
TOTAL	66 78
DEPOSIT	
BALANCE	

PLEASE PAY FROM THIS INVOICE

All Delinquent Accounts Charged 1.5% Per Month (18% APR). Where Collection is Required, Debtor Will Pay All Costs Including, But Not Limited to Collection Costs, Attorney's Fees, & Court Costs.

All published prices indicate printing on 20# white bond, black ink, unless otherwise specified by customer. We are not responsible for typing or spelling errors in customer's original or copy proofread by customer.

SIGNATURE Steven M. Gallo

LOCAL PURCHASE ORDER

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136156

DATE: 9-26-95
PLANT #: 90001
DEPT.: 565 Office Services

VENDOR: A.S.A.P. Quick Print
ADDRESS:
CITY:
STATE: ZIP:

VENDOR INVOICE # 18410

1324

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT
1	lot	900 single copies	.07	63 00
		copies for Office of Public Counsel (OPC) as requested		
		RECEIVED SEP 27 1995 Accounts Payable		
G.L. # 0001.620,99.1861.0000.135		NOT VALID FOR PURCHASES OVER $500.00	TAX	3 78
			TOTAL	66 78

ISSUED BY EMPLOYEE SIGNATURE: Steven M. Gellis

AUTHORIZED BY SUPERVISOR SIGNATURE: Gloria Wishart

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

APPENDIX D1305-B
PAGE 1114 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1324 Vendor Name: A.S.A.P.

Inv Date: 9.25.95 Inv #: 18407 Inv $: 388.88

Due Date: 10.4.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: L136155

Description: Copies

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.420.99.1161.0000.135	95RA100	388.88

Voucher Prepared by: _____

APPENDIX DE305-5

PAGE 115 OF 226

ASAP
QUICK-PRINT of APOPKA, INC

2430 E. SEMORAN BLVD.
APOPKA, FLORIDA
32703
PRINTING:
886-6336
SHIPPING:
886-1601
FAX:
886-2534

Date 9/25/95 INVOICE # Nº 18407

SOLD TO:
Name Southern States Utilities
Address Color Place
City Apopka State FL Zip 32703
Phone 880-0058 X 112 P.O. #

WANTED
M
T
W
T
F
DUE DATE
A.S.A.P.

CASH ☐ COD ☐ TOA ☐ DEPOSIT ☐ CHARGE ☐

NO OF ORIG	PRINTED SHTS	UP	SIDES	SIZE	DESCRIPTION	AMOUNT
					5241 Copies .07	366 87
	RECEIVED					
	SEP 27 1995				Copies for Office of Public Counsel	
	Accounts Payable					
					BUSINESS CARDS	
					BUSINESS CARDS	

EXTRA SERVICES	SHEETS	PRICE
☐ COLORED INK		
☐ TRIM SIZE		
☐ PERPAD ☐ 50's ☐ 100's		
☐ FOLD SIZE ☐ Z ☐ LT ☐ 1/2		
☐ DRILL HOLES		
☐ STAPLE ☐ FLAT ☐ BOOK		
☐ PERFORATE ☐ SCORE		
☐ COLLATE		
☐ NO. FROM TO		
☐ SET UP ☐ METAL PLATES		
☐ TYPESETTING		
☐ STATS ☐ HALF TONES		

TOTAL EXTRAS	
SUB TOTAL	366 87
SALES TAX	22 01
TOTAL	388 88
DEPOSIT	
BALANCE	

PLEASE PAY FROM THIS INVOICE

All Delinquent Accounts Charged 1.5% Per Month (18% APR). Where Collection is Required, Debtor Will Pay All Costs Including, But Not Limited to Collection Costs, Attorney's Fees, & Court Costs.

All published prices indicate printing on 20# white bond, black ink, unless otherwise specified by customer. We are not responsible for typing or spelling errors in customer's original or copy proofread by customer.

