

SHIP8, INC.

ATTN: ACCOUNTS PAYABLE
 45875 NORTHPORT LOOP EAST
 FREMONT, CA 94538
 US
 AP.SHIP8@SHIP8.COM

PO No.

24020225

PO Date

02/27/2024

Page

1 OF 2

ORDER FROM

100041

ODP BUSINESS SOLUTIONS, LLC
 PO BOX 29248
 PHOENIX, AR 85038-9248
 US

SHIP TO

SD3(3000),
 SHIP8, INC.
 ATTN: CHRISTINE JENKINS
 311 INTERNATIONAL TRADE PARKWAY
 PORT WENTWORTH, GA 31407
 US

Buyer

Purchasing Dept

Terms

Net 30 Days

FOB

FOB Origin

Ship Via

Best possible

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price
1	OFC999 - MISC.	French Vanilla Creamer <i>3-4</i>	1.00	Each	22.70	
2	OFC999 - MISC.	Hazelnut Creamer <i>3-4</i>	1.00	Each	26.13	
3	OFC999 - MISC.	Sugar 1000/pk <i>3-4</i>	1.00	Each	26.92	
4	OFC999 - MISC.	HOT COCOA <i>3-4</i>	1.00	Each	12.50	
5	308239	CLIP,PAPER,JMB,SMTH,OD - 10 <i>3-4</i>	10.00	Each	6.70	
6	308478	CLIP,PAPER,#1,SMTH,OD - 10 <i>3-4</i>	10.00	Each	3.33	

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Best possible

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price
7	OFC999 - MISC.	Writing Pads 8x11 <i>3-4</i>	5.00	Each	11.69	
8	OFC999 - MISC.	Writing Pads 8x5 <i>3-8</i>	5.00	Each	13.59	
9	837398	Notes, Post-it, SupSticky, JwlPop - 24 <i>3-11</i>	3.00	Each	16.83	

Total Extended Price =



Purchase Requisition Form

DATE: 2/26/24
 WHS LOCATION: SD3
 DEPARTMENT: Order Processing

NOTES / INSTRUCTIONS (Not part of printed form)
 Please select and thoroughly review the below linked
[Warehouse Purchasing and Approval Policy - Mar 2023](#)

This form is required for all SHIP8 INC. purchase requests

Fill out form in its entirety
 Confirm pricing with the vendor
 Obtain all appropriate approvals

Download/Save completed form as a pdf (include quote if applicable)
 Email PDF to AP.SHIP8@SHIP8.com

Upload a copy of the signed PDF to the [Purchase Requisition](#) folder on the Google Drive to relevant location

Once product is received, upload POD to the shared drive

so that payment to the vendor can be processed
 S:\POD Public File

SUPPLIER / VENDOR:		SHIP TO:	
NAME	ADDRESS	NAME	ADDRESS
		Ship8	311 International Trade Pkwy
		Port Wentworth GA 31407	
CONTACT	CONTACT	Stephanie Reed-Lyles	912 373-7778 x.3825
TEL NO.	TEL NO.		

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
	4 x 6 Direct Thermal Zebra Labels	\$ -	144	\$ -		
	4 x 2 Direct Thermal Zebra Labels	\$ -	40	\$ -		
	Coffee Creamer Hazel nut	\$ -	2	\$ -	Cases	
	Coffee Creamer French Vanilla	\$ -	2	\$ -	Cases	
	Sprial notebooks	\$ -	12	\$ -		
	Sugar	\$ -	2	\$ -	Cases	
	Hot Chocolate	\$ -	1	\$ -		
	8 x 5 Notepad	\$ -	3	\$ -	packs	
	5 x 8 Notepad	\$ -	4	\$ -	packs	
	Jumbo paper clips	\$ -	10	\$ -	packs	
	small paper clips	\$ -	10	\$ -	packs	
	3 x 3 sticky note pads	\$ -		\$ -		
ESTIMATED TOTAL				\$ -		

Check box if attaching quote

REQUESTER SIGNATURE: *Stephanie Reed-Lyles* DATE: 2/26/24
 WAREHOUSE DIRECTOR SIGNATURE: *Edward Maxwell* DATE: 2-26-24
 SHIP8 PRESIDENT SIGNATURE: _____ DATE: _____
 E&E CONTROLLER SIGNATURE: _____ DATE: _____
 IT AUTHORIZER (SOFTWARE & HARDWARE): _____ DATE: _____

Approved but need 2 diff. vendors I seperated the order.

