

Manager: Lisa Marino

Business Purpose: logo pens

Is this a Credit/Return: No

Vendor Code: fb6914

Card Name: Firstrust Bank

Card Unit:

Card Receipt Total: \$48.50

Card Purchase Date: Aug-19-2019

Same Expense Code Per Property?: No

Same Description Per Property?: No

Card Purchase for Only One Property: No

Card Allocation Method: Split Evenly

Building	Code Allocation Method	Property Cost	Property Unit#	Expense Code	Code Name	Code Desc	Expense Code Cost
Lindy Property Management	Split Evenly	\$48.50		57225	Marketing Expense	Logo pens for Dayton Towers	\$48.50

```
Shana.Rice@pens.com
Thursday, September 12, 2019 11:48 AM
Lisa Marino
receipt for payment
he receipt for the payment.
        MATIONAL PEN CO LLC
12121 SCRIPFS SUMMIT DR
United States
WWW.PENS.COM
        TYPE: Completion
                                         $ 48.50 USD
        ACCT: Visa
       Approved - Thank You 100
       Please retain this copy for your records
       Cardholder will pay above amount to card issuer pursuant to cardholder agreement.
         Lisa Marino
receipt for payment
receipt for the payment.
    MATIONAL PEW CO LLC
12121 SCRIPPS SUMMIT DR
SAM DIEGO, CR 92131
WHY. PEWS. COM
    TYPE: Completion
                                   $ 48.50 USD
    ACCT: Visa
   CARDHOLDER NAME : Lisa Marino
CARD NUMBER : #########6914
DATE/TIME : 04 Aug 19 00:15:27
REFERENCE # : 001 0419870 T
AUTHOR. # : 845880
TRANS. REF. : 110921804
         Approved - Thank You 100
    Please retain this copy for your records.
   Cardholder will pay above amount to card issuer pursuant to cardholder agreement.

*** Duplicate ***
```

```
Lisa Marino receipt for payment
 NATIONAL PEN CO LLC
12121 SCRIPPS SUBMIT DR
SAN DIEGO, CA 92131
United States
WWW. PENS. COM
                                                                                                            Please retain this copy for your re-
                                                                                                            Cardholder will pay above amount to card issuer pursuant to cardholder agreement.

*** Duplicate ***
 TYPE: Completion
ACCT: Visa
                                        $ 48.50 USD
CARDHOLDER NAME : Lisa Marino
CARD NUMBER : #########6914
DATE/TIME : 04 Aug 19 00:15:27
REFERENCE # : 001 0419870 T
AUTHOR . # 845880
TRANS REF. : 110921804
                                                                                                                            Print Email Close
   Approved - Thank You 100
                                                                                        Shana Rice
                                                                                        Customer Care Representative
ONATIONAL PEN COMPANY
Your image is our business!
Please retain this copy for your records.
Cardholder will pay above amount to card issuer pursuant to cardholder agreement.
                                                                                        342 Shelbyville Mills Rd.
                                                                                       Shelbyville, TN 37160
     Print Email Close
```