SIGNATURE Steven M. Gallis

LOCAL PURCHASE ORDER

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136155

DATE: 9-26-95
PLANT #: 90001
DEPT.: 565 Office Services

VENDOR: A.S.A.P. Quick Print
ADDRESS: 2430 East Semoran Blvd.
CITY: Apopka
STATE: FL ZIP: 32703

VENDOR INVOICE # 18407

1324

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT	
1	lot	5341 copies @ .07	.07	366	87
		Copies for Office of Public Counsel (OPC) as requested			
		RECEIVED SEP 27 1995 Accounts Payable			
			TAX	23	01
			TOTAL		

G.L. # 00001.620.99.1861.0000.135 95RA100

NOT VALID FOR PURCHASES OVER $500.00

ISSUED BY EMPLOYEE SIGNATURE: Steven M. Gallis

AUTHORIZED BY SUPERVISOR SIGNATURE: Gloria F. Merchant

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

APPENDIX DL 305-13
PAGE 1117 OF 2226

Accounts Payable Voucher

Approved by: _____ Manual Check #: _____ Date: _____

Vendor #: 1324 Vendor Name: A.S.A.P.

Inv Date: 9.27.95 Inv #: 18418 Inv $: 208.35

Due Date: 10.4.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: C.136158

Description: Copies

Units: _____ Job Code: _____

Account Number Plf.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
0001.620.99.1861.0000.135	95RA100	208.35

Voucher Prepared by: _____

APPENDIX DE305-B

PAGE 1118 OF 2226

called 9-27

ASAP
QUICK•PRINT of APOPKA, INC
2430 E. SEMORAN BLVD.
APOPKA, FLORIDA
32703
PRINTING:
886-6336
SHIPPING:
886-1601
FAX:
886-2534

Date 9/27/95 INVOICE # Nº 18418

SOLD TO:
Name Southern State Utilities
Address Color Place
City APOPKA State FL Zip
Phone 880 0058 ext 112 P.O.#
Steve Gallis

WANTED
M
T
W
T
F
DUE DATE
A.S.A.P.

CASH ☐ COD ☐ TOA ☐ DEPOSIT ☐ CHARGE ☐

NO. OF ORIG	PRINTED SHTS	UP	SIDES	SIZE	DESCRIPTION	AMOUNT
					Copies 2808 07	196 56
					Copies for Office of Public Counsel	
					BUSINESS CARDS	
					BUSINESS CARDS	

EXTRA SERVICES	SHEETS	PRICE
☐ COLORED INK		
☐ TRIM SIZE		
☐ PER PAD ☐ 50's ☐ 100's		
☐ FOLD SIZE ☐ 2 ☐ LT ☐ 1/2		
☐ DRILL HOLES		
☐ STAPLE ☐ FLAT ☐ BOOK		
☐ PERFORATE ☐ SCORE		
☐ COLLATE		
☐ NO. FROM TO		
☐ SET UP ☐ METAL PLATES		
☐ TYPESETTING		
☐ STATS ☐ HALF TONES		

RECEIVED
SEP 28 1995
Accounts Payable

TOTAL EXTRAS	
SUB TOTAL	196 56
SALES TAX	11 79
TOTAL	208 35
DEPOSIT	
BALANCE	

PLEASE PAY FROM THIS INVOICE

All Delinquent Accounts Charged 1.5% Per Month (18% APR). Where Collection is Required, Debtor Will Pay All Costs Including, But Not Limited to Collection Costs, Attorney's Fees, & Court Costs.

All published prices indicate printing on 20# white bond, black ink, unless otherwise specified by customer. We are not responsible for typing or spelling errors in customer's original or copy proofread by customer.

SIGNATURE Steve M. Gallis

LOCAL PURCHASE ORDER

SOUTHERN STATES UTILITIES
1000 COLOR PLACE
APOPKA, FLORIDA 32703
(407) 880-0058

L 136158

DATE: 9-28-95
PLANT #: 90001
DEPT.: 565 OFFICE SERVICES

VENDOR: A.S.A.P. Quick Print
ADDRESS: 2430 East Semoran Blvd.
CITY: Apopka
STATE: FL ZIP: 32703

VENDOR INVOICE # 18418

1334

QTY.	U/M	DESCRIPTION	UNIT PRICE	AMOUNT	
1	lot	1808 single copies	.07	126	56
		Copies for Office of Public Counsel (OPC) as requested			

