



**Board of County
Commissioners**
Carol Contrada
President
Tina Skeldon Wozniak
Pete Gerken

Office of Support Services
Kelly Roberts
Director
Lynn DiPierro
Manager

Addendum #2 - Issued April 25, 2013

Regarding Bids for **Food Service (ITB 13-009C)** for Lucas County Corrections Center, Work Release and Correctional Treatment Facility, bid opening scheduled for May 13, 2013 at 2:00 P.M. (local time).

This document becomes a fully incorporated part of the specifications, and this letter constitutes legal notice of this requirement.

The entire original Bid Packet including this addendum must be submitted prior to the Bid Opening Date and Time.

Please see the attached documents requested at the pre-bid conference, April 25, 2013.



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas County Jail
1622 Spielbush Ave
Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Chuck Coleman

Invoice Number: 4419000861
Invoice Date: 12/07/2012
Amount Due: 14348.54

Sale Date	Description	Amount
12/05/2012	All Meals, Lucas Cty Inmate Meals - 9361 Meals @ 1.5328 ea.	14348.54

Voucher # 294537
P.O. # 6426
Vendor ID 9084
Approved By [Signature]

PRINTED INVOICE

Sub Total -> 14348.54
Sales Tax -> 0.00
Total Amount Due -> 14348.54

Tax Exemption Number: _____ Certificate on File ___ Yes No
Payment made by ___ Cash Deposit Date _____
___ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature [Signature] Other Signature _____

4419

Lucas County

		Thu	Fri	Sat	Sun	Mon	Tue	Wed	Totals
	DATE	11/29/2012	11/30/2012	12/1/2012	12/2/2012	12/3/2012	12/4/2012	12/5/2012	
BREAKFAST	BOOKING	55	15	40	40	70	30	40	290
	MEDICAL	24	25	24	25	23	24	24	169
	NORTH								0
	EAST	54	52	52	54	54	54	54	374
	3rd FLOOR	86	87	80	80	88	85	76	582
	4th FLOOR	64	65	66	67	67	70	68	467
	5th FLOOR	99	93	105	105	104	104	104	714
	6th FLOOR	74	69	73	76	77	75	76	520
	TOTAL	456	406	440	447	483	442	442	3116
	LUNCH or BRUNCH	BOOKING	30	30	40	50	70	30	45
MEDICAL		24	25	26	26	25	26	26	178
NORTH									0
EAST		54	54	54	54	54	54	54	378
3rd FLOOR		85	90	75	79	83	79	77	568
4th FLOOR		63	75	63	67	66	70	69	473
5th FLOOR		96	97	108	105	102	108	108	724
6th FLOOR		78	75	74	76	76	78	74	531
TOTAL		430	446	440	457	476	445	453	3147
DINNER		BOOKING	20	40	40	50	70	35	30
	MEDICAL	24	25	25	26	24	26	26	176
	NORTH								0
	EAST	52	52	54	54	54	54	54	374
	3rd FLOOR	81	83	75	79	82	76	74	550
	4th FLOOR	64	66	63	67	65	71	72	468
	5th FLOOR	98	94	108	106	100	104	106	716
	6th FLOOR	70	81	74	78	74	78	74	529
	TOTAL	409	441	439	460	469	444	436	3098
	Daily Total	1295	1293	1319	1364	1428	1331	1331	9361

Total MEALS	9361	Meal Price	TOTAL	MEALS	Average per	
		\$1.5328	\$14,348.54		Meal	Day
					445	1337



I N V O I C E
Correctional Services

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P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas County Jail
1622 Spielbush Ave
Toledo, OH 43604-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000865
Invoice Date: 12/14/2012
Amount Due: 13790.60

Attention: Chuck Coleman

Sale Date	Description	Amount
12/12/2012	All Meals, Lucas Cty Inmate Meals - 8997 Meals @ 1.5328 ea.	13790.60

Voucher # 294536
P.O. # 6426
Vendor ID 9087
Approved By [Signature]

PRINTED INVOICE

Sub Total -> 13790.60
Sales Tax -> 0.00
Total Amount Due -> 13790.60

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____

4419

Lucas County

		Thu	Fri	Sat	Sun	Mon	Tue	Wed	Totals
	DATE	12/6/2012	12/7/2012	12/8/2012	12/9/2012	12/10/2012	12/11/2012	12/12/2012	
BREAKFAST	BOOKING	43	20	20	35	50	25	25	218
	MEDICAL	24	25	26	25	25	25	25	175
	NORTH								0
	EAST	50	54	53	54	54	53	53	371
	3rd FLOOR	79	77	74	77	86	77	77	547
	4th FLOOR	64	65	65	67	75	76	70	482
	5th FLOOR	102	98	101	103	106	101	98	709
	6th FLOOR	77	76	76	77	74	64	61	505
	TOTAL	439	415	415	438	470	421	409	3007
	LUNCH or BRUNCH	BOOKING	28	30	20	30	50	25	26
MEDICAL		24	25	26	25	26	26	26	178
NORTH									0
EAST		53	54	54	54	54	54	54	377
3rd FLOOR		78	74	72	77	82	78	77	538
4th FLOOR		67	66	66	72	75	75	70	491
5th FLOOR		105	98	98	103	108	106	102	720
6th FLOOR		56	76	77	78	68	65	64	484
TOTAL		411	423	413	439	463	429	419	2997
DINNER		BOOKING	20	25	15	35	45	20	30
	MEDICAL	26	24	25	26	26	26	25	178
	NORTH								0
	EAST	54	53	54	54	54	54	53	376
	3rd FLOOR	83	69	74	78	82	76	77	539
	4th FLOOR	70	65	70	78	75	70	71	499
	5th FLOOR	106	95	103	106	104	104	94	712
	6th FLOOR	74	76	80	74	68	66	61	499
	TOTAL	433	407	421	451	454	416	411	2993
	Daily Total	1283	1245	1249	1328	1387	1266	1239	8997

Total MEALS	Meal Price		TOTAL	Average per		
	8997	\$1.5328		\$13,790.60	Meal	Day
				MEALS	428	1285



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas County Jail
1622 Spielbush Ave
Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Chuck Coleman

Invoice Number: 4419000869
Invoice Date: 12/21/2012
Amount Due: 13969.94

Sale Date	Description	Amount
12/19/2012	All Meals, Lucas Cty Inmate Meals - 9114 Meals @ 1.5328 ea.	13969.94

Voucher # 294534
P.O. # 6426
Vendor ID 9084
Approved By [Signature]

PRINTED INVOICE

Sub Total -> 13969.94
Sales Tax -> 0.00
Total Amount Due -> 13969.94

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature [Signature] Other Signature _____



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."
MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas County Jail
1622 Spielbush Ave
Toledo, OH 43604-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Chuck Coleman

Invoice Number: 4419000873
Invoice Date: 12/28/2012
Amount Due: 13727.76

Sale Date	Description	Amount
12/26/2012	All Meals, Lucas Cty Inmate Meals - 8956 Meals @ 1.5328 ea.	13727.76

Voucher # 294532
P.O. # 6426
Vendor ID 9084
Approved By [Signature]

PRINTED INVOICE

Sub Total -> 13727.76
Sales Tax -> 0.00
Total Amount Due -> 13727.76

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature [Signature] Other Signature _____

4419

Lucas County

		Thu	Fri	Sat	Sun	Mon	Tue	Wed	Totals
	DATE	12/20/2012	12/21/2012	12/22/2012	12/23/2012	12/24/2012	12/25/2012	12/26/2012	
BREAKFAST	BOOKING	60	32	35	55	33	20	25	260
	MEDICAL	26	24	24	25	23	23	24	169
	NORTH								0
	EAST	54	53	52	53	54	52	54	372
	3rd FLOOR	75	75	74	74	75	87	84	544
	4th FLOOR	80	81	78	82	83	86	88	578
	5th FLOOR	97	95	90	92	98	101	99	672
	6th FLOOR	57	51	54	54	54	60	58	388
	TOTAL	449	411	407	435	420	429	432	2983
	LUNCH or BRUNCH	BOOKING	50	32	20	47	42	20	25
MEDICAL		26	27	26	26	26	24	25	180
NORTH									0
EAST		54	53	56	56	54	52	54	379
3rd FLOOR		75	79	75	77	75	85	89	555
4th FLOOR		80	84	78	87	83	88	91	591
5th FLOOR		97	96	91	94	98	99	100	675
6th FLOOR		57	55	56	59	55	59	60	401
TOTAL		439	426	402	446	433	427	444	3017
DINNER		BOOKING	30	24	25	45	12	25	30
	MEDICAL	26	24	26	26	24	21	24	171
	NORTH								0
	EAST	51	52	56	56	54	52	54	375
	3rd FLOOR	78	77	73	73	86	86	87	560
	4th FLOOR	79	81	81	82	86	88	86	583
	5th FLOOR	91	96	94	96	101	99	98	675
	6th FLOOR	55	54	54	59	57	58	64	401
	TOTAL	410	408	409	437	420	429	443	2956
	Daily Total	1298	1245	1218	1318	1273	1285	1319	8956

		Meal Price	TOTAL
Total MEALS	8956	\$1.5328	\$13,727.76

	Average per	
MEALS	Meal	Day
	426	1279



I N V O I C E
Correctional Services

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Make checks payable to: "ARAMARK Services, Inc."
MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas County Jail
1622 Spielbush Ave
Toledo, OH 43604-

Attention: Chuck Coleman

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000877
Invoice Date: 01/04/2013
Amount Due: 13715.49

Sale Date	Description	Amount
01/02/2013	All Meals, Lucas Cty Inmate Meals - 8948 Meals @ 1.5328 ea.	13715.49

Voucher # 294528
P.O. # 6426
Vendor ID 9087
Approved By [Signature]

PRINTED INVOICE

Sub Total -> 13715.49
Sales Tax -> 0.00
Total Amount Due -> 13715.49

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____

4419

Lucas County

	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Totals	
DATE	12/27/2012	12/28/2012	12/29/2012	12/30/2012	12/31/2012	1/1/2013	1/2/2013		
BREAKFAST	BOOKING	25	40	33	35	30	40	23	226
	MEDICAL	23	24	22	24	24	26	26	169
	NORTH								0
	EAST	54	55	53	54	53	49	53	371
	3rd FLOOR	82	75	77	79	81	71	84	549
	4th FLOOR	81	77	74	81	84	71	80	548
	5th FLOOR	99	92	95	103	103	88	102	682
	6th FLOOR	63	66	64	66	66	55	64	444
	TOTAL	427	429	418	442	441	400	432	2989
	LUNCH or BRUNCH	BOOKING	25	32	40	25	30	35	25
MEDICAL		25	26	24	24	21	24	26	170
NORTH									0
EAST		54	56	56	52	54	54	54	380
3rd FLOOR		80	77	77	79	83	76	83	555
4th FLOOR		83	76	74	81	84	74	80	552
5th FLOOR		98	94	96	104	103	90	108	693
6th FLOOR		63	67	64	68	70	58	65	455
TOTAL		428	428	431	433	445	411	441	3017
DINNER		BOOKING	25	32	20	25	20	25	35
	MEDICAL	25	25	23	23	24	24	26	170
	NORTH								0
	EAST	53	53	56	54	51	54	54	375
	3rd FLOOR	76	73	77	84	78	76	81	545
	4th FLOOR	80	74	76	80	77	75	77	539
	5th FLOOR	92	95	100	104	98	98	96	683
	6th FLOOR	62	65	65	67	70	54	65	448
	TOTAL	413	417	417	437	418	406	434	2942
	Daily Total	1268	1274	1266	1312	1304	1217	1307	8948

		Meal Price	TOTAL		
Total MEALS	8948	\$1.5328	\$13,715.49	MEALS	

	Average per	
	Meal	Day
	426	1278



Voucher# 296705
 P.O.# 6426
 Vendor ID 9084
 Approved [Signature]

I N V O I C E
 Correctional Services

Terms: Due Upon Presentation
 Make checks payable to: "ARAMARK Services, Inc."
 MAIL ALL REMITTANCES TO
 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas County Jail
 1622 Spielbush Ave
 Toledo, OH 43604-

L J
 IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000885
 Invoice Date: 01/18/2013
 Amount Due: 13917.82

Attention: Chuck Coleman

Sale Date	Description	Amount
01/16/2013	All Meals, Lucas Cty Inmate Meals - 9080 Meals @ 1.5328 ea.	13917.82

PRINTED INVOICE

Sub Total -> 13917.82
 Sales Tax -> 0.00
 Total Amount Due -> 13917.82

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____
 Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____
 Authorized ARAMARK Signature [Signature] Other Signature _____

