

**Fill in this information to identify the case:**

Debtor Cytxera Communications, LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of New Jersey  
(State)

Case number 23-14852

## Official Form 410

## Proof of Claim

04/22

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.**

**Filers must leave out or redact** information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

**Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.**

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>ARAMARK Refreshments Services, LLC</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>n/a</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	<b>Where should notices to the creditor be sent?</b> ARAMARK Refreshments Services, LLC c/o Sheila R. Schwager P.O. Box 1617 Boise, ID 83701, US  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should payments to the creditor be sent? (if different)</b>  Contact phone <u>2083446000</u> Contact email <u>sschwager@hawleytroxell.com</u>
	Contact phone _____ Contact email _____  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 3121 \_\_\_\_

7. How much is the claim? \$ 411.21 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.  
Goods provided/services rendered

9. Is all or part of the claim secured? ☒ No  
☐ Yes. The claim is secured by a lien on property.  
**Nature or property:**  
☐ Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☐ Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☐ No  
☒ Yes. Amount necessary to cure any default as of the date of the petition. \$ 411.21

11. Is this claim subject to a right of setoff? ☒ No  
☐ Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ \_\_\_\_\_

☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$15,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ \_\_\_\_\_

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/18/2023  
MM / DD / YYYY

/s/Sheila R. Schwager  
Signature

Print the name of the person who is completing and signing this claim:

Name Sheila R. Schwager  
First name Middle name Last name

Title Attorney for ARAMARK Refreshments Services, LLC

Company Hawley Troxell  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877)-726-6510 | International 001-310-823-9000

<b>Debtor:</b> 23-14852 - Cyxtera Communications, LLC <b>District:</b> District of New Jersey, Newark Division		
<b>Creditor:</b> ARAMARK Refreshments Services, LLC c/o Sheila R. Schwager P.O. Box 1617 Boise, ID, 83701 US <b>Phone:</b> 2083446000 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> sschwager@hawleytroxell.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Authorized agent	
<b>Other Names Used with Debtor:</b> n/a	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Goods provided/services rendered	<b>Last 4 Digits:</b> Yes - 3121	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 411.21	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> Yes, 411.21 <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Sheila R. Schwager on 18-Aug-2023 5:08:53 p.m. Eastern Time <b>Title:</b> Attorney for ARAMARK Refreshments Services, LLC <b>Company:</b> Hawley Troxell		

doe Fill in this information to identify the case:

Debtor 1 CYXTERA COMMUNICATIONS, LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: \_\_\_\_\_ District of New Jersey

Case number 23-14852

## Official Form 410

### Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

#### Part 1: Identify the Claim

<b>1. Who is the current creditor?</b>	
<u>ARAMARK Refreshments Services, LLC</u> Name of the current creditor (the person or entity to be paid for this claim)	
Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>
	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>c/o Sheila R. Schwager</u> Name
	<u>Hawley Troxell Ennis &amp; Hawley LLP</u> Name
	<u>P.O. Box 1617</u> Number Street
	<u>Boise, Idaho 83701</u> City State ZIP Code
	Contact phone <u>208.344.6000.</u>
	Contact email <u>sschwager@hawleytroxell.com</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor

☐ No

☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 3 1 2 1

7. How much is the claim?

\$ 411.21

Does this amount include interest or other charges?

☒ No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

**Goods Provided/Services Rendered**

9. Is all or part of the claim secured?

☒ No

☐ Yes. The claim is secured by a lien on property.

**Nature of property:**

☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ Other. Describe: \_\_\_\_\_

**Basis for perfection:** \_\_\_\_\_

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded).

**Value of property:**

\$ \_\_\_\_\_

**Amount of the claim that is secured:**

\$ \_\_\_\_\_

**Amount of the claim that is unsecured:**

\$ \_\_\_\_\_

(The sum of the secured and unsecured amounts should match the amount in line 7.)

**Amount necessary to cure any defaults as of the date of the petition:**

\$ \_\_\_\_\_

**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %

☐ Fixed

☐ Variable

10. Is this claim based on a lease?

☐ No

☒ Yes. Amount necessary to cure any default as of the date of the petition.