RECEIVED
SEP 28 1995
Accounts Payable

G.L. # 00001.620.99.1861.000.135 95RA100

NOT VALID FOR PURCHASES OVER $500.00

TAX	11	77
TOTAL	208	35

ISSUED BY EMPLOYEE SIGNATURE: Gloria J. Wishart

AUTHORIZED BY SUPERVISOR SIGNATURE: Steven M. Gallis

REASON FOR PURCHASE:

ATTACH RECEIPTS FOR ALL PURCHASES

ACCOUNTS PAYABLE

APPENDIX DR 95-6
PAGE 1120 OF 2226

Approved by: _____

Vendor #: 2253 Vendor Name: Boics Printing

Inv Date: 9.1.95 Inv #: 9584 Inv $: 362.52

Due Date: 9.20.95 Discount: _____ Terms: _____

Month/Yr: 9 95 Purchase Order #: C129694

Description: Covers

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
00001.620.99.1861.0000.135	95RA100	362.52

Voucher Prepared by: [signature]

Baie's Printing Inc.SM

Quality Printing and Engraving

INVOICE NO.: 009584

INVOICE DATE: 09/01/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 09/01/95
DUE DATE..: 10/01/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: ~~MERVIN~~ 12969 4
P.O. DATE.....: 08/31/95
OUR ORDER NO..: 9584
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
38 ORIGINALS	COVER IMPRINTS - MISC. QUANTITIES	38.00	38.00	E	9.00	342.00	*

RECEIVED
SEP 05 1995
Accounts Payable

NET AMOUNT:	342.00
TAX:	20.52 *
TOTAL DUE:	362.52

FPC 1120-YY-1861.000-155 25CA100

NOTICE

By acceptance of these goods, buyer agrees to pay a reasonable attorney's fee if buyer's account is turned over to an attorney for collection. All claims and returned goods **MUST** be accompanied by this slip.

Received By Phyllis Sims

174 N Semoran Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828

Accounts Payable Voucher

Approved by: [signature] Manual Check #: _____ Date: _____

Vendor #: 2253 Vendor Name: Bains Printing

Inv Date: 9.15.95 Inv #: 9638 Inv $: 1344.61

Due Date: 10.4.95 Discount: _____ Terms: _____

Month/Yr: 9.95 Purchase Order #: 40357

Description: Rate Letters

Units: _____ Job Code: _____

Account Number Plt.ResCtr.UC.Acct.SubAcct.CEC	Project Number	Dollar Amount
XXXX.620.99.1861.0000.135	95RA100	1344.61

Voucher Prepared by: [signature]

APPENDIX DL305-B

PAGE 1123 OF 2226

Bailey Printing Inc.

Quality Printing and Engraving

INVOICE NO.: 009638

INVOICE DATE: 09/15/95

PAGE: 1

SOLD TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP TO: SSU SERVICES, INC.
1000 COLOR PLACE
APOPKA, FLORIDA 32703

SHIP VIA..: OUR TRUCK
SHIP DATE.: 09/15/95
DUE DATE..: 10/15/95
TERMS.....: NET 30

CUST. ID.....: SSU
P.O. NUMBER...: ~~STEVE GALLIS~~
P.O. DATE.....: 09/13/95
OUR ORDER NO..: 9638
SALESMAN.....: STEVE

PRODUCT I.D.	DESCRIPTION	ORDERED	SHIPPED	U/M	UNIT PRICE	AMOUNT	TX
21,000	LETTER - 1 SIDE,BROOKSVILLE	21.00	21.00	M	29.50	619.50	*
22,000	LETTER - 1 SIDE, SANFORD	22.00	22.00	M	29.50	649.00	*

NET AMOUNT: 1,268.50
TAX: 76.11 *
TOTAL DUE: 1,344.61

RECEIVED
SEP 2 8 1995
Accounts Payable

NOTICE

By acceptance of these goods buyer agrees to pay a reasonable Attorney's fee if buyer's account [illegible] an attorney for collection. Claims or returns MUST be accompanied by this bill.

Received By Steven M. Gallis

174 Newman Commerce Place • Suite 113 • Apopka, Florida 32703
Phone: (407) 884-8822 • FAX: (407) 884-8828