4419

Lucas County

	DATE	Thu 9/10/2012	Fri 9/11/2012	Sat 9/12/2012	Sun 9/13/2012	Mon 9/14/2012	Tue 9/15/2012	Wed 9/16/2012	Totals
BREAKFAST	BOOKING	30	40	40	40	45	22	35	252
	MEDICAL	24	21	25	25	25	25	24	169
	NORTH								0
	EAST	52	53	54	54	54	54	54	375
	3rd FLOOR	82	83	77	77	92	88	82	581
	4th FLOOR	72	66	65	72	80	75	72	502
	5th FLOOR	97	95	89	100	102	104	101	688
	6th FLOOR	66	70	66	69	76	79	79	505
	TOTAL	423	428	416	437	474	447	447	3072
	LUNCH or BRUNCH	BOOKING	25	45	40	30	35	20	40
MEDICAL		26	22	25	25	28	26	26	178
NORTH									0
EAST		53	53	54	54	54	54	54	376
3rd FLOOR		75	78	79	77	88	82	77	556
4th FLOOR		69	64	65	72	81	76	70	497
5th FLOOR		94	92	85	100	101	104	98	674
6th FLOOR		69	72	66	72	79	78	78	514
TOTAL		411	426	414	430	466	440	443	3030
DINNER		BOOKING	25	45	33	32	37	25	30
	MEDICAL	25	22	24	24	26	26	26	173
	NORTH								0
	EAST	54	53	54	54	56	54	54	379
	3rd FLOOR	72	78	77	75	91	79	75	547
	4th FLOOR	67	64	68	73	83	70	67	492
	5th FLOOR	88	92	91	98	96	101	94	660
	6th FLOOR	63	72	67	70	79	75	74	500
	TOTAL	394	426	414	426	468	430	420	2978
	Daily Total	1228	1280	1244	1293	1408	1317	1310	9080

Total MEALS 9080 Meal Price \$1.5328 TOTAL \$13,917.82

MEALS Average per Meal Day 432 1297



Voucher # 299332
 P.O. # 6426
 Vendor ID 9084
 Approved By [Signature]

J V O I C E
 Correctional Services

Terms: Due Upon Presentation
 Make checks payable to: "ARAMARK Services, Inc."
 MAIL ALL REMITTANCES TO
 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas County Jail
 1622 Spielbush Ave
 Toledo, OH 43604-

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IMPORTANT

Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000897
 Invoice Date: 02/08/2013
 Amount Due: 14506.42

Attention: Chuck Coleman

Sale Date	Description	Amount
02/06/2013	All Meals, Lucas Cty Inmate Meals - 9464 Meals @ 1.5328 ea.	14506.42

RECEIVED

FEB 14 2013

LUCAS COUNTY SHERIFF'S OFFICE
 JOHN THARP, SHERIFF

PRINTED INVOICE

Sub Total -> 14506.42
 Sales Tax -> 0.00
 Total Amount Due -> 14506.42

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____
 Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature [Signature]

4419

Lucas County

	DATE	Thu 1/31/2013	Fri 2/1/2013	Sat 2/2/2013	Sun 2/3/2013	Mon 2/4/2013	Tue 2/5/2013	Wed 2/6/2013	Totals
BREAKFAST	BOOKING	40	25	25	40	55	45	32	262
	MEDICAL	25	24	25	26	26	26	25	177
	NORTH								0
	EAST	54	54	53	54	54	54	54	377
	3rd FLOOR	71	74	74	75	80	68	72	514
	4th FLOOR	85	84	87	88	88	79	82	593
	5th FLOOR	102	102	101	102	105	102	104	718
	6th FLOOR	75	75	76	76	78	80	76	536
	TOTAL	452	438	441	461	486	454	445	3177
LUNCH or BRUNCH	BOOKING	30	33	25	45	56	45	30	264
	MEDICAL	24	26	26	26	26	24	26	178
	NORTH								0
	EAST	54	56	54	54	54	54	54	380
	3rd FLOOR	74	68	68	70	75	68	75	498
	4th FLOOR	80	81	86	87	86	86	82	588
	5th FLOOR	98	101	97	104	102	99	105	706
	6th FLOOR	75	75	76	78	78	80	78	540
	TOTAL	435	440	432	464	477	456	450	3154
DINNER	BOOKING	30	35	20	30	50	45	40	250
	MEDICAL	24	24	26	26	24	24	26	174
	NORTH								0
	EAST	54	54	54	54	53	54	54	377
	3rd FLOOR	74	68	73	73	70	72	74	504
	4th FLOOR	81	80	86	87	85	76	82	577
	5th FLOOR	100	98	100	104	100	100	105	707
	6th FLOOR	75	79	74	80	80	80	76	544
	TOTAL	438	438	433	454	462	451	457	3133
Daily Total	1325	1316	1306	1379	1425	1361	1352	9464	

		Meal Price	TOTAL		Average per	
Total MEALS	9464	\$1.5328	\$14,506.42	MEALS	Meal	Day
					450	1352



Voucher # 300176
 P.O. # 6426
 Vendor ID 1084
 Approved By [Signature]

INVOICE
 tional Services

Terms: Due Upon Presentation
 Make checks payable to: "ARAMARK Services, Inc."
 MAIL ALL REMITTANCES TO
 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas County Jail
 1622 Spielbush Ave
 Toledo, OH 43604-

Attention: Chuck Coleman

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000901
 Invoice Date: 02/15/2013
 Amount Due: 15306.54

Sale Date	Description	Amount
02/13/2013	All Meals, Lucas Cty Inmate Meals - 9986 Meals @ 1.5328 ea.	15306.54

PRINTED INVOICE

Sub Total -> 15306.54
 Sales Tax -> 0.00
 Total Amount Due -> 15306.54

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Deposit Date _____
 Check Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

[Signature]

Other Signature

RECEIVED

500-153B (4/98)

FEB 21 2013

LUCAS COUNTY SHERIFF'S OFFICE
 JOHN THARP, SHERIFF



Voucher# 297302
 P.O.# 6426
 Vendor ID 9084
 Approved By [Signature]

I N V O I C E
 Correctional Services

Terms: Due Upon Presentation
 Make checks payable to: "ARAMARK Services, Inc."
 MAIL ALL REMITTANCES TO
 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas County Jail
 1622 Spielbush Ave
 Toledo, OH 43604-

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000888
 Invoice Date: 01/25/2013
 Amount Due: 14452.77

Attention: Chuck Coleman

Sale Date	Description	Amount
01/23/2013	All Meals, Lucas Cty Inmate Meals - 9429 Meals @ 1.5328 ea.	14452.77

RECEIVED

JAN 31 2013

LUCAS COUNTY SHERIFF'S OFFICE
 JOHN THARP, SHERIFF

PRINTED INVOICE

Sub Total -> 14452.77
 Sales Tax -> 0.00
 Total Amount Due -> 14452.77

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Deposit Date _____
 Check Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____

4419

Lucas County

DATE Thu 1/17/2013 Fri 1/18/2013 Sat 1/19/2013 Sun 1/20/2013 Mon 1/21/2013 Tue 1/22/2013 Wed 1/23/2013 Totals

	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Totals
BREAKFAST								
BOOKING	65	20	25	35	45	65	55	310
MEDICAL	26	24	23	25	25	26	22	171
NORTH								0
EAST	53	52	53	52	54	53	53	370
3rd FLOOR	79	80	76	83	76	81	73	548
4th FLOOR	75	77	75	82	87	86	83	565
5th FLOOR	98	84	98	95	104	102	99	680
6th FLOOR	77	69	70	72	78	78	75	519
TOTAL	473	406	420	444	469	491	460	3163

	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Totals
LUNCH or BRUNCH								
BOOKING	40	25	40	35	45	60	65	310
MEDICAL	26	20	26	26	26	26	26	176
NORTH								0
EAST	54	54	54	54	54	54	54	378
3rd FLOOR	79	82	81	66	68	73	67	516
4th FLOOR	70	77	75	84	84	84	80	554
5th FLOOR	95	94	95	97	103	104	96	684
6th FLOOR	80	72	74	72	80	80	75	533
TOTAL	444	424	445	434	460	481	463	3151

	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Totals
DINNER								
BOOKING	35	23	15	50	45	65	45	278
MEDICAL	26	26	26	26	26	26	26	182
NORTH								0
EAST	54	54	54	54	54	56	54	380
3rd FLOOR	81	80	73	66	68	73	67	508
4th FLOOR	79	78	79	82	84	84	80	566
5th FLOOR	97	99	92	101	103	98	98	688
6th FLOOR	75	72	60	75	80	80	71	513
TOTAL	447	432	399	454	460	482	441	3115
Daily Total	1364	1262	1264	1332	1389	1454	1364	9429

Total MEALS 9429 Meal Price \$1.5328 TOTAL \$14,452.77 MEALS 449 Average per Day 1347



Voucher # 304500
 P.O. # 6426
 Vendor ID 9084
 Approved By [Signature]

Corrections

Terms: Due Upon Presentation
 Make checks payable to: "ARAMARK Services, Inc."
 MAIL ALL REMITTANCES TO
 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas County Jail
 1622 Spielbush Ave
 Toledo, OH 43604-

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Attention: Chuck Coleman

Invoice Number: 4419000893
 Invoice Date: 02/01/2013
 Amount Due: 14730.21

Sale Date	Description	Amount
01/30/2013	All Meals, Lucas Cty Inmate Meals - 9610 Meals @ 1.5328 ea.	14730.21

PRINTED INVOICE

Sub Total -> 14730.21
 Sales Tax -> 0.00
 Total Amount Due -> 14730.21

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____ Check Date _____
 Amount of Check _____ Check No. _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____

4419

Lucas County

		Thu	Fri	Sat	Sun	Mon	Tue	Wed	Totals
	DATE	1/24/2013	1/25/2013	1/26/2013	1/27/2013	1/28/2013	1/29/2013	1/30/2013	
BREAKFAST	BOOKING	50	50	45	52	65	50	55	367
	MEDICAL	24	25	25	24	26	23	24	171
	NORTH								0
	EAST	54	54	53	54	54	53	54	376
	3rd FLOOR	67	62	73	76	81	73	66	498
	4th FLOOR	81	79	81	83	85	83	81	573
	5th FLOOR	100	98	101	102	103	102	104	710
	6th FLOOR	72	80	71	78	80	76	75	532
	TOTAL	448	448	449	469	494	460	459	3227
	LUNCH or BRUNCH	BOOKING	50	45	50	52	60	60	65
MEDICAL		24	27	26	26	24	25	24	176
NORTH									0
EAST		56	54	55	54	54	54	54	381
3rd FLOOR		63	62	68	76	76	69	68	482
4th FLOOR		78	80	80	83	82	80	81	564
5th FLOOR		95	98	98	102	100	99	104	696
6th FLOOR		70	72	72	78	76	73	78	519
TOTAL		436	438	449	471	472	460	474	3200
DINNER		BOOKING	35	50	35	45	65	55	65
	MEDICAL	24	27	26	26	26	25	22	176
	NORTH								0
	EAST	52	54	54	56	54	54	54	378
	3rd FLOOR	59	62	67	76	72	71	67	474
	4th FLOOR	79	80	80	81	82	81	83	566
	5th FLOOR	96	98	102	100	101	100	101	698
	6th FLOOR	90	72	74	76	76	76	77	541
	TOTAL	435	443	438	460	476	462	469	3183
	Daily Total	1319	1329	1336	1400	1442	1382	1402	9610

		Meal Price	TOTAL		Average per Meal	Day
Total MEALS	9610	\$1.5328	\$14,730.21	MEALS	457	1372

Daily Inmate Meal Count & Delivery Verification Sheet

Week _____ Day Thursday

Date: 1-24-13

Breakfast

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	50	50	0				MW @ 0639
Medical	24	16	8FF				RJ 0632
North							
East	584	49	5				8/ 0632
3rd Floor	67	65	2				SS 0639
4th Floor	81	80	1				J. Washington
5th Floor	100	94	6				Dir. 0625
6th Floor	72	70	2				0622
Special							
Total Meals							

Lunch

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	50	50	0				1127
Medical	24	15	9FF				
North							
East	56	51	5				1127
3rd Floor	63	61	2				1127
4th Floor	78	76	2				
5th Floor	95	89	6				1112
6th Floor	70	68	2				1105am
Special							
Total Meals							

Dinner

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	35		2			35	
Medical	8FF	17	2			24	
North							
East	52		5			52	
3rd Floor	59		3			59	
4th Floor	79		2			79	
5th Floor	96		6			96	
6th Floor	90		2			90	
Special							
Total Meals							

Daily Inmate Meal Count & Delivery Verification Sheet

Week _____ Day Friday Date: 1/25/2013

Breakfast							Received By / Time
Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	
Booking	50	50	0				WATKINS 0620
Medical	25	18	7FF				McEal 0620
North							
East	54	49	5				McEal 0620
3rd Floor	62	60	2				RS 0618
4th Floor	79	77	2				SO 0615
5th Floor	98	92	6				AB 0613
6th Floor	80	78	2				JA 0610
Special							
						Total Meals	

Lunch							Received By / Time
Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	
Booking	45					45	JM / 1000
Medical	FF 7		20			27	
North							
East	54		5			54	
3rd Floor	62		2			62	1056
4th Floor	80		2			80	1051
5th Floor	98		6			98	1045
6th Floor	72		2			72	1000
Special							
						Total Meals	

