



SelectRemedy

INVOICE

REMIT TO:

ProLogistix
PO Box 102332
Atlanta GA 30368-2332

Terms: Payment due 60 days from invoice date

Telephone: (877) 404-8459
customerservice@employbridge.net

Berlin Packaging CDC Lockport, IL
ATTN: Accounts Payable
West 163rd Street
Lockport IL 60441

CUSTOMER NUMBER	INVOICE DATE	INVOICE NUMBER
778056 20062	04/01/2024	90884340

DUE DATE: 05/31/2024

NOTE: FOR PROPER CREDIT TO YOUR ACCOUNT, PLEASE INCLUDE INVOICE NUMBER ON YOUR PAYMENT.

AU: 20062

WEEK ENDING	EMPLOYEE NAME	DESCRIPTION	UNITS	TYPE	RATE	TOTAL
03/31/24	CASTRO, CHRISTIAN	Warehouse Associate	40.00	REG	24.7050	988.20
03/31/24	LINDSEY, KENNETH A	Packer	40.00	REG	24.7050	988.20
03/31/24	SEVENING, WILLIAM C	Reach Truck	40.00	REG	27.4500	1098.00
03/31/24	SMITH, BRANDAN	Packer	40.00	REG	24.7050	988.20
Page Subtotal			160.0000			4,062.60
			160.0000	SALES TAX		0.00
Page 1 of 1					Total Amount Due	
AMOUNT DUE IF PAID BY 05/31/2024						4,062.60
AMOUNT DUE IF PAID AFTER 05/31/2024						4,103.23