\$ 411.21

11. Is this claim subject to a right of setoff?

☒ No

☐ Yes. Identify the property: \_\_\_\_\_

**12 Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

☒ No

☐ Yes. Check all that apply:

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- ☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).
- ☐ Wages, salaries, or commissions (up to \$15,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).
- ☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).
- ☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).
- ☐ Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies. **503(b)(1)(A)**

**Amount entitled to priority**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**Unpaid Post Petition Invoices**

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

**13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?**

☒ No

☐ Yes. Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ \_\_\_\_\_

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

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Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

08/17/2023

MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name

Sheila R. Schwager

First name

Middle name

Last name

Title

Attorney for ARAMARK Refreshment Services, LLC

Company

[Click here to enter text.](#)

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

P.O. Box 1617

Number

Street

Boise, Idaho 83701

City

State

ZIP Code

Contact phone

208.344.6000

Email

sschwager@hawleytroxell.com

ATTACHMENT TO PROOF OF CLAIM  
CYXTERA COMMUNICATIONS, LLC  
CASE NO. 23-14852

Unpaid Pre-Petition Invoices	\$411.21
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TOTAL CLAIM	\$411.21
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**Send Payment To:**

Aramark Refreshment Services, LLC  
P.O. Box 21971  
New York, NY 10087-1971  
1-855-273-3835  
ars-ar@aramark.com

**Statement Date :** 08/09/2023

**Currency:** USD

**Bill To Customer:**

Ronald Whitlock  
Cyxtera  
365 S. Randolphville Road  
Piscataway, NJ 08854

Customer Number	Reference Number	Transaction Date	Due Date	Application Reference	Original Amount	Applied Credits	Applied Payments	Applied Invoices	Late Fees	Balance Due
6033-23121	12300812	01/05/2022	02/04/2022		\$93.51	\$0.00	\$0.00	\$0.00	\$0.00	\$93.51
6033-23121	1976247	07/29/2022	08/28/2022		\$66.10	\$0.00	\$0.00	\$0.00	\$0.00	\$66.10
6033-23121	2656432	10/28/2022	11/27/2022		\$66.10	\$0.00	\$0.00	\$0.00	\$0.00	\$66.10
6033-23121	2870919	11/25/2022	12/25/2022		\$66.10	\$0.00	\$0.00	\$0.00	\$0.00	\$66.10
6033-23121	3136984	12/30/2022	01/29/2023		\$66.10	\$0.00	\$0.00	\$0.00	\$0.00	\$66.10
6033-23121	3350291	01/27/2023	02/26/2023		\$53.30	\$0.00	\$0.00	\$0.00	\$0.00	\$53.30
<b>Grand Total</b>					<b>\$411.21</b>				<b>\$0.00</b>	<b>\$411.21</b>

	Current	1-30 Days	31-60 Days	61-90 Days	91+Days	Late Fees	Total Amount Due	Unapplied Credits/Receipts
	\$0.00	\$0.00	\$0.00	\$0.00	\$411.21	\$0.00	\$411.21	\$0.00



Aramark Refreshment Services, LLC

1-855-273-3835

ars-ar@aramark.com

Invoice		
<b>Bill To:</b> Cyxtera 365 South Randolphville Road Piscataway, NJ 08854	<b>Invoice Number:</b> Invoice Date: Customer Number: Cost Center Note: PO Number: Payment Terms: Ticket Number:	<b>12300812</b> 01/05/2022 6033-23121  4502499096 Net 30 12300812
<b>Ship To:</b> Cyxtera 365 South Randolphville Road Piscataway, NJ 08854		

Product Code	Description	UOM	QTY	Unit Price	Total
20750	Solo Exec Paper Cup 412TN 12oz 50ct Pack	CASE	1	\$87.70	\$87.70

**Notes:**

Invoice Note:

Pack Note:

Note 1: RECEIPT - DO NOT PAY

Note 2:

Sub Total	\$87.70
Tax	\$5.81
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$93.51
Amount Received	\$0.00
<b>Balance Due</b>	<b>\$93.51</b>

Send Payment To:	
Aramark Refreshment Services, LLC P.O. Box 21971 New York, NY 10087-1971	JPMorgan Chase Account Number: 657591736 Routing Number: 071000013 Remit advice in CCD+ or CTX format

This Service Charge is to offset operating costs and is not intended to be a tip, gratuity, or service charge for the benefit of the employee.