Dinner							Received By / Time
Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	
Booking	50					50	
Medical	7FF		20			27	1110
North							
East	54		5			54	1210
3rd Floor	62		2			62	1205
4th Floor	80		2			80	1205
5th Floor	98		4			94	1100
6th Floor	72		2			72	1100
Special							
						Total Meals	

Daily Inmate Meal Count & Delivery Verification Sheet

Week _____ Day Saturday Date: 1-26-13

Breakfast

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	45	45	0				<i>[Signature]</i>
Medical	25	16	9FF				
North							
East	53	48	5				<i>[Signature]</i>
3rd Floor	73	71	2				
4th Floor	81	89	2				0637
5th Floor	101	95	6				0635
6th Floor	71	69	2				<i>[Signature]</i>
Special							
						Total Meals	

Lunch

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	50		0			50	<i>[Signature]</i>
Medical	FF	19	0			26	
North							
East	35		5			55	1100
3rd Floor	68		2			68	1057
4th Floor	80		2			80	<i>[Signature]</i>
5th Floor	98		4			98	1054
6th Floor	72		2			72	1100
Special							110
						Total Meals	

Dinner

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	35					35	
Medical	FF7	19	0			26	
North							
East	54		4			54	1618
3rd Floor	67		2			67	1616
4th Floor	80		2			80	1614
5th Floor	102		4			102	1611
6th Floor	74		2			74	1610
Special							
						Total Meals	

Daily Inmate Meal Count & Delivery Verification Sheet

Week 3 Day Sunday Date: 1-27-13

Breakfast

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	52	52	0				<i>[Signature]</i>
Medical	24	15	9F				<i>[Signature]</i>
North							
East	54	49	5				<i>[Signature]</i>
3rd Floor	76	74	2				<i>[Signature]</i> 0637
4th Floor	83	79	2				R.F.
5th Floor	102	96	6				<i>[Signature]</i> 0630
6th Floor	78	76	2				<i>[Signature]</i>
Special							
						Total Meals	

Lunch

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	52	52	0				<i>[Signature]</i>
Medical	26	17	9F				<i>[Signature]</i> 1153
North							
East	54	49	5				<i>[Signature]</i> 1054
3rd Floor	76	75	1				<i>[Signature]</i>
4th Floor	83	83	0				<i>[Signature]</i>
5th Floor	102	96	6				<i>[Signature]</i> 1054
6th Floor	78	76	2				<i>[Signature]</i>
Special	TC 108	104	4				
WR						Total Meals	

Dinner

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	45	45	0				<i>[Signature]</i> 1630
Medical	26	17	9F				<i>[Signature]</i> 1610
North							
East	56	52	4				<i>[Signature]</i> 1625
3rd Floor	76	72	4				<i>[Signature]</i> 1620
4th Floor	81	81	0				<i>[Signature]</i> 1617
5th Floor	100	95	5		1		<i>[Signature]</i> 1615
6th Floor	76	73	3				<i>[Signature]</i>
Special							
						Total Meals	

Daily Inmate Meal Count & Delivery Verification Sheet

Week 3 Day Monday Date: 1/28/13

Breakfast

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	65	65	0				<i>[Signature]</i> 2472
Medical	26	17	9F				<i>[Signature]</i> 0645
North							
East	54	49	5				SU 0645
3rd Floor	81	79	2				<i>[Signature]</i> 0644
4th Floor	85	83	2				<i>[Signature]</i>
5th Floor	103	97	6				LT 0637
6th Floor	80	78	2				MLG 0635
Special							
						Total Meals	

Lunch

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	60	60	0				<i>[Signature]</i> 1110
Medical	24	16	8F				
North							
East	54	51	3				
3rd Floor	76	73	3				<i>[Signature]</i> 1108
4th Floor	82	82	0				<i>[Signature]</i>
5th Floor	100	95	5				<i>[Signature]</i> 1101
6th Floor	76	74	2				<i>[Signature]</i> 1047m
Special							
						Total Meals	

Dinner

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	65	65	0				<i>[Signature]</i> 1536
Medical	26	18	8F				<i>[Signature]</i> 1610
North							
East	54	51	3				
3rd Floor	72	70	2				1607 MLW
4th Floor	82	82	0				1605 <i>[Signature]</i>
5th Floor	101	95	6				<i>[Signature]</i>
6th Floor	76	74	2				1558 MTW
Special							
						Total Meals	

Daily Inmate Meal Count & Delivery Verification Sheet

Week 3 Day Tuesday Date: 1/29/13

Breakfast

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	50	50	0				0650 <i>[Signature]</i>
Medical	23	14	207F				0638 <i>[Signature]</i>
North							
East	53	50	3				
3rd Floor	73	70	3				<i>[Signature]</i> 0640
4th Floor	83	82	1	+ 8		660	<i>[Signature]</i>
5th Floor	102	96	6				C.T. 0635
6th Floor	76	73	3				MP 0630
Special							
						Total Meals	

Lunch

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	60	60	0				dm 1115
Medical	25	16	7F2D				16 1111
North							
East	54	52	2				16 1145 <i>[Signature]</i>
3rd Floor	69	66	3				1115 <i>[Signature]</i>
4th Floor	80	80	0				1105 <i>[Signature]</i>
5th Floor	99	93	6		1		1105 <i>[Signature]</i>
6th Floor	73	70	3				<i>[Signature]</i> 1100
Special							
						Total Meals	

Dinner

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	55	55	0				1545 <i>[Signature]</i>
Medical	25	16	7F2D				<i>[Signature]</i>
North							
East	54	52	2				<i>[Signature]</i> 1636
3rd Floor	71	68	3				<i>[Signature]</i> 1632
4th Floor	81	81	0				<i>[Signature]</i> 1629
5th Floor	100	94	6				CB 1626
6th Floor	76	73	3				<i>[Signature]</i> 1624
Special							
						Total Meals	

Daily Inmate Meal Count & Delivery Verification Sheet

Week _____

Day Wednesday

Date: 01/30/13

Breakfast

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	55	55	0				0630 [Signature]
Medical	24	14	2D8F				0620 [Signature]
North							
East	54	51	3				0630 [Signature]
3rd Floor	66	63	3				0620 [Signature]
4th Floor	81	80	1				0630 [Signature]
5th Floor	104	98	6				0625 [Signature]
6th Floor	75	72	3				0620/PL
Special							
						Total Meals	

Lunch

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	65	65	0				[Signature] 1115
Medical	24	13	9F2D				[Signature] 1102
North							
East	54	51	3				[Signature] 1115
3rd Floor	68	66	2				[Signature] 1100
4th Floor	81	80	1				[Signature] 1100
5th Floor	104	98	6				[Signature] 1055
6th Floor	78	75	3				
Special							
						Total Meals	

Dinner

Unit	Ordered	Regular	Diet	Bags	X-Meals	Total	Received By / Time
Booking	65	65	0				1515 [Signature]
Medical	22	14	6F2D				1634 BH
North							
East	54	52	2				1634 BH
3rd Floor	67	62	5				m2W 1631
4th Floor	83	83	0				CT 1628
5th Floor	101	96	5				CB 1626
6th Floor	77	74	3				
Special							
						Total Meals	



Voucher # 304351
 P.O. # 6426
 Vendor ID 9084
 Approved By [Signature] E

Terms: Due Upon Presentation
 Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas County Jail
 1622 Spielbush Ave
 Toledo, OH 43604-

IMPORTANT

Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000909
 Invoice Date: 03/01/2013
 Amount Due: 15141.61

Attention: Chuck Coleman

Sale Date	Description	Amount
02/27/2013	All Meals, Lucas Cty Inmate Meals - 9845 Meals @ 1.5380 ea.	15141.61

PRINTED INVOICE

Sub Total -> 15141.61
 Sales Tax -> 0.00
 Total Amount Due -> 15141.61

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____
 Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature]

Other Signature [Signature]

RECEIVED

MAR 8 2013

LUCAS COUNTY SHERIFF'S OFFICE
 JOHN THARP, SHERIFF

4419

Lucas County

	DATE	Thu 2/21/2013	Fri 2/22/2013	Sat 2/23/2013	Sun 2/24/2013	Mon 2/25/2013	Tue 2/26/2013	Wed 2/27/2013	Totals
BREAKFAST	BOOKING	85	70	33	60	75	40	22	385
	MEDICAL	23	24	26	25	26	23	20	167
	NORTH								0
	EAST	49	52	54	54	53	54	52	368
	3rd FLOOR	89	92	91	92	95	94	88	641
	4th FLOOR	64	65	63	66	69	65	65	457
	5th FLOOR	99	104	102	106	104	106	102	723
	6th FLOOR	73	77	76	80	80	79	77	542
	TOTAL	482	484	445	483	502	461	426	3283
	LUNCH or BRUNCH	BOOKING	70	70	35	60	75	40	30
MEDICAL		26	25	26	26	26	26	24	179
NORTH									0
EAST		54	54	54	54	54	54	52	376
3rd FLOOR		85	92	92	88	100	90	82	629
4th FLOOR		63	64	64	65	75	73	63	467
5th FLOOR		104	103	101	104	104	104	100	720
6th FLOOR		74	80	82	80	80	80	74	550
TOTAL		476	488	454	477	514	467	425	3301
DINNER		BOOKING	70	55	35	65	75	40	20
	MEDICAL	26	25	26	26	26	26	24	179
	NORTH								0
	EAST	54	54	54	54	54	54	52	376
	3rd FLOOR	86	92	91	90	95	95	85	634
	4th FLOOR	60	64	64	66	68	62	64	448
	5th FLOOR	104	102	102	112	104	103	101	728
	6th FLOOR	74	80	77	80	76	74	75	536
	TOTAL	474	472	449	493	498	454	421	3261
	Daily Total	1432	1444	1348	1453	1514	1382	1272	9845

		Meal Price	TOTAL
Total MEALS	9845	\$1.5380	\$15,141.61

	Average per	
	Meal	Day
MEALS	468	1406



Voucher # 304352
 P.O. # 6426
 Vendor ID 91084
 Approved By [Signature]

Terms: Due Upon Presentation
 Make checks payable to: "ARAMARK Services, Inc."
 MAIL ALL REMITTANCES TO
 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas County Jail
 1622 Spielbush Ave
 Toledo, OH 43604-

L J
 IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY
 Invoice Number: 4419000913
 Invoice Date: 03/08/2013
 Amount Due: 14294.89

Attention: Chuck Coleman

Sale Date	Description	Amount
03/06/2013	All Meals, Lucas Cty Inmate Meals - 9326 Meals @ 1.5328 ea.	14294.89

PRINTED INVOICE

Sub Total -> 14294.89
 Sales Tax -> 0.00
 Total Amount Due -> 14294.89

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____
 Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____

4419

Lucas County

		Thu	Fri	Sat	Sun	Mon	Tue	Wed	Totals
	DATE	2/28/2013	3/1/2013	3/2/2013	3/3/2013	3/4/2013	3/5/2013	3/6/2013	
BREAKFAST	BOOKING	60	35	34	50	50	25	35	289
	MEDICAL	23	23	24	23	24	23	26	166
	NORTH								0
	EAST	52	50	54	54	54	54	54	372
	3rd FLOOR	88	75	75	87	94	86	76	581
	4th FLOOR	60	63	62	65	69	66	65	450
	5th FLOOR	100	100	100	104	105	105	104	718
	6th FLOOR	76	76	78	79	76	77	78	540
	TOTAL	459	422	427	462	472	436	438	3116
LUNCH or BRUNCH	BOOKING	40	40	35	50	50	25	40	280
	MEDICAL	21	26	26	24	24	26	24	171
	NORTH								0
	EAST	54	54	54	54	54	54	54	378
	3rd FLOOR	82	76	75	83	90	82	75	563
	4th FLOOR	58	63	60	69	70	66	63	449
	5th FLOOR	97	99	104	102	102	105	104	713
	6th FLOOR	80	79	79	79	78	78	79	552
	TOTAL	432	437	433	461	468	436	439	3106
DINNER	BOOKING	25	45	25	60	50	22	45	272
	MEDICAL	24	25	26	26	26	26	24	177
	NORTH								0
	EAST	54	54	54	54	54	54	54	378
	3rd FLOOR	93	80	80	84	86	79	76	578
	4th FLOOR	61	64	65	63	66	64	64	447
	5th FLOOR	100	100	103	101	102	102	102	710
	6th FLOOR	85	80	74	75	74	75	79	542
	TOTAL	442	448	427	463	458	422	444	3104
Daily Total	1333	1307	1287	1386	1398	1294	1321	9326	

Total MEALS	Meal Price		TOTAL	MEALS	Average per	
	9326	\$1.5328	\$14,294.89		444	Day



Voucher # 304353
 P.O. # 6426
 Vendor ID 9084
 Approved By [Signature]

Terms: Due Upon Presentation
 Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas County Jail
 1622 Spielbush Ave
 Toledo, OH 43604-

