## Southern Specialties Transportation LLC 116 Toledo Dr. Lafayette, LA 70506

Telephone: 337-783-2300

**BP America Production Company** 

Attention: Scanning Department

San Antonio TX 78269-6494

Fax: 337-783-2007

P O Box 696494



Invoice

308450

Thursday, January 10, 2019

Page: 1

Location: SST Norman Yard

Date	Ticket#	Job Description	Unloaded At	Manifest #	Quantity	Rate	Amount
12/31/2018 12/31/2018	552426 552427	tank rental tank rental	SST Norman Yard SST Norman Yard		620.00 each 620.00 each	1.00000/each 1.00000/each	620.00 620.00
						Invoice Total	1,240.00

Terms: Net 30 days

Please Remit Payment To:

This account is assigned and payable only to LSQ Funding Group L.C.

Payments should be sent to them at:
P.O. Box 404322

Atlanta, GA 30384-4322

## 24 Hours Vacuum & End **Dump Service**

116 Toledo Dr Lafayette, La 70506



Office: 337-783-2300 Fax: 337-783-2007 Dispatch: 337-783-2311

	sei vice.	supply. Italispoi	WOI TICK	WORK 552427			
				15T-315T			
ORDERED BY She	161			P.O. NO SERVICE ORDER NO			
TELEPHONE NO.							
CHARGED TO BA	AMPINCS	1		AFE NO			
ADDRESS							
LEASE S.S.T	Yard,	BOOKING NO					
	7410						
RIG NAME AND NUMBER	(10/0-1	11 00 101	10/00 10	EAC +	r.nl		
ON Yava	5,010	11 hong	water in		<u>4//\</u>		
TRUCK NO.	TRAILER NO	AILER NOUNIT SIZE RATE/HR					
n 49	51 A.M.	7 715TAM		AMOU	NT		
TIME STARTS UCC I	P.M. TIME STOPS	TIME STOPS OCC 31 F.M. HOURS WORKED			1750		
	1			<u> </u>			
	2-10-10-10-10-10-10-10-10-10-10-10-10-10-						
		(FOR OFFICE USE ONLY) TOTAL					
LOCATION	ARRIVE	DEPART	COMMEN	NTS			
	A.M. P.M.	A.M. P.M.					
	A.M. P.M.	A.M. P.M.					
	A.M.	A.M.					
	P.M.	P.M.					
	P.M.	P.M.		72			
	P.M.	P.M.					
	A.M. P.M.	A.M. P.M.					
	A.M.	А.М.					
5-112	P.M.	P.M.					
Eddie	SK.						
_	DRIVER	RECEIVED OR APPROVED BY					

## 24 Hours Vacuum & End **Dump Service**

116 Toledo Dr Lafayette, La 70506



Office: 337-783-2300 Fax: 337-783-2007 Dispatch: 337-783-2311

P.O. NO. \_\_\_ TELEPHONE NO. SERVICE ORDER NO. merica AFE NO. \_ **CHARGED TO ADDRESS** BOOKING NO. LEASE . **RIG NAME AND NUMBER WORK PERFORMED** TRAILER NO. UNIT SIZE \_\_\_\_\_ RATE/HR.: \_\_\_ TRUCK NO. AMOUNT P.M. TME STOPS Dec P.M. HOURS WORKED \_\_\_\_\_ (FOR OFFICE USE ONLY) TOTAL LOCATION ÄRRIVE **DEPART** COMMENTS A.M. A.M. P.M. P.M. A.M. A.M P.M. P.M. A.M. A.M P.M. P.M. A.M. A.M. P.M. P.M. A.M. A.M P.M. P.M. A.M. A.M. P.M. P.M. A.M. A.M. P.M.

RECEIVED OR APPROVED BY