EXHIBIT A - SAMPLE SUMMARY INVOICE FORMAT

INVOICE

PLEASE REMIT PAYMENT TO:
Supplier Remit Address Here

Account #	P.O. Num	Address	Delivery Ticket	Date	Qty	Product Code	Product Name	Amount
0424632610	P0030756	UCONN HEALTH CENTER	123456789	1/5/2015	5	XXX	5 GAL NPL DRINKING WATER	XX.XX
		263 FARMINGTON AVE.			5	XXX	5 GAL DEPOSIT BOTTLE NPL	$0.00
		DELIVERY LOCATION/DEPARTMENT			8	XXX	5 GAL NPL EMPTY BOTTLE	XX.XX
		FARMINGTON, CT 06030	123456789	1/31/2015	1	XXX	H/C NON ES NO SPILL WHITE	XX.XX
		Del Attn: NAME HERE						
		Del Phone: 860 XXX-XXXX						
		Bill Attn: NAME HERE						
		Bill Phone: 860 XXX-XXXX			**19**		**Sub-Total**	XX.XX
Account #	**P.O. Num**	**Address**	**Delivery Ticket**	**Date**	**Qty**	**Product Code**	**Product Name**	**Amount**
0424632842	P0032473	UCONN HEALTH CENTER	2345678	1/7/2015	2	XXX	5 GAL NPL DRINKING WATER	XX.XX
		263 FARMINGTON AVE.			2	XXX	5 GAL DEPOSIT BOTTLE NPL	$0.00
		DELIVERY LOCATION/DEPARTMENT			2	XXX	5 GAL NPL EMPTY BOTTLE	XX.XX
		FARMINGTON, CT 06030	2345678	1/31/2015	1	XXX	H/C NON ENERGY STAR WHITE	XX.XX
		Del Attn: NAME HERE						
		Del Phone: 860 XXX-XXXX						
		Bill Attn: NAME HERE						
		Bill Phone: 860 XXX-XXXX			**7**		**Sub-Total**	XX.XX
Account #	**P.O. Num**	**Address**	**Delivery Ticket**	**Date**	**Qty**	**Product Code**	**Product Name**	**Amount**
0424632982	P0032228	UCONN HEALTH CENTER	34567891	1/7/2015	16	XXX	5 GAL NPL DRINKING WATER	XX.XX
		263 FARMINGTON AVE.			16	XXX	5 GAL DEPOSIT BOTTLE NPL	$0.00
		DELIVERY LOCATION/DEPARTMENT			16	XXX	5 GAL NPL EMPTY BOTTLE	XX.XX
		FARMINGTON, CT 06030	3456781	1/31/2015	1	XXX	H/C NON ENERGY STAR OASIS	XX.XX
		Del Attn: NAME HERE						
		Del Phone: 860 XXX-XXXX						
		Bill Attn: NAME HERE						
		Bill Phone: 860 XXX-XXXX			**49**		**Sub-Total**	XX.XX
Account #	**P.O. Num**	**Address**	**Delivery Ticket**	**Date**	**Qty**	**Product Code**	**Product Name**	**Amount**
0424633212	P0031425	UCONN HEALTH CENTER	4561234	1/5/2015	8	XXX	5 GAL NPL DRINKING WATER	XX.XX
		263 FARMINGTON AVE.			8	XXX	5 GAL DEPOSIT BOTTLE NPL	$0.00
		DELIVERY LOCATION/DEPARTMENT			8	XXX	5 GAL NPL EMPTY BOTTLE	XX.XX
		FARMINGTON, CT 06030	4561234	1/31/2015	1	XXX	H/C NON ES NO SPILL WHITE	XX.XX
		Del Attn: NAME HERE						
		Del Phone: 860 XXX-XXXX						
		Bill Attn: NAME HERE						
		Bill Phone: 860 XXX-XXXX			**25**		**Sub-Total**	XX.XX
Account #	**P.O. Num**	**Address**	**Delivery Ticket**	**Date**	**Qty**	**Product Code**	**Product Name**	**Amount**
0424633246	P0031074	UCONN HEALTH CENTER	4261542585	1/7/2015	16	XXX	5 GAL NPL DRINKING WATER	XX.XX
		263 FARMINGTON AVE.			16	XXX	5 GAL DEPOSIT BOTTLE NPL	$0.00
		DELIVERY LOCATION/DEPARTMENT			16	XXX	5 GAL NPL EMPTY BOTTLE	XX.XX
		FARMINGTON, CT 06030	4267720524	1/23/2015	17	XXX	5 GAL NPL DRINKING WATER	XX.XX
		Del Attn: NAME HERE			17	XXX	5 GAL DEPOSIT BOTTLE NPL	$0.00
		Del Phone: 860 XXX-XXXX			17	XXX	5 GAL NPL EMPTY BOTTLE	XX.XX
		Bill Attn: NAME HERE	55544563	1/31/2015	1	XXX	COOK&COLD OASIS WHITE NS	XX.XX
		Bill Phone: 860 XXX-XXXX			1	XXX	H/C NON ES OASIS NO SPILL	XX.XX
					1	XXX	C/C ENERGY STAR WHITE	XX.XX
					102		**Sub-Total**	XX.XX
Account #	**P.O. Num**	**Address**	**Delivery Ticket**	**Date**	**Qty**	**Product Code**	**Product Name**	**Amount**
0424633337	P0031416	UCONN HEALTH CENTER	4261542593	1/7/2015	4	XXX	5 GAL NPL DRINKING WATER	XX.XX
		263 FARMINGTON AVE.			4	XXX	5 GAL DEPOSIT BOTTLE NPL	$0.00
		DELIVERY LOCATION/DEPARTMENT			4	XXX	5 GAL NPL EMPTY BOTTLE	XX.XX
		FARMINGTON, CT 06030	45678955	1/31/2015	1	XXX	H/C NON ES NO SPILL WHITE	XX.XX
		Del Attn: NAME HERE						
		Del Phone: 860 XXX-XXXX						
		Bill Attn: NAME HERE						
		Bill Phone: 860 XXX-XXXX			**13**		**Sub-Total**	XX.XX
Account #	**P.O. Num**	**Address**	**Delivery Ticket**	**Date**	**Qty**	**Product Code**	**Product Name**	**Amount**
0435798301	P0030878	UCONN HEALTH CENTER	4261542858	1/7/2015	3	XXX	5 GAL NPL DRINKING WATER	XX.XX
		263 FARMINGTON AVE.			3	XXX	5 GAL DEPOSIT BOTTLE NPL	$0.00
		DELIVERY LOCATION/DEPARTMENT			3	XXX	5 GAL NPL EMPTY BOTTLE	XX.XX
		FARMINGTON, CT 06030	4267720839	1/23/2015	5	XXX	5 GAL NPL DRINKING WATER	XX.XX
		Del Attn: NAME HERE			5	XXX	5 GAL DEPOSIT BOTTLE NPL	$0.00
		Del Phone: 860 XXX-XXXX			5	XXX	5 GAL NPL EMPTY BOTTLE	XX.XX
		Bill Attn: NAME HERE	5558966	1/31/2015	1	XXX	HC ENRGYSTR 1.2 NS WHITE	XX.XX
		Bill Phone: 860 XXX-XXXX			**25**		**Sub-Total**	XX.XX
							TOTAL	XXX.XX