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000917
 Invoice Date: 03/15/2013
 Amount Due: 14652.04

Attention: Chuck Coleman

Sale Date	Description	Amount
03/13/2013	All Meals, Lucas Cty Inmate Meals - 9559 Meals @ 1.5328 ea.	14652.04

PRINTED INVOICE

Sub Total -> 14652.04
 Sales Tax -> 0.00
 Total Amount Due -> 14652.04

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Check Deposit Date _____
 Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____
 Authorized ARAMARK Signature [Signature] Other Signature _____

4419

Lucas County

	DATE	Thu 3/7/2013	Fri 3/8/2013	Sat 3/9/2013	Sun 3/10/2013	Mon 3/11/2013	Tue 3/12/2013	Wed 3/13/2013	Totals
BREAKFAST	BOOKING	60	25	50	60	65	31	35	326
	MEDICAL	24	23	25	25	25	24	22	168
	NORTH								0
	EAST	54	54	54	54	54	54	54	378
	3rd FLOOR	85	86	85	84	88	82	88	598
	4th FLOOR	63	67	68	69	72	70	67	476
	5th FLOOR	100	101	104	104	104	103	102	718
	6th FLOOR	72	76	79	79	79	79	77	541
	TOTAL	458	432	465	475	487	443	445	3205
	LUNCH or BRUNCH	BOOKING	54	35	45	65	62	40	30
MEDICAL		26	23	26	28	26	25	24	178
NORTH									0
EAST		54	54	54	54	54	54	56	380
3rd FLOOR		83	84	80	79	88	77	88	579
4th FLOOR		70	67	63	70	70	68	68	476
5th FLOOR		102	101	104	105	104	100	104	720
6th FLOOR		74	77	79	80	81	81	80	552
TOTAL		463	441	451	481	485	445	450	3216
DINNER		BOOKING	30	30	40	57	55	35	35
	MEDICAL	25	20	26	27	26	25	23	172
	NORTH								0
	EAST	54	54	54	54	54	54	56	380
	3rd FLOOR	84	80	79	82	84	82	86	577
	4th FLOOR	73	64	64	70	70	69	66	476
	5th FLOOR	101	98	104	103	102	102	103	713
	6th FLOOR	70	75	76	76	81	81	79	538
	TOTAL	437	421	443	469	472	448	448	3138
	Daily Total	1358	1294	1359	1425	1444	1336	1343	9559

	Meal Price	TOTAL	Average per Meal	Day
Total MEALS	9559	\$1,5328	\$14,652.04	MEALS 455 1365



Voucher # 304941
 P.O. # 6426
 Vendor ID 9084
 Approved By [Signature]

I N V O I C E
 ctional Services

Terms: Due Upon Presentation
 Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas County Jail
 1622 Spielbush Ave
 Toledo, OH 43604-

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000921
 Invoice Date: 03/22/2013
 Amount Due: 14333.21

Attention: Chuck Coleman

Sale Date	Description	Amount
03/20/2013	All Meals, Lucas Cty Inmate Meals - 9351 Meals @ 1.5328 ea.	14333.21

PRINTED INVOICE

Sub Total -> 14333.21
 Sales Tax -> 0.00
 Total Amount Due -> 14333.21

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Deposit Date _____
 Check Check No _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____
 Authorized ARAMARK Signature [Signature] Other Signature _____

4419

Lucas County

	DATE	Thu 3/14/2013	Fri 3/15/2013	Sat 3/16/2013	Sun 3/17/2013	Mon 3/18/2013	Tue 3/19/2013	Wed 3/20/2013	Totals
BREAKFAST	BOOKING	60	18	25	40	50	38	30	261
	MEDICAL	22	23	23	22	23	23	23	159
	NORTH								0
	EAST	50	52	51	53	54	52	54	366
	3rd FLOOR	76	86	82	91	101	83	82	601
	4th FLOOR	60	63	66	70	69	63	60	451
	5th FLOOR	100	101	104	104	105	105	104	723
	6th FLOOR	77	79	79	79	80	77	76	547
	TOTAL	445	422	430	459	482	441	429	3108
	LUNCH or BRUNCH	BOOKING	40	25	25	41	50	45	35
MEDICAL		26	26	26	26	25	25	26	180
NORTH									0
EAST		54	54	54	54	54	54	54	378
3rd FLOOR		76	80	79	90	98	84	80	587
4th FLOOR		60	77	65	68	65	63	61	459
5th FLOOR		102	104	104	104	105	105	104	728
6th FLOOR		79	80	76	80	80	80	80	555
TOTAL		437	446	429	463	477	456	440	3148
DINNER		BOOKING	25	15	20	35	55	45	45
	MEDICAL	26	26	26	26	25	25	22	176
	NORTH								0
	EAST	54	54	54	54	54	54	54	378
	3rd FLOOR	80	82	80	88	90	87	81	588
	4th FLOOR	60	60	65	68	63	61	60	437
	5th FLOOR	102	102	104	104	103	105	102	722
	6th FLOOR	80	77	82	75	80	80	80	554
	TOTAL	427	416	431	450	470	457	444	3095
	Daily Total	1309	1284	1290	1372	1429	1354	1313	9351

Total MEALS	9351	Meal Price	TOTAL	Average per	
		\$1.5328	\$14,333.21	Meal	Day
				MEALS	445
					1335



Voucher # 305883
 P.O. # 6426
 Vendor ID 9084
 Approved By [Signature]

I N V O I C E
 Correctional Services

Terms: Due Upon Presentation
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 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas County Jail
 1622 Spielbush Ave
 Toledo, OH 43604-

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Attention: Chuck Coleman

Invoice Number: 4419000925
 Invoice Date: 03/29/2013
 Amount Due: 14356.20

Sale Date	Description	Amount
03/27/2013	All Meals, Lucas Cty Inmate Meals - 9366 Meals @ 1.5328 ea.	14356.20

PRINTED INVOICE

Sub Total -> 14356.20
 Sales Tax -> 0.00
 Total Amount Due -> 14356.20

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____
 Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____

40

Lucas County

	DATE	Thu 3/21/2013	Fri 3/22/2013	Sat 3/23/2013	Sun 3/24/2013	Mon 3/25/2013	Tue 3/26/2013	Wed 3/27/2013	Totals
BREAKFAST	BOOKING	50	45	40	40	70	35	40	320
	MEDICAL	25	24	25	24	25	25	24	172
	NORTH								0
	EAST	49	53	52	53	54	51	51	363
	3rd FLOOR	81	88	89	90	91	92	89	620
	4th FLOOR	60	62	61	62	64	64	68	441
	5th FLOOR	94	102	99	101	103	106	104	709
	6th FLOOR	72	77	75	76	77	74	79	530
	TOTAL	431	451	441	446	484	447	455	3155
LUNCH or BRUNCH	BOOKING	65	45	36	35	55	40	35	311
	MEDICAL	25	26	25	25	25	22	24	172
	NORTH								0
	EAST	48	54	53	54	54	52	51	366
	3rd FLOOR	80	83	85	90	93	90	84	605
	4th FLOOR	60	63	59	64	64	64	65	439
	5th FLOOR	91	103	104	102	104	105	104	713
	6th FLOOR	77	75	74	77	79	75	74	531
	TOTAL	446	449	436	447	474	448	437	3137
DINNER	BOOKING	35	25	25	35	35	40	42	237
	MEDICAL	25	24	25	25	25	23	24	171
	NORTH								0
	EAST	54	53	56	54	54	52	52	375
	3rd FLOOR	79	84	85	92	96	88	85	609
	4th FLOOR	60	62	63	63	64	65	66	443
	5th FLOOR	95	97	102	105	103	104	104	710
	6th FLOOR	72	75	74	77	79	77	75	529
	TOTAL	420	420	430	451	456	449	448	3074
Daily Total	1297	1320	1307	1344	1414	1344	1340	9366	

Total MEALS	Meal Price		TOTAL	MEALS	Average per	
	9366	\$1.5328			\$14,356.20	Meal
					446	1338



Voucher # 306740
 P.O. # 6426
 Vendor ID 9084
 Approved By [Signature]

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Terms: Due Upon Presentation
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 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas County Jail
 1622 Spielbush Ave
 Toledo, OH 43604-

Attention: Chuck Coleman

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000929
 Invoice Date: 04/05/2013
 Amount Due: 14665.83

Sale Date	Description	Amount
04/03/2013	All Meals, Lucas Cty Inmate Meals - 9568 Meals @ 1.5328 ea.	14665.83

PRINTED INVOICE

Sub Total -> 14665.83
 Sales Tax -> 0.00
 Total Amount Due -> 14665.83

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____
 Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____
 Authorized ARAMARK Signature [Signature] Other Signature _____

4419

Lucas County

	DATE	Thu 3/28/2013	Fri 3/29/2013	Sat 3/30/2013	Sun 3/31/2013	Mon 4/1/2013	Tue 4/2/2013	Wed 4/3/2013	Totals
BREAKFAST	BOOKING	65	40	50	45	65	55	50	370
	MEDICAL	22	26	26	18	24	24	24	164
	NORTH								0
	EAST	54	55	54	54	54	54	54	379
	3rd FLOOR	79	75	79	80	81	88	92	574
	4th FLOOR	62	64	66	65	66	66	64	453
	5th FLOOR	102	103	106	104	103	104	105	727
	6th FLOOR	72	72	77	76	77	75	75	524
	TOTAL	456	435	458	442	470	466	464	3191
	LUNCH or BRUNCH	BOOKING	45	40	45	50	65	58	55
MEDICAL		22	24	26	24	25	28	24	173
NORTH									0
EAST		54	54	54	54	54	54	54	378
3rd FLOOR		80	75	80	80	81	87	90	573
4th FLOOR		63	65	66	63	66	68	67	458
5th FLOOR		100	105	105	105	102	101	105	723
6th FLOOR		74	76	77	77	79	74	76	533
TOTAL		438	439	453	453	472	470	471	3196
DINNER		BOOKING	40	40	36	50	65	58	62
	MEDICAL	21	25	26	26	25	26	24	173
	NORTH								0
	EAST	54	54	54	54	54	54	54	378
	3rd FLOOR	79	77	81	82	82	83	87	571
	4th FLOOR	62	65	65	66	67	63	65	453
	5th FLOOR	104	105	103	104	103	102	104	725
	6th FLOOR	75	76	77	78	79	70	75	530
	TOTAL	435	442	442	460	475	456	471	3181
	Daily Total	1329	1316	1353	1355	1417	1392	1406	9568

		Meal Price	TOTAL		
Total MEALS	9568	\$1.5328	\$14,665.83	MEALS	

	Average per	
	Meal	Day
	455	1366



Voucher # 307880
 P.O. # 6426
 Vendor ID 9584
 Approved By [Signature]

I N V
 Correctional Services

Terms: Due Upon Presentation
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 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas County Jail
 1622 Spielbush Ave
 Toledo, OH 43604-

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000933
 Invoice Date: 04/12/2013
 Amount Due: 15239.10

Attention: Chuck Coleman

Sale Date	Description	Amount
04/10/2013	All Meals, Lucas Cty Inmate Meals - 9942 Meals @ 1.5328 ea.	15239.10

PRINTED INVOICE

Sub Total -> 15239.10
 Sales Tax -> 0.00
 Total Amount Due -> 15239.10

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check
 Deposit Date _____ Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____
 Authorized ARAMARK Signature [Signature] Other Signature _____

4419

Lucas County

	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Totals	
DATE	4/4/2013	4/5/2013	4/6/2013	4/7/2013	4/8/2013	4/9/2013	4/10/2013		
BREAKFAST	BOOKING	70	55	45	60	75	55	70	430
	MEDICAL	23	25	24	23	26	25	25	171
	NORTH								0
	EAST	53	54	54	54	54	53	54	376
	3rd FLOOR	87	88	83	86	96	89	91	620
	4th FLOOR	66	66	65	67	69	67	68	468
	5th FLOOR	104	104	102	102	104	104	104	724
	6th FLOOR	75	74	73	74	75	75	75	521
	TOTAL	478	466	446	466	499	468	487	3310
	LUNCH or BRUNCH	BOOKING	60	55	46	55	87	60	70
MEDICAL		26	25	24	25	26	25	24	175
NORTH									0
EAST		56	54	54	56	54	54	54	382
3rd FLOOR		83	86	84	88	95	84	88	608
4th FLOOR		64	68	65	67	68	65	66	463
5th FLOOR		104	103	103	104	104	103	104	725
6th FLOOR		78	75	77	75	75	74	73	527
TOTAL		471	466	453	470	509	465	479	3313
DINNER		BOOKING	50	52	45	55	110	70	80
	MEDICAL	26	25	24	24	26	24	24	173
	NORTH								0
	EAST	56	54	54	54	54	52	53	377
	3rd FLOOR	86	82	85	90	95	83	87	608
	4th FLOOR	61	70	65	67	67	61	66	457
	5th FLOOR	104	102	103	102	104	102	101	718
	6th FLOOR	80	75	77	73	75	71	73	524
	TOTAL	463	460	453	465	531	463	484	3319
	Daily Total	1412	1392	1352	1401	1539	1396	1450	9942