For questions on this invoice contact: ars-ar@aramark.com or 1-855-273-3835



Aramark Refreshment Services, LLC

1-855-273-3835

ars-ar@aramark.com

**Invoice****Bill To:**Cyxtera  
365 South Randolphville Road  
Piscataway, NJ 08854**Invoice Number:****1976247****Invoice Date:**

07/29/2022

**Customer Number:**

6033-23121

**Cost Center Note:****PO Number:**

4502499096

**Payment Terms:**

Net 30

**Ticket Number:**

1976247

**Ship To:**Cyxtera  
365 South Randolphville Road  
Piscataway, NJ 08854Ronald Whitlock  
(732) 653-7652  
ronald.whitlock@cyxtera.com

Product Code	Description	UOM	QTY	Unit Price	Total
RENTAL	cust lounge - Water Filtration Unit-Waterlogic Innwave Countertop CHCMU3-AR (2360777) @ 31.00 Monthly (07/01/22 to 07/31/22)		1	\$31.00	\$31.00
RENTAL	facilities kitchen - Water Filtration Unit-Waterlogic Innwave Countertop CHCMU3-AR (2360768) @ 31.00 Monthly (07/01/22 to 07/31/22)		1	\$31.00	\$31.00

**Notes:**

Invoice Note:

Pack Note:

Note 1: RECEIPT - DO NOT PAY

Note 2:

Sub Total	\$62.00
Tax	\$4.10
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$66.10
Amount Received	\$0.00
<b>Balance Due</b>	<b>\$66.10</b>

**Send Payment To:**Aramark Refreshment Services, LLC  
P.O. Box 21971  
New York, NY 10087-1971JPMorgan Chase  
Account Number: 657591736  
Routing Number: 071000013  
Remit advice in CCD+ or CTX format

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For questions on this invoice contact: ars-ar@aramark.com or 1-855-273-3835



Aramark Refreshment Services, LLC

1-855-273-3835

ars-ar@aramark.com

**Invoice****Bill To:**Cyxtera  
365 South Randolphville Road  
Piscataway, NJ 08854**Invoice Number:****2656432****Invoice Date:**

10/28/2022

**Customer Number:**

6033-23121

**Cost Center Note:****PO Number:**

4502499096

**Payment Terms:**

Net 30

**Ticket Number:**

2656432

**Ship To:**Cyxtera  
365 South Randolphville Road  
Piscataway, NJ 08854

Ronald Whitlock

(732) 653-7652

ronald.whitlock@cyxtera.com

Product Code	Description	UOM	QTY	Unit Price	Total
RENTAL	cust lounge - Water Filtration Unit-Waterlogic Innwave Countertop CHCMU3-AR (2360777) @ 31.00 Monthly (10/01/22 to 10/31/22)		1	\$31.00	\$31.00
RENTAL	facilities kitchen - Water Filtration Unit-Waterlogic Innwave Countertop CHCMU3-AR (2360768) @ 31.00 Monthly (10/01/22 to 10/31/22)		1	\$31.00	\$31.00

**Notes:**

Invoice Note:

Pack Note:

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Note 2:

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Tax	\$4.10
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$66.10
Amount Received	\$0.00
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P.O. Box 21971  
New York, NY 10087-1971JPMorgan Chase  
Account Number: 657591736  
Routing Number: 071000013  
Remit advice in CCD+ or CTX format

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For questions on this invoice contact: ars-ar@aramark.com or 1-855-273-3835



Aramark Refreshment Services, LLC

1-855-273-3835

ars-ar@aramark.com

**Invoice****Bill To:**Cyxtera  
365 South Randolphville Road  
Piscataway, NJ 08854**Invoice Number:****2870919**

Invoice Date:

11/25/2022

Customer Number:

6033-23121

Cost Center Note:

PO Number:

4502499096

Payment Terms:

Net 30

Ticket Number:

2870919

**Ship To:**Cyxtera  
365 South Randolphville Road  
Piscataway, NJ 08854

Ronald Whitlock

(732) 653-7652

ronald.whitlock@cyxtera.com

Product Code	Description	UOM	QTY	Unit Price	Total
RENTAL	cust lounge - Water Filtration Unit-Waterlogic Innowave Countertop CHCMU3-AR (2360777) @ 31.00 Monthly (11/01/22 to 11/30/22)		1	\$31.00	\$31.00
RENTAL	facilities kitchen - Water Filtration Unit-Waterlogic Innowave Countertop CHCMU3-AR (2360768) @ 31.00 Monthly (11/01/22 to 11/30/22)		1	\$31.00	\$31.00

