

Invoice



Remit Payment to:
Maxim Healthcare Services, Inc.
12558 Collections Center Drive
Chicago, IL 60693

City of Somerville - Health Department
50 Evergreen Avenue
Somerville, MA 02145

For services rendered at:
City of Somerville - Health Department
50 Evergreen Avenue
Somerville, MA 02145

| Account Name | | Branch | Account # | Period Ending | Invoice # | | | |
|--|-----------------|---------------------------|------------|-----------------|---------------------------------------|-------------|-----------------|--|
| City of Somerville - Health Department | | 0363 | 30557-0363 | 05/25/2019 | 6566790363B | | | |
| Date | Shift Worked | Temp | Dept. | Desc. | Rate | Units | Amount | |
| Osemwegie, Josephine | | | | | | | | |
| 05/24/19 Fri | 07:30A - 01:30P | Osemwegie, Josephine (RN) | Sch | Regular Weekday | 55.00 | 6.00 | 330.00 | |
| | | | | | Osemwegie, Josephine Subtotal: | 6.00 | 330.00 | |
| | | | | | Invoice Total: | 6.00 | \$330.00 | |

Thank you for using Maxim Healthcare Services.
If you have any questions regarding this invoice please contact Janet Larche at 410-910-1713
Pay more conveniently and securely by Electronic funds transfer (EFT) by calling (410) 910-1408 for an enrollment form.
Tax ID #: 52-1590951



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Invoice #: 6566790363

Check #: _____

Amount Paid (\$) _____

Please Return This Form With Your Payment. Thank You.

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Maxim Staffing Solutions Employee
 EMPLOYEE NAME: Josephine Genwegie
 EMPLOYEE SIGNATURE: [Signature]
 DATE: 5/24/19
 Employee Signature certifies that the hours below were worked and are correct.

| DAY | DATE | UNIT | REGULAR TIME | | | | ON CALL | | |
|--------------|------|------|--------------|----------|-------|-------------|------------|----------|-------|
| | | | Start Time | End Time | Break | Total Hours | Start Time | End Time | Start |
| SUNDAY | 1 | | | | | | | | |
| MONDAY | 1 | | | | | | | | |
| TUESDAY | 1 | | | | | | | | |
| WEDNESDAY | 1 | | | | | | | | |
| THURSDAY | 1 | | | | | | | | |
| FRIDAY | 5/24 | | 7:30 | 1:30 | - | 6 hours | | | |
| SATURDAY | 1 | | | | | | | | |
| Grand Total: | | | | | | 6 hours | | | |

TERMS AND CONDITIONS
 Maxim Healthcare Services, Inc. d/b/a Maxim Staffing Solutions ("MSS") agrees to supply the above-named Personnel to Client. Such Personnel shall provide services under Client's management and supervision. MSS will invoice Client at the agreed-upon standard and overtime hourly billing rates. Overtime will be billed for hours worked by Personnel in excess of forty (40) hours per week, or as otherwise required by law. In addition to the foregoing, MSS and Client agree to the following:
 1. MSS shall supply weekly timesheets rendered by Personnel to the Client by the Personnel the previous week. The Personnel will present a timesheet to the Client for approval. The Client's signature above indicates Client's acknowledgement of all of the Terms and Conditions of this agreement.
 2. Payment in full shall be due within thirty (30) days from the date of the invoice.
 3. The representative of all Personnel for which resumes are submitted to Client by MSS is hired either directly or indirectly by Client. In the event of termination of Personnel, an amount equal to thirty percent (30%) of the Client's invoice for the Personnel shall be paid to MSS as liquidated damages, an amount equal to thirty percent (30%) of the Client's invoice for the Personnel.
 4. Client shall be responsible for providing the Personnel with the necessary equipment and materials to perform their duties. Client shall be responsible for providing the Personnel with the necessary training and supervision. Client shall be responsible for providing the Personnel with the necessary transportation to and from the Client's facility.
 5. Client shall be responsible for providing the Personnel with the necessary housing and meals. Client shall be responsible for providing the Personnel with the necessary transportation to and from the Client's facility.
 6. Client shall be responsible for providing the Personnel with the necessary medical insurance and other benefits. Client shall be responsible for providing the Personnel with the necessary transportation to and from the Client's facility.
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EQUAL OPPORTUNITY EMPLOYER