Total MEALS	Meal Price	TOTAL	MEALS	Average per	
				Meal	Day
9942	\$1.5328	\$15,239.10		473	1420

LUCAS COUNTY, OH - ADULT

Revised 9/11, 6/12

Weekly Average 2800-3000 Calories Per Day



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Week: 1
THURSDAY **FRIDAY** **SATURDAY** **SUNDAY** **MONDAY** **TUESDAY** **WEDNESDAY**

Meal Name: Breakfast

Fruit or Juice (1/2 cup equiv.)	1 portion	Fruit or Juice (1/2 cup equiv.)	1 portion	Fruit or Juice (1/2 cup equiv.)	1 portion	Fruit or Juice (1/2 cup equiv.)	1 portion	Fruit or Juice (1/2 cup equiv.)	1 portion	Fruit or Juice (1/2 cup equiv.)	1 portion	Fruit or Juice (1/2 cup equiv.)	1 portion
Hard Cooked Egg	1 each	2% Milk (Half Pint)	1 each	Hard Cooked Egg	1 each	T. Ham	1 ozw	2% Milk (Half Pint)	1 each	Hard Cooked Egg	1 each	2% Milk (Half Pint)	1 each
T. Bologna	1 ozw	Dry Cereal	1 cup	Cheese	1/2 ozw	Cheese	1/2 ozw	Dry Cereal	1 cup	T. Ham	1 ozw	Dry Cereal	1 cup
Streusel Coffecake	1/54 cut												
Enriched Bread	2 slice	Enriched Bread	1 slice	Enriched Bread	2 slice	Enriched Bread	2 slice	Enriched Bread	1 slice	Enriched Bread	2 slice	Enriched Bread	2 slice
Whipped Margarine	1/2 ozw												
Coffee	1 cup												
Sugar	2 packet												

Meal Name: Lunch

Sloppy Joe Meal (3 oz gd meal)	4 ozw	T. Ham	3 ozw	Glazed BBQ Pattie	3 ozw	T. Hot Dogs (1.5 oz each)	2 each	Charbroiled Beef Pattie	3 ozw	T. Bologna	2 ozw	Roast Turkey	3 ozw
Potato Salad	1 cup	Augrain Potatoes	1 cup	Parsley Potatoes	1 cup	Mustard	1 packet	Cheese	1/2 ozw	Enriched Bread	2 slice	Mashed Potatoes	1 cup
Carrots	1/2 cup	Vinaigrette Coleslaw	1/2 cup	Garden Salad	1/2 cup	Enriched Bread	2 slice	Ketchup & Mustard Packets	1 each	Lyonnaise Potatoes	1 cup	Gravy	3 fl oz
Hamburger Bun	1 each	Enriched Bread or Rolls	2 each	LF Salad Dressing	1/2 fl oz	Baked Beans	1 cup	Shredded Lettuce	1/2 cup	Katie Blend Mixed Vegetables	1/2 cup	Carrots	1/2 cup
Sandwich Cookies	2 each	Whipped Margarine	1/2 ozw	Enriched Bread or Rolls	2 each	Vinaigrette Coleslaw	1/2 cup	Hamburger Bun	1 each	Mustard	1 packet	Enriched Bread or Rolls	2 each
Fruit Drink w/ Vitamins B12, C, D, E & Calcium	1 cup	Sandwich Cookies	2 each	Whipped Margarine	1/2 ozw	Sandwich Cookies	2 each	BBQ Pinto Beans	1 cup	Sandwich Cookies	2 each	Whipped Margarine	1/2 ozw
		Fruit Drink w/ Vitamins B12, C, D, E & Calcium	1 cup	Sandwich Cookies	2 each	Fruit Drink w/ Vitamins B12, C, D, E & Calcium	1 cup	Noodles	1 cup	Fruit Drink w/ Vitamins B12, C, D, E & Calcium	1 cup	Iced Cake	1/54 cut
								Fudge Browns	1/60 cut				
								Fruit Drink w/ Vitamins B12, C, D, E & Calcium	1 cup				

Meal Name: Dinner

Crispy Chicken Parie	3 ozw	Spaghetti & Italian Meat Sauce (2 oz gd meal)	10 ozw	Chili con Carne w/ Beans (2 oz gd meal)	10 ozw	Honey Rice Casserole (2 oz diced turkey)	10 ozw	Meatballs (1/2 oz each)	6 each	Tex-Mex Taco Meat (3 oz gd meal)	4 ozw	Chili Mac (2 oz gd meal)	10 ozw
Lyonnaise Potatoes	1 cup	Vinaigrette Coleslaw	1/2 cup	Rice	1 cup	Garden Salad	1/2 cup	Rice	1 cup	Spicy Cheese Sauce	1 fl oz	Garden Salad	1/2 cup
Katie Blend Mixed Vegetables LF	1/2 cup	Garlic Bread	2 slice	Corn	1/2 cup	LF Salad Dressing	1/2 fl oz	Gravy	2 fl oz	Shredded Lettuce	1/2 cup	LF Salad Dressing	1/2 cup
Southern Cornbread	1/60 cut	Iced Cake	1/54 cut	Enriched Bread or Rolls	2 each	Enriched Bread or Rolls	2 each	Green Beans	1/2 cup	Spanish Rice	1/2 cup	Enriched Bread or Rolls	2 each
Fudge Brownie	1/54 cut	Sweetened Tea	1 cup	Whipped Margarine	1/2 ozw	Whipped Margarine	1/2 ozw	Pinto Beans	3/4 cup	Whipped Margarine	1/2 cup	Whipped Margarine	1/2 ozw
Sweetened Tea	1 cup			Iced Cake	1/54 cut	Iced Cake	1/54 cut	Taco Shell	2 each	Iced Cake	1/54 cut	Iced Cake	1/54 cut
				Sweetened Tea	1 cup	Sweetened Tea	1 cup	Sweetened Tea	1 cup	Sweetened Tea	1 cup	Sweetened Tea	1 cup

Meal Name: Evening Snack

Fruit Drink w/ Vitamin C	1 cup	Fruit Drink w/ Vitamin C	1 cup	Fruit Drink w/ Vitamin C	1 cup	Fruit Drink w/ Vitamin C	1 cup	Fruit Drink w/ Vitamin C	1 cup	Fruit Drink w/ Vitamin C	1 cup	Fruit Drink w/ Vitamin C	1 cup
Sandwich Cookies	2 each												

All entree portions purchased fully cooked, within manufacturer tolerance specifications, are weight measurements prior to reheating. Casseroles and combination items made from scratch are based upon approximate cooked weight measurements. Weights on cookies, bread, rolls, and breakfasts made from mix or scratch are prior to baking. Pancakes made from mix or scratch are batter volume measurement prior to cooking. Side dishes are volume measurements. All casseroles and combination dishes are made with mechanically separated poultry unless otherwise indicated. All starches, vegetables, and cooked cereal are prepared with margarine unless indicated as LF (Low Fat). No pork is used unless item is named pork. Imitation cheese with calcium is used.

NUTRITION STATEMENT This menu meets the nutritional guidelines of the American Correctional Association which are based upon the current DRI's for males and females 19 to 50 years as established by the Food and Nutrition Board of the Institute of Medicine, National Academy of Sciences. Adequate levels of protein, vitamin A, vitamin C, calcium, and iron are included.

Reviewed 6/12 ARAMARK Diettitian's Signature: *[Signature]* Client's Signature: *[Signature]*

Johnson RD LUDLOW 4815923



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Week: 3
THURSDAY **FRIDAY** **SATURDAY** **SUNDAY** **MONDAY** **TUESDAY** **WEDNESDAY**

Meal Name: Breakfast

Fruit or Juice (1/2 cup equiv.)	1 portion	Fruit or Juice (1/2 cup equiv.)	1 portion	Fruit or Juice (1/2 cup equiv.)	1 portion	Fruit or Juice (1/2 cup equiv.)	1 portion	Fruit or Juice (1/2 cup equiv.)	1 portion	Fruit or Juice (1/2 cup equiv.)	1 portion	Fruit or Juice (1/2 cup equiv.)	1 portion
Hard Cooked Egg	1 each	2% Milk (Half Pint)	1 each	T. Bologna	1 ozw	Hard Cooked Egg	1 each	2% Milk (Half Pint)	1 each	Hard Cooked Egg	1 each	2% Milk (Half Pint)	1 each
T. Ham	1 ozw	Dry Cereal	1 cup	Cheese	1/2 ozw	T. Ham	1 ozw	Dry Cereal	1 cup	Cheese	1/2 ozw	Dry Cereal	1 cup
Cinnamon Glazed Biscuit	1/54 cut	Strussel Coffeecake	1/54 cut	Strussel Coffeecake	1/54 cut	Cinnamon Glazed Biscuit	1/54 cut	Enriched Bread	1/54 cut	Enriched Bread	1/54 cut	Enriched Bread	1/54 cut
Enriched Bread	2 slice	Enriched Bread	1 slice	Enriched Bread	2 slice	Whipped Margarine	1/2 ozw						
Coffee	1 cup												
Sugar	2 packet												

Meal Name: Lunch

Meatballs (1/2 oz each)	6 each	T. Hot Dogs (1.5 oz each)	2 each	Charbroiled Beef Pattie	3 ozw	Roast Turkey	3 ozw	T. Ham	3 ozw	Glazed BBQ Pattie	3 ozw	T. Bologna	3 ozw
Gravy	3 fl oz	Mustard	2 packet	Cheese	1/2 ozw	Mashed Potatoes	1 cup	Mashed Potatoes	1 cup	Mashed Potatoes	1 cup	Enriched Bread	2 slice
Rice	1 cup	Enriched Bread	2 slice	Ketchup	1 packet	Gravy (FLTS)	3 fl oz	Kettle Blend Mixed Vegetables	1/2 cup	Gravy	3 fl oz	Mustard	2 slice
Broccoli	1/2 cup	Cottage Fries	1 cup	Hamburger Bun	1 each	Carrots	1/2 cup	Enriched Bread	2 slice	Vinaigrette ColeSlaw	1/2 cup	Baked Beans	1 packet
Enriched Bread or Rolls	2 each	Garnd Salad LF	1/2 cup	Baked Beans	1 each	Enriched Bread or Rolls	1/2 cup	Fresh Baked Cookie	2 ozw	Southern Cornbread	1/2 cup	Garden Salad	1 cup
Sandwich Cookies	2 each	Iced Cake	1/54 cut	Garden Salad	1 cup	Sandwich Cookies	2 each	Fudge Brownie	1/60 cut	LF Salad Dressing	1/54 cut	LF Salad Dressing	1/2 cup
Fruit Drink w/ Vitamins B12, C, D, E & Calcium	1 cup	Fruit Drink w/ Vitamins B12, C, D, E & Calcium	1 cup	LF Salad Dressing	1/2 fl oz	Fruit Drink w/ Vitamins B12, C, D, E & Calcium	1 cup	Fruit Drink w/ Vitamins B12, C, D, E & Calcium	1 cup	Fruit Drink w/ Vitamins B12, C, D, E & Calcium	1 cup	Sandwich Cookies	2 each
				Iced Cake	1/54 cut			Fruit Drink w/ Vitamins B12, C, D, E & Calcium	1 cup			Fruit Drink w/ Vitamins B12, C, D, E & Calcium	1 cup

Meal Name: Dinner

AuGratin Potatoes (2 oz gd meal / 1 g veg)	10 ozw	Crispy Chicken Pattie	3 ozw	Sloppy Joe Meat (3 oz gd meal)	4 ozw	Tex-Mex Taco Meat (3 oz gd meal)	4 ozw	Cheeseburger Casserole (2 oz gd meal)	10 ozw	Savory Sloganoff (2 oz gd meal)	8 ozw	Spagetti & Italian Meat Sauce (2 oz gd meal)	10 ozw
Garden Salad	1/2 cup	Noodles w/ Tomato Sauce	1 cup	Rice	1 cup	Spicy Cheese Sauce	1 fl oz	Garden Salad	1/2 cup	Noodles	1 cup	Garden Salad	1/2 cup
LF Salad Dressing	1/2 fl oz	Kettle Blend Mixed Vegetables	1/2 cup	Coleslaw Vinaigrette	1/2 cup	Rice	1/2 cup	LF Salad Dressing	1/2 fl oz	Enriched Bread or Rolls	2 each	LF Salad Dressing	1/2 fl oz
Enriched Bread or Rolls	2 each	Enriched Bread or Rolls	2 each	Enriched Bread or Rolls	2 each	Shredded Lettuce	1/2 cup	Enriched Bread or Rolls	2 each	Enriched Bread or Rolls	2 each	Carrots	1/2 cup
Whipped Margarine	1/2 ozw	Whipped Margarine	1/2 ozw	Fudge Brownie	1/54 cut	Pinto Beans	3/4 cup	Whipped Margarine	1/2 ozw	Whipped Margarine	1/2 ozw	Enriched Bread or Rolls	2 each
Iced Cake	1/54 cut	Fresh Baked Cookie	2 ozw	Sweetened Tea	1 cup	Flour Tortilla (6")	2 each	Sandwich Cookies	2 each	Sandwich Cookies	2 each	Whipped Margarine	1/2 ozw
Sweetened Tea	1 cup	Sweetened Tea	1 cup	Sweetened Tea	1 cup	Iced Cake	1/54 cut	Sweetened Tea	1 cup	Sweetened Tea	1 cup	Iced Cake	1/54 cut
				Sweetened Tea	1 cup					Sweetened Tea	1 cup		

Meal Name: Evening Snack

Fruit Drink w/ Vitamin C	1 cup	Fruit Drink w/ Vitamin C	1 cup	Fruit Drink w/ Vitamin C	1 cup	Fruit Drink w/ Vitamin C	1 cup	Fruit Drink w/ Vitamin C	1 cup	Fruit Drink w/ Vitamin C	1 cup	Fruit Drink w/ Vitamin C	1 cup
Sandwich Cookies	2 each												

All entree portions purchased fully cooked, within manufacturer tolerance specifications, are weight measurements prior to reheating. Casseroles and combination items made from scratch are based upon approximate cooked weight measurements. Weights on cookies, bread, rolls, and breadsticks made from mix or scratch are prior to baking. Pancakes made from mix or scratch are batter volume measurement prior to cooking. Side dishes are volume measurements. All casseroles and combination dishes are made with mechanically separated poultry unless otherwise indicated. All starches, vegetables and cooked cereal are prepared with margarine unless indicated as LF (Low Fat). No pork is used unless item is named pork. Imitation cheese with calcium is used.