**Notes:**

Invoice Note:

Pack Note:

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Note 2:

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Tax	\$4.10
Service Charge	\$0.00
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Total	\$66.10
Amount Received	\$0.00
<b>Balance Due</b>	<b>\$66.10</b>

**Send Payment To:**Aramark Refreshment Services, LLC  
P.O. Box 21971  
New York, NY 10087-1971JPMorgan Chase  
Account Number: 657591736  
Routing Number: 071000013  
Remit advice in CCD+ or CTX format

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For questions on this invoice contact: ars-ar@aramark.com or 1-855-273-3835



Aramark Refreshment Services, LLC

1-855-273-3835

ars-ar@aramark.com

**Invoice****Bill To:**Cyxtera  
365 South Randolphville Road  
Piscataway, NJ 08854**Invoice Number:****3136984**

Invoice Date:

12/30/2022

Customer Number:

6033-23121

Cost Center Note:

PO Number:

4502499096

Payment Terms:

Net 30

Ticket Number:

3136984

**Ship To:**Cyxtera  
365 South Randolphville Road  
Piscataway, NJ 08854Ronald Whitlock  
(732) 653-7652

ronald.whitlock@cyxtera.com

Product Code	Description	UOM	QTY	Unit Price	Total
RENTAL	cust lounge - Water Filtration Unit-Waterlogic Innwave Countertop CHCMU3-AR (2360777) @ 31.00 Monthly (12/01/22 to 12/31/22)		1	\$31.00	\$31.00
RENTAL	facilities kitchen - Water Filtration Unit-Waterlogic Innwave Countertop CHCMU3-AR (2360768) @ 31.00 Monthly (12/01/22 to 12/31/22)		1	\$31.00	\$31.00

**Notes:**

Invoice Note:

Pack Note:

Note 1:

RECEIPT - DO NOT PAY

Note 2:

Sub Total	\$62.00
Tax	\$4.10
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$66.10
Amount Received	\$0.00
<b>Balance Due</b>	<b>\$66.10</b>

**Send Payment To:**Aramark Refreshment Services, LLC  
P.O. Box 21971  
New York, NY 10087-1971JPMorgan Chase  
Account Number: 657591736  
Routing Number: 071000013  
Remit advice in CCD+ or CTX format

This Service Charge is to offset operating costs and is not intended to be a tip, gratuity, or service charge for the benefit of the employee.

For questions on this invoice contact: ars-ar@aramark.com or 1-855-273-3835



Aramark Refreshment Services, LLC

1-855-273-3835

ars-ar@aramark.com

**Invoice****Bill To:**Cyxtera  
365 South Randolphville Road  
Piscataway, NJ 08854**Invoice Number:****3350291****Invoice Date:**

01/27/2023

**Customer Number:**

6033-23121

**Cost Center Note:****PO Number:**

4502499096

**Payment Terms:**

Net 30

**Ticket Number:**

3350291

**Ship To:**Cyxtera  
365 South Randolphville Road  
Piscataway, NJ 08854

Ronald Whitlock

(732) 653-7652

ronald.whitlock@cyxtera.com

Product Code	Description	UOM	QTY	Unit Price	Total
RENTAL	cust lounge - Water Filtration Unit-Waterlogic Innwave Countertop CHCMU3-AR (2360777) @ 31.00 Monthly (01/01/23 to 01/25/23)		1	\$24.99	\$24.99
RENTAL	facilities kitchen - Water Filtration Unit-Waterlogic Innwave Countertop CHCMU3-AR (2360768) @ 31.00 Monthly (01/01/23 to 01/25/23)		1	\$24.99	\$24.99

**Notes:**

Invoice Note:

Pack Note:

Note 1:

RECEIPT - DO NOT PAY

Note 2:

Sub Total	\$49.98
Tax	\$3.32
Service Charge	\$0.00
Late Fees	\$0.00
Total	\$53.30
Amount Received	\$0.00
<b>Balance Due</b>	<b>\$53.30</b>

**Send Payment To:**Aramark Refreshment Services, LLC  
P.O. Box 21971  
New York, NY 10087-1971JPMorgan Chase  
Account Number: 657591736  
Routing Number: 071000013  
Remit advice in CCD+ or CTX format

This Service Charge is to offset operating costs and is not intended to be a tip, gratuity, or service charge for the benefit of the employee.

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