NUTRITION STATEMENT This menu meets the nutritional guidelines of the American Correctional Association which are based upon the current DRI's for males and females 19 to 50 years as established by the Food and Nutrition Board of the Institute of Medicine National Academy of Sciences. Adequate levels of protein, vitamin A, vitamin C, calcium, and iron are included.

Reviewed 6/12 ARAMARK Diitian's Signature: Client's Signature:



I N V O I C E
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ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000931
Invoice Date: 04/05/2013
Amount Due: 2988.32

Attention: Sabrina Miller

Sale Date	Description	Amount
04/03/2013	All Meals, Lucas Work Release - 1795 Meals @ 1.6609 ea.	2981.32
04/03/2013	Bulk product	7.00 ✓

Voucher ID 00306699
Requisition ID 0000149906
Receipt ID 0000188116
P.O.# 0000147948

APPROVED: Deborah [Signature]

PRINTED INVOICE

Sub Total -> 2988.32
Sales Tax -> 0.00
Total Amount Due -> 2988.32

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature [Signature] OK'D 4/9/13

4/11



I N V O I C E
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Atlanta, GA 30384-6019

TO:
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1111 Madison Ave
Toledo, OH 43604-

L
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000931
Invoice Date: 04/05/2013
Amount Due: 2988.32

Attention: Sabrina Miller

Sale Date	Description	Amount
04/03/2013	All Meals, Lucas Work Release - 1795 Meals @ 1.6609 ea.	2981.32
04/03/2013	Bulk product	7.00

Voucher ID 00306475
Requisition ID _____
Receipt ID 0000188029
P.O.# 0000140730

APPROVED: [Signature]

PRINTED INVOICE

Sub Total -> 2988.32
Sales Tax -> 0.00
Total Amount Due -> 2988.32

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature [Signature]
OK'D 4/9/13

4/11



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Atlanta, GA 30384-6019

TO:
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1111 Madison Ave
Toledo, OH 43604-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000927
Invoice Date: 03/29/2013
Amount Due: 2863.75

Attention: Sabrina Miller

Sale Date	Description	Amount
03/27/2013	All Meals, Lucas Work Release - 1720 Meals @ 1.6609 ea.	2856.75
03/27/2013	BULK PRODUCTS	7.00

Voucher ID 000305936
Requisition ID 0000149595
Receipt ID 0000187663
P.O.# 0000147563

APPROVED: Deborah Miller

PRINTED INVOICE

Sub Total -> 2863.75
Sales Tax -> 0.00
Total Amount Due -> 2863.75

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

OK'D
4/2/13

4/5



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TO:
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1111 Madison Ave
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L
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000927
Invoice Date: 03/29/2013
Amount Due: 2863.75

Attention: Sabrina Miller

Sale Date	Description	Amount
03/27/2013	All Meals, Lucas Work Release - 1720 Meals @ 1.6609 ea.	2856.75
03/27/2013	BULK PRODUCTS	7.00

Voucher ID 00305847
Requisition ID _____
Receipt ID 0000187586
P.O.# 0000140730

APPROVED: *Deborah L. D.*

PRINTED INVOICE

Sub Total -> 2863.75
Sales Tax -> 0.00
Total Amount Due -> 2863.75

Tax Exemption Number: _____ Certificate on File Yes / No
Payment made by Cash Deposit Date _____
Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature *[Signature]* Other Signature *[Signature]*

OKD
4/2/13

4/5



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TO:
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1111 Madison Ave
Toledo, OH 43604-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000923
Invoice Date: 03/22/2013
Amount Due: 2938.49

Attention: Sabrina Miller

Sale Date	Description	Amount
03/20/2013	All Meals, Lucas Work Release - 1765 Meals @ 1.6609 ea.	2931.49
03/20/2013	Bulk products	7.00

Voucher ID 00304808
Requisition ID 000014023
Receipt ID 0000186904
P.O.# 0000147038

APPROVED: Deborah A. [Signature]

PRINTED INVOICE

Sub Total -> 2938.49
Sales Tax -> 0.00
Total Amount Due -> 2938.49

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
 Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature]

Other Signature OKD S Miller 03/25/13

3/27



I N V O I C E
Correctional Services

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Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000919
Invoice Date: 03/15/2013
Amount Due: 2938.49

Attention: Sabrina Miller

Sale Date	Description	Amount
03/13/2013	All Meals, Lucas Work Release - 1765 Meals @ 1.6609 ea.	2931.49
03/13/2013	Bulk product	7.00

Voucher ID 00304802
Requisition ID _____
Receipt ID 0000186900
P.O.# 0000140730

APPROVED: Deborah L. [Signature]

PRINTED INVOICE

Sub Total -> 2938.49
Sales Tax -> 0.00
Total Amount Due -> 2938.49

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
 Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature]

Other Signature SM [Signature]
OK'd
3/22/13

3/27



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

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P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000923
Invoice Date: 03/22/2013
Amount Due: 2938.49

Attention: Sabrina Miller

Sale Date	Description	Amount
03/20/2013	All Meals, Lucas Work Release - 1765 Meals @ 1.6609 ea.	2931.49
03/20/2013	Bulk products	7.00

Voucher ID 00304798
Requisition ID _____
Receipt ID 0000186899
P.O.# 0000140730

APPROVED: *Deborah R. D.*

Sub Total -> 2938.49
Sales Tax -> 0.00
Total Amount Due -> 2938.49

PRINTED INVOICE

Tax Exemption Number: _____ Certificate on File Yes / No
Payment made by Cash Deposit Date _____
Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid 1
Authorized ARAMARK Signature *[Signature]*

Other Signature *S. Miller* 03/25/13
OKD

3/27



INVOICE
Correctional Services

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TO:
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Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000919
Invoice Date: 03/15/2013
Amount Due: 2938.49

Attention: Sabrina Miller

Sale Date	Description	Amount
03/13/2013	All Meals, Lucas Work Release - 1765 Meals @ 1.6609 ea.	2931.49
03/13/2013	Bulk product	7.00

Voucher ID 00304792
Requisition ID 0000149006
Receipt ID 0000186898
P.O.# 0000147037

APPROVED: Deborah L. [Signature]

PRINTED INVOICE

Sub Total -> 2938.49
Sales Tax -> 0.00
Total Amount Due -> 2938.49

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
 Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

[Signature]

Other Signature

[Signature]

OK'd
3/22/13

3/27



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Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

L]
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Sabrina Miller

Invoice Number: 4419000915
Invoice Date: 03/08/2013
Amount Due: 2926.86

Sale Date	Description	Amount
03/06/2013	All Meals, Lucas Work Release - 1758 Meals @ 1.6609 ea.	2919.86
03/06/2013	Bulk product	7.00

Voucher ID 00303782
Requisition ID _____
Receipt ID 0000186230
P.O.# 0000140730
APPROVED: *Deborah*

PRINTED INVOICE

Sub Total -> 2926.86
Sales Tax -> 0.00
Total Amount Due -> 2926.86

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
 Check Check No _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____

S Miller
3/12/13



I N V O I C E
Correctional Services

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TO:
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Toledo, OH 43604-

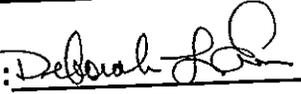
Attention: Sabrina Miller

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000915
Invoice Date: 03/08/2013
Amount Due: 2926.86

Sale Date	Description	Amount
03/06/2013	All Meals, Lucas Work Release - 1758 Meals @ 1.6609 ea.	2919.86
03/06/2013	Bulk product	7.00

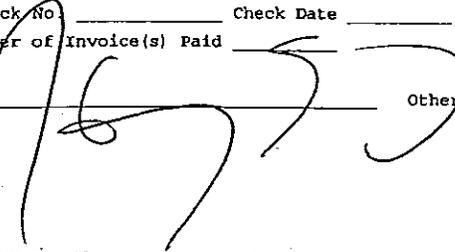
Voucher ID 00303776
Requisition ID 0000148502
Receipt ID 0000186222
P.O.# 0000146487

APPROVED: 

PRINTED INVOICE

Sub Total -> 2926.86
Sales Tax -> 0.00
Total Amount Due -> 2926.86

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature  Other Signature _____


3/12/13



Voucher ID 00301449
 Requisition ID 000047294
 Receipt ID 0000184658
 P.O.# 0000145326
 APPROVED: Debrah [Signature]

I N V O I C E
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 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas Cnty Work Release
 1111 Madison Ave
 Toledo, OH 43604-

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Attention: Sabrina Miller

Invoice Number: 4419000907
 Invoice Date: 02/22/2013
 Amount Due: 3096.27

Sale Date	Description	Amount
02/20/2013	All Meals, Lucas Work Release - 1860 Meals @ 1.6609 ea.	3089.27
02/20/2013	Bulk product	7.00 ✓

PRINTED INVOICE

Sub Total -> 3096.27
 Sales Tax -> 0.00
 Total Amount Due -> 3096.27

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____
 Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____
 Authorized ARAMARK Signature [Signature] Other Signature _____

[Signature] OK 2/22/13
 2/28



Voucher ID 0030155

Requisition ID _____

Receipt ID 000084674

P.O.# 0000140730

APPROVED: [Signature]

I N V O I C E
Correctional Services

Terms: Due Upon Presentation
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ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000907
Invoice Date: 02/22/2013
Amount Due: 3096.27

Attention: Sabrina Miller

Sale Date	Description	Amount
02/20/2013	All Meals, Lucas Work Release - 1860 Meals @ 1.6609 ea.	3089.27 ✓
02/20/2013	Bulk product	7.00

PRINTED INVOICE

Sub Total -> 3096.27
Sales Tax -> 0.00
Total Amount Due -> 3096.27

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature [Signature]

Other Signature [Signature]

OK. 2/26/13
[Signature]



I N V O I C E
Correctional Services

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Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

IMPORTANT

Include INVOICE NUMBER and REMITTANCE COPY

Attention: Sabrina Miller

Invoice Number: 4419000911
Invoice Date: 03/01/2013
Amount Due: 2863.75

Sale Date	Description	Amount
02/27/2013	All Meals, Lucas Work Release - 1720 Meals @ 1.6609 ea.	2856.75
02/27/2013	Bulk product	7.00 ✓

Voucher ID 00301778
Requisition ID 0000147532
Receipt ID 0000185056
P.O.# 0000145572

APPROVED: Deborah L. [Signature]

PRINTED INVOICE

Sub Total -> 2863.75
Sales Tax -> 0.00
Total Amount Due -> 2863.75

Tax Exemption Number: _____ Certificate on File ___ Yes No
Payment made by: ___ Cash Deposit Date _____
___ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____

OK'd
3/7/13
S.M. 3/7



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1111 Madison Ave
Toledo, OH 43604-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000911
Invoice Date: 03/01/2013
Amount Due: 2863.75

Attention: Sabrina Miller

Sale Date	Description	Amount
02/27/2013	All Meals, Lucas Work Release - 1720 Meals @ 1.6609 ea.	2856.75 ✓
02/27/2013	Bulk product	7.00

Voucher ID 00301780
Requisition ID _____
Receipt ID 000185066
P.O.# 0000140130
APPROVED: [Signature]

PRINTED INVOICE

Sub Total -> 2863.75
Sales Tax -> 0.00
Total Amount Due -> 2863.75

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature [Signature] Other Signature _____

OK'd
3/4/13
[Signature]
3/7



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Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000903
Invoice Date: 02/15/2013
Amount Due: 3229.15

Attention: Sabrina Miller

Sale Date	Description	Amount
02/13/2013	All Meals, Lucas Work Release - 1940 Meals @ 1.6609 ea.	3222.15 ✓
02/13/2013	Bulk products	7.00

Voucher ID 00300025
Requisition ID _____
Receipt ID 000083834
P.O.# 0000140730
APPROVED: Deborah R. Miller

OK'd
SMiller
2/18/13

PRINTED INVOICE

Sub Total -> 3229.15
Sales Tax -> 0.00
Total Amount Due -> 3229.15

Tax Exemption Number: _____ Certificate on File Yes / No
Payment made by Cash Deposit Date _____
Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

Other Signature

[Handwritten Signature] *[Handwritten Signature]*

2/21



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TO:
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Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000903
Invoice Date: 02/15/2013
Amount Due: 3229.15

Attention: Sabrina Miller

Sale Date	Description	Amount
02/13/2013	All Meals, Lucas Work Release - 1940 Meals @ 1.6609 ea.	3222.15
02/13/2013	Bulk products	7.00 ✓

512110

Voucher ID 00300181
Requisition ID 0000146772
Receipt ID 0000183971
P.O.# 0000144830

OK'd
SMiller
2/18/13

APPROVED: Deborah [Signature]

PRINTED INVOICE

Sub Total -> 3229.15
Sales Tax -> 0.00
Total Amount Due -> 3229.15

Tax Exemption Number: _____ Certificate on File ___ Yes ___ No
Payment made by ___ Cash Deposit Date _____
___ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature]

Other Signature [Signature]

2/18



I N V O I C E
Correctional Services

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Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

L J

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Sabrina Miller

Invoice Number: 4419000899
Invoice Date: 02/08/2013
Amount Due: 3262.36

Sale Date	Description	Amount
02/06/2013	All Meals, Lucas Work Release - 1960 Meals @ 1.6609 ea.	3255.36
02/06/2013	Bulk product	7.00 ✓

Voucher ID 00300183
Requisition ID 0000144781
Receipt ID 0000183972
P.O.# 0000144831

512110

APPROVED: Deborah R. Q.

PRINTED INVOICE

Sub Total -> 3262.36
Sales Tax -> 0.00
Total Amount Due -> 3262.36

Tax Exemption Number: _____ Certificate on File ___ Yes ___ No
Payment made by ___ Cash Deposit Date _____
___ Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature: Shanella S. Craig Other Signature: [Signature]

OK'd
S. Miller 2/13/13
2/12



INVOICE
Correctional Services

Terms: Due Upon Presentation
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Atlanta, GA 30384-6019

TO:
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1111 Madison Ave
Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Sabrina Miller

Invoice Number: 4419000899
Invoice Date: 02/08/2013
Amount Due: 3262.36

Sale Date	Description	Amount
02/06/2013	All Meals, Lucas Work Release - 1960 Meals @ 1.6609 ea.	3255.36 ✓
02/06/2013	Bulk product	7.00

Voucher ID 00300019
Requisition ID _____
Receipt ID 0000183830
P.O.# 0000140730

APPROVED: *Debra L. Q.*

PRINTED INVOICE
Sub Total -> 3262.36
Sales Tax -> 0.00
Total Amount Due -> 3262.36

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
 Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature *Shanella S. Craig* Other Signature *[Signature]*

OK'd
Miller 2/13/13
2/13



INVOICE
Correctional Services

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TO:
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1111 Madison Ave
Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000890
Invoice Date: 01/25/2013
Amount Due: 2996.62

Attention: Sabrina Miller

Sale Date	Description	Amount
01/23/2013	All Meals, Lucas Work Release - 1800 Meals @ 1.6609 ea.	2989.62 ✓
01/23/2013	Bulk product	7.00

Voucher ID 00297500
Requisition ID _____
Receipt ID 0000182013
P.O.# 0000140730

APPROVED: Deborah Adams

PRINTED INVOICE

Sub Total -> 2996.62
Sales Tax -> 0.00
Total Amount Due -> 2996.62

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature

[Signature]

Other Signature

[Signature]

OK'D
2/4/13

2/5



INVOICE
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000895
Invoice Date: 02/01/2013
Amount Due: 2971.71

Attention: Sabrina Miller

Sale Date	Description	Amount
01/30/2013	All Meals, Lucas Work Release - 1785 Meals @ 1.6609 ea.	2964.71 ✓
01/30/2013	Bulk product	7.00

Voucher ID: 00297499
Requisition ID _____
Receipt ID 0000182012
P.O.# 0000140730

APPROVED:

PRINTED INVOICE

Sub Total -> 2971.71
Sales Tax -> 0.00
Total Amount Due -> 2971.71

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) paid _____
Authorized ARAMARK Signature

Other Signature
02/04/13



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Sabrina Miller

Invoice Number: 4419000895
Invoice Date: 02/01/2013
Amount Due: 2971.71

Sale Date	Description	Amount
01/30/2013	All Meals, Lucas Work Release - 1785 Meals @ 1.6609 ea.	2964.71
01/30/2013	Bulk product	7.00

Voucher ID 00297512
Requisition ID 0000145392
Receipt ID 0000182025
P.O.# 0000143325

APPROVED: Deborah L...

PRINTED INVOICE

Sub Total -> 2971.71
Sales Tax -> 0.00
Total Amount Due -> 2971.71

Tax Exemption Number: _____ Certificate on File Yes / No
Payment made by Cash Deposit Date _____
Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature _____ Other Signature _____

Deborah Miller
02/04/13

215



INVOICE
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

Attention: Sabrina Miller

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000890
Invoice Date: 01/25/2013
Amount Due: 2996.62

Sale Date	Description	Amount
01/23/2013	All Meals, Lucas Work Release - 1800 Meals @ 1.6609 ea.	2989.62
01/23/2013	Bulk product	7.00

Voucher ID 00297513
Requisition ID 0000145398
Receipt ID 0006182027
P.O.# 0000143326

APPROVED: Deborah R...

PRINTED INVOICE

Sub Total -> 2996.62
Sales Tax -> 0.00
Total Amount Due -> 2996.62

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
 Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature [Signature]

OK'd
2/4/13
215



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."
MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Sabrina Miller

Invoice Number: 4419000887
Invoice Date: 01/18/2013
Amount Due: 2955.10

Sale Date	Description	Amount
01/16/2013	All Meals, Lucas Work Release - 1775 Meals @ 1.6609 ea.	2948.10 ✓
01/16/2013	Bulk product	7.00

OK'd
S Miller
1/23/13

Voucher ID 00295950
Requisition ID _____
Receipt ID 0000180874
P.O.# 0000140730

APPROVED: Deborah [Signature]

PRINTED INVOICE

Sub Total -> 2955.10
Sales Tax -> 0.00
Total Amount Due -> 2955.10

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____

1/24



INVOICE
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

Attention: Sabrina Miller

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000887
Invoice Date: 01/18/2013
Amount Due: 2955.10

Sale Date	Description	Amount
01/16/2013	All Meals, Lucas Work Release - 1775 Meals @ 1.6609 ea.	2948.10
01/16/2013	Bulk product	7.00 ✓

OK'd
S Miller
1/23/13

Voucher ID 000295906
Requisition ID 0000144392
Receipt ID 0000180836
P.O.# 0000148404

APPROVED: Deborah Miller

PRINTED INVOICE

Sub Total -> 2955.10
Sales Tax -> 0.00
Total Amount Due -> 2955.10

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
 Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature _____ Other Signature _____

1/24



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

Attention: Sabrina Miller

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000883
Invoice Date: 01/11/2013
Amount Due: 2863.75

Sale Date	Description	Amount
01/09/2013	All Meals, Lucas Work Release - 1720 Meals @ 1.6609 ea.	2856.75
01/09/2013	Bulk product	7.00 ✓

*OK'D
S Miller
1/17/13*

Voucher ID 000295880
Requisition ID 0000144391
Receipt ID 0000180831
P.O.# 0000142403

APPROVED: *Deborah J. [Signature]*

PRINTED INVOICE

Sub Total -> 2863.75
Sales Tax -> 0.00
Total Amount Due -> 2863.75

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature *[Signature]* Other Signature _____

1/21



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Sabrina Miller

Invoice Number: 4419000883
Invoice Date: 01/11/2013
Amount Due: 2863.75

Sale Date	Description	Amount
01/09/2013	All Meals, Lucas Work Release - 1720 Meals @ 1.6609 ea.	2856.75 ✓
01/09/2013	Bulk product	7.00

Voucher ID 00295948
Requisition ID _____
Receipt ID 0000180866
P.O.# 0000140730

OK'D
Smiles
1/17/13

APPROVED: Deborah R. E.

PRINTED INVOICE

Sub Total -> 2863.75
Sales Tax -> 0.00
Total Amount Due -> 2863.75

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____

1/24



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000879
Invoice Date: 01/04/2013
Amount Due: 2896.97

Attention: Sabrina Miller

Sale Date	Description	Amount
01/02/2013	All Meals, Lucas Work Release - 1740 Meals @ 1.6609 ea.	2889.97 ✓
01/02/2013	Bulk products	7.00

Voucher ID 00295946
Requisition ID _____
Receipt ID 000180861
P.O.# 0000140730

APPROVED: Deborah A. Miller

PRINTED INVOICE

Sub Total -> 2896.97
Sales Tax -> 0.00
Total Amount Due -> 2896.97

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____

1/4/13 OK'D
SMiller

1/24



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."
MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

Attention: Sabrina Miller

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000879
Invoice Date: 01/04/2013
Amount Due: 2896.97

Sale Date	Description	Amount
01/02/2013	All Meals, Lucas Work Release - 1740 Meals @ 1.6609 ea.	2889.97
01/02/2013	Bulk products	7.00 ✓

Voucher ID 00294089
Requisition ID 0000142646
Receipt ID 0000179845
P.O.# 0000141601

APPROVED: Deborah L...

PRINTED INVOICE

Sub Total -> 2896.97
Sales Tax -> 0.00
Total Amount Due -> 2896.97

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
 Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____

1/4/13 OK'D
SMiller
1/14/13



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000875
Invoice Date: 12/28/2012
Amount Due: 2930.18

Attention: Bill Milton

Sale Date	Description	Amount
12/26/2012	All Meals, Lucas Work Release - 1760 Meals @ 1.6609 ea.	2923.18
12/26/2012	Bulk product	7.00 ✓

Voucher ID 00293252
Requisition ID 0000142911
Receipt ID 0000179246
P.O.# 0000141025

APPROVED: Deborah L. [Signature]

5/2/10

PRINTED INVOICE

Sub Total -> 2930.18
Sales Tax -> 0.00
Total Amount Due -> 2930.18

Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature]

Other Signature [Signature]

OK
01/02/13
4/11



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Bill Milton

Invoice Number: 4419000871
Invoice Date: 12/21/2012
Amount Due: 2996.62

Sale Date	Description	Amount
12/19/2012	All Meals, Lucas Work Release - 1800 Meals @ 1.6609 ea.	2989.62
12/19/2012	Bulk product	7.00 ✓

Voucher ID 00293251
Requisition ID 0000142894
Receipt ID 0000179243
P.O.# 0000141034

pd
5/2/10

APPROVED: *Deborah L...*

PRINTED INVOICE

Sub Total -> 2996.62
Sales Tax -> 0.00
Total Amount Due -> 2996.62

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature *[Signature]* Other Signature _____

500-153B (4/98)
Approved. Will. D. Holt 12-21-12
On 12-13-12 to 12-19-12

1/11



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

L J
IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Bill Milton

Invoice Number: 4419000867
Invoice Date: 12/14/2012
Amount Due: 3071.36

Sale Date	Description	Amount
12/12/2012	All Meals, Lucas Work Release - 1845 Meals @ 1.6609 ea.	3064.36
12/12/2012	Bulk products	7.00 ✓

Voucher ID 00293246
Requisition ID 000042877
Receipt ID 0000179240
P.O.# 0000141033

pd
5/2/10

APPROVED: Deborah L. C.

PRINTED INVOICE

Sub Total -> 3071.36
Sales Tax -> 0.00
Total Amount Due -> 3071.36

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
 Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature _____ Other Signature _____

500-1538 (1/98)
Approved. Will. L. with 12/17/12
From 12/6/12 to 12/12/12

1/11



I N V O I C E
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Work Release
1111 Madison Ave
Toledo, OH 43604-

Attention: Bill Milton

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000863
Invoice Date: 12/07/2012
Amount Due: 3220.84

Sale Date	Description	Amount
12/05/2012	All Meals, Lucas Work Release - 1935 Meals @ 1.6609 ea.	3213.84
12/05/2012	Bulk product	7.00 ✓

Voucher ID 00293242
Requisition ID 0000142867
Receipt ID 0000179238
P.O.# 0000141030

pd
512110

APPROVED: *Debrah [Signature]*

PRINTED INVOICE

Sub Total -> 3220.84
Sales Tax -> 0.00
Total Amount Due -> 3220.84

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature _____ Other Signature _____

500-163B (4/98)
Approved: Will [Signature] 12-10-12
From 12-29-12 to 12-5-12

1/11



1043

Voucher 299083
Vendor 5084
PO 106868

INVOICE
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO: Lucas Cnty Treatment Center 2/13/13
1100 Jefferson Ave
Toledo, OH 43624-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000862
Invoice Date: 12/07/2012
Amount Due: 4153.91

Attention: Jean Netz

Sale Date	Description	Amount
12/05/2012	All Meals, Lucas Treatment Center - 2501 Meals @ 1.6609 ea.	4153.91

PRINTED INVOICE

Sub Total -> 4153.91
Sales Tax -> 0.00
Total Amount Due -> 4153.91

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____ Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____



I N V O I C E
Correctional Services

X Vouder 293979
Vendor 9084
P.O. 106868

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."
MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO: *[Signature]* 1/15/13
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000866
Invoice Date: 12/14/2012
Amount Due: 4368.17

Attention: Jean Netz

Sale Date	Description	Amount
12/12/2012	All Meals, Lucas Treatment Center - 2630 Meals @ 1.6609 ea.	4368.17

PRINTED INVOICE

Sub Total -> 4368.17
Sales Tax -> 0.00
Total Amount Due -> 4368.17

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature *[Signature]* Other Signature _____



2 of 3

Voucher 299883
Vendor 9084
P.O. 106868

INVOICE
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO: X M. Weaver 2/13/13
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000870
Invoice Date: 12/21/2012
Amount Due: 4310.04

Attention: Jean Netz

Sale Date	Description	Amount
12/19/2012	All Meals, Lucas Treatment Center - 2595 Meals @ 1.6609 ea.	4310.04

PRINTED INVOICE

Sub Total -> 4310.04
Sales Tax -> 0.00
Total Amount Due -> 4310.04

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature [Signature] Other Signature _____



3 of 3

INVOICE
Correctional Services

Voucher 299883
Vendor 9084
P.O. 106868

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."
MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO: *X* *M. Pleaves* 2/13/13
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000874
Invoice Date: 12/28/2012
Amount Due: 4125.68

Attention: Jean Netz

Sale Date	Description	Amount
12/26/2012	All Meals, Lucas Treatment Center - 2484 Meals @ 1.6609 ea.	4125.68

PRINTED INVOICE

Sub Total -> 4125.68
Sales Tax -> 0.00
Total Amount Due -> 4125.68

Tax Exemption Number: _____
Payment made by Cash Check
Deposit Date _____ Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature *[Signature]* Other Signature _____

2013

- 1 of 4



Voucher 299886
Vendor 9084
P.O. 106868

INVOICE
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."
MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO: g on leave 2/13/13
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000878
Invoice Date: 01/04/2013
Amount Due: 4035.99

Attention: Jean Netz

Sale Date	Description	Amount
01/02/2013	All Meals, Lucas Treatment Center - 2430 Meals @ 1.6609 ea.	4035.99

PRINTED INVOICE

Sub Total -> 4035.99
Sales Tax -> 0.00
Total Amount Due -> 4035.99

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature _____

2013

2 of 4



Voucher 299886
Vendor 9084
P.O. 106868

INVOICE
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."
MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO: Physleaves 2/13/13
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000882
Invoice Date: 01/11/2013
Amount Due: 4148.93

Attention: Jean Netz

Sale Date	Description	Amount
01/09/2013	All Meals, Lucas Treatment Center - 2498 Meals @ 1.6609 ea.	4148.93

PRINTED INVOICE

Sub Total -> 4148.93
Sales Tax -> 0.00
Total Amount Due -> 4148.93

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature [Signature] Other Signature _____



2013

3 of 4

Voucher 299886
Vendor 9084
P.O. 106868

INVOICE
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO: *[Signature]*
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

[Signature] 2/13/13

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000886
Invoice Date: 01/12/2013
Amount Due: 4298.41

Attention: Jean Netz

Sale Date	Description	Amount
01/16/2013	All Meals, Lucas Treatment Center - 2588 Meals @ 1.6609 ea.	4298.41

PRINTED INVOICE

Sub Total -> 4298.41
Sales Tax -> 0.00
Total Amount Due -> 4298.41

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature *[Signature]* Other Signature _____

2013

4 of 4



Voucher 299886
Vendor 9084
P.O. 106868

INVOICE
Correctional Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."
MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO: *L. McKeane* 2/13/13
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

Attention: Jean Netz

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000889
Invoice Date: 01/25/2013
Amount Due: 4253.56

Sale Date	Description	Amount
01/23/2013	All Meals, Lucas Treatment Center - 2561 Meals @ 1.6609 ea.	4253.56

PRINTED INVOICE

Sub Total -> 4253.56
Sales Tax -> 0.00
Total Amount Due -> 4253.56

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature *[Signature]* Other Signature _____



Voucher 299260
 Vendor 9084
 P.O. 106868

I N V O I C E
 Correctional Services

Terms: Due Upon Presentation
 Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO: *[Signature]*
 Lucas City Treatment Center
 1100 Jefferson Ave
 Toledo, OH 43624-

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000894
 Invoice Date: 02/01/2013
 Amount Due: 3986.16

Attention: Jean Netz

Sale Date	Description	Amount
01/30/2013	All Meals, Lucas Treatment Center - 2400 Meals @ 1.6609 ea.	3986.16

PRINTED INVOICE

Sub Total -> 3986.16
 Sales Tax -> 0.00
 Total Amount Due -> 3986.16

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____
 Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature *[Signature]* Other Signature _____



Voucher 299381
 Vendor 9084
 P.O. 106868

I N V O I C E
 Correctional Services

Terms: Due Upon Presentation
 Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
 ARAMARK CORRECTIONAL SERVICES
 P.O. Box 406019
 Atlanta, GA 30384-6019

TO: [Signature]
 Lucas Cnty Treatment Center
 1100 Jefferson Ave
 Toledo, OH 43624-

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000898
 Invoice Date: 02/08/2013
 Amount Due: 4007.75

Attention: Jean Netz

Sale Date	Description	Amount
02/06/2013	All Meals, Lucas Treatment Center - 2413 Meals @ 1.6609 ea.	4007.75

PRINTED INVOICE

Sub Total -> 4007.75
 Sales Tax -> 0.00
 Total Amount Due -> 4007.75

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____ Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature [Signature] Other Signature [Signature]



2 of 2

INVOICE
Correctional Services

Vendor 300456
Vendor 9084
P.O. 106868

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."
MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO: *[Signature]*
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000902
Invoice Date: 02/15/2013
Amount Due: 4050.94

Attention: Jean Netz

Sale Date	Description	Amount
02/13/2013	All Meals, Lucas Treatment Center - 2439 Meals @ 1.6609 ea.	4050.94

PRINTED INVOICE

Sub Total -> 4050.94
Sales Tax -> 0.00
Total Amount Due -> 4050.94

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Deposit Date _____
 Check Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature *[Signature]* Other Signature _____



3 of 3

INVOICE
Correctional Services

Terms: Due Upon Presentation
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MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000914
Invoice Date: 03/02/2013
Amount Due: 4640.55

Attention: Jean Netz

Sale Date	Description	Amount
03/06/2013	All Meals, Lucas Treatment Center - 2794 Meals @ 1.6609 ea.	4640.55

PRINTED INVOICE

Sub Total -> 4640.55
Sales Tax -> 0.00
Total Amount Due -> 4640.55

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ (Number of Invoice(s) Paid _____)

Authorized ARAMARK Signature _____ Other Signature _____

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INVOICE
Correctional Services

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P.O. Box 406019
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TO:
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000910
Invoice Date: 03/01/2013
Amount Due: 4697.03

Attention: Jean Netz

Sale Date	Description	Amount
02/27/2013	All Meals, Lucas Treatment Center - 2828 Meals @ 1.6609 ea.	4697.03

PRINTED INVOICE

Sub Total -> 4697.03
Sales Tax -> 0.00
Total Amount Due -> 4697.03

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____



Voucher 304338
Vendor 9084
P.O. 106868

INVOICE
Correctional Services

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MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO: 
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000918
Invoice Date: 03/15/2013
Amount Due: 4344.91

Attention: Jean Netz

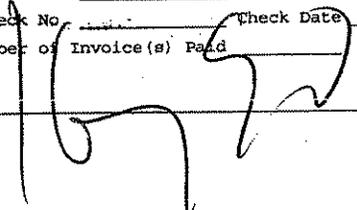
Sale Date	Description	Amount
03/13/2013	All Meals, Lucas Treatment Center - 2616 Meals @ 1.6609 ea.	4344.91

Inv. # 852
- 4148.93
\$ 195.98

PRINTED INVOICE

Sub Total -> 4344.91
Sales Tax -> 0.00
Total Amount Due -> ~~4344.91~~

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature  Other Signature _____

195.98



I N V O I C E
Correctional Services

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MAIL ALL REMITTANCES TO
ARAMARK CORRECTIONAL SERVICES
P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000922
Invoice Date: 03/22/2013
Amount Due: 4369.83

Attention: Jean Netz

Sale Date Description Amount

03/20/2013 All Meals, Lucas Treatment Center - 2631 4369.83
Meals @ 1.6609 ea.

Vendor 306103
Vendor 9084
P.O. 106868

* displeased 4/8/13

PRINTED INVOICE

Sub Total -> 4369.83
Sales Tax -> 0.00
Total Amount Due -> 4369.83

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature _____ Other Signature _____



I N V O I C E
Correctional Services

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P.O. Box 406019
Atlanta, GA 30384-6019

TO:
Lucas Cnty Treatment Center
1100 Jefferson Ave
Toledo, OH 43624-

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Jean Netz

Invoice Number: 4419000926
Invoice Date: 03/29/2013
Amount Due: 4236.96

Sale Date	Description	Amount
03/27/2013	All Meals, Lucas Treatment Center - 2551 Meals @ 1.6609 ea.	4236.96

Voucher 306103
Vendor 9084
P.O. 106868
* Signature 4/5/13

PRINTED INVOICE

Sub Total -> 4236.96
Sales Tax -> 0.00
Total Amount Due -> 4236.96

Tax Exemption Number: _____ Certificate on File Yes No
Payment made by Cash Check Deposit Date _____
Check No. _____ Check Date _____
Amount of Check _____ Number of Invoice(s) Paid _____
Authorized ARAMARK Signature [Signature] Other Signature _____



Voucher 307283
 Vendor 9084
 P-O 106868

I N V O I C E
 Correctional Services

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 P.O. Box 406019
 Atlanta, GA 30384-6019

TO:
 Lucas Cnty Treatment Center
 1100 Jefferson Ave
 Toledo, OH 43624-

Attention: Jean Netz

[Handwritten Signature]

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000930
 Invoice Date: 04/05/2013
 Amount Due: 4256.89

Sale Date	Description	Amount
04/03/2013	All Meals, Lucas Treatment Center - 2563 Meals @ 1.6609 ea.	4256.89

PRINTED INVOICE

Sub Total -> 4256.89
 Sales Tax -> 0.00
 Total Amount Due -> 4256.89

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____
 Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature *[Handwritten Signature]* Other Signature _____



Voucher 307868
 Vendor 9084
 P.O. 100868

I N V O I C E
 Correctional Services

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 P.O. Box 406019
 Atlanta, GA 30384-6019

TO: *[Signature]*
 Lucas Cnty Treatment Center
 1100 Jefferson Ave
 Toledo, OH 43624-

IMPORTANT
 Include INVOICE NUMBER and REMITTANCE COPY

Invoice Number: 4419000934
 Invoice Date: 04/12/2013
 Amount Due: 4308.37

Attention: Jean Netz

Sale Date	Description	Amount
04/10/2013	All Meals, Lucas Treatment Center - 2594 Meals @ 1.6609 ea.	4308.37

PRINTED INVOICE

Sub Total -> 4308.37
 Sales Tax -> 0.00
 Total Amount Due -> 4308.37

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____
 Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____
 Authorized ARAMARK Signature *[Signature]* Other Signature _____

04/25/2013 Lucas County Food Service Mandatory Pre-Bid Meeting
SIGN-IN SHEET

Name	Company	Phone	Email
Frank Tracey	Trinity Services Group	774-242-1584	Frank.tracey@trinityservicesgroup.com
Jim Francis	ARZAMARK	614-668-8458	Francis-james@arazmark.com
STUO MATROU	ARZAMARK	803-910-0145	MATROU-STUO@ARZAMARK.COM
Bill Hynd	ABL Management	225-278-6063	jhynd@ablmanagement.com
David Cain	AVIANDS	815-302-7269	dcain@avians.com
Jeff Greer	CBM	605-359-6667	jgreer@cbmfoods.com
Sean Conway	Trinity	724 322 2396	sean@trinityservices.com