FOR OFFICE USE ONLY

ORDER DATE: _____ ORDERED BY: _____
 ETA DATE: _____ ORDERED AMOUNT: _____

PAYMENT METHOD: (Please check one)

OPEN ACCOUNT (VENDOR BILL) Provide REQ # to vendor for invoice. Submit approved requisition form to AP for payment processing

COD / PREPAID Submit approved requisition form and vendor invoice to Controller for COD/Prepaid Check

COMPANY CREDIT CARD / CARD HOLDER Submit approved requisition form and receipt to Credit Card Holder

EMPLOYEE CREDIT CARD / CHECK Attach approved requisition form and receipt to employee's expense report for reimbursement



SHIP8 INC.

DATE 2/27/2024

WHS LOCATION SD3

DEPARTMENT Office

SUPPLIER / VENDOR:

NAME ADDRESS ODP

CONTACT TEL NO.

SHIP TO:

NAME ADDRESS SHIP8

CONTACT TEL NO. Port Wentworth GA 31407

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
761003	FRENCH VANILLA CREAMER	22.70	1	22.70		
954315	HAZELNUT CREAMER	26.13	1	26.13		
5245328	SUGAR PACKETS	26.13	1	26.92		
757580	HOT COCOA	12.50	1	12.50		
305706	WRITTING PADS 8X11	11.69	5	58.45		
257438	WRITTING PADS 5X8	13.59	5	67.95		
308239	JUMBO PAPER CLIPS	6.70	10	67.00		
308478	SMALL PAPER CLIPS	3.33	10	33.30		
336977	POST IT STICKY NOTES	16.83	3	50.49		
				ESTIMATED TOTAL	365.44	

Check box if attaching quote

REQUESTER SIGNATURE: _____

WAREHOUSE DIRECTOR SIGNATURE: _____

SHIP8 PRESIDENT SIGNATURE: _____

E&E CONTROLLER SIGNATURE: _____

IT AUTHORIZER (SOFTWARE & HARDWARE): _____

DATE: _____

DATE: _____

DATE: _____

DATE: _____

DATE: _____

FOR OFFICE USE ONLY

ORDER DATE: _____ ORDERED BY: _____

ETA DATE: _____ ORDERED AMOUNT: _____

PAYMENT METHOD: (Please check one)

OPEN ACCOUNT (VENDOR BILL)

Provide REQ # to vendor for invoicing, submit approved requisition form to A/P for payment processing

COD / PREPAID

Submit approved requisition form and vendor invoices to Controller for COD/prepaid check

COMPANY CREDIT CARD / CARD HOLDER

Submit approved requisition form and receipt to Credit Card Holder

EMPLOYEE CREDIT CARD / CHECK

Attach approved requisition form and receipt to employee's expense report for reimbursement



*** PACKING LIST ***

ODP Business Solutions, LLC
 1-888-2OFFICE
 2500 MILL CENTER PARKWAY
 BUFORD GA 30518

Order Number: 355211394-1

Order Summary

Shipping Address
 00014
 SHIP 8 INC
 311 INTERNATIONAL TRADE P
 PKWY
 PORT WENTWORTH GA 31407-9265

Customer Information
 Customer#: 70324916
 Contact: CHRISTINE JENKINS
 Phone#: 912-373-7778 3751

Carton Counts
 Repack / Split Case 3
 Full Case 0
 Bulk 0
 Total 3

Additional Information
 PO # 24020225
 Route/Stop/Door: 0070/000/236
 Order Date: 29-Feb-2024
 Delivery Date: 01-Mar-2024

Parent Order Number 355211394

Item Details							
Line	Quantity			Item Number Mfgr Code Customer Code	Description	Units	Carton ID
	Ordered	Shipped	Back Ordered				
1	1	1	0	761003 NES35070 ✓	COFFEMT FRNCH VNL,.38OZ,180/CA	CASE	46919101
2	1	1	0	954315 NES35080 ✓	COFFEMT HAZELNUT LIQUID,180 CT	CT	46919201
3	2	2	0	5245328 83976 ✓	SUGAR,PACKET,EXEC SUITE,1000CT	BOX	46919201
4	1	1	0	757580 GOV47491 ✓	COCOA,SWISS MISS,50/BOX	BOX	46919101
5	5	5	0	305706 99400 ✓	PAD,PERF,8.5X11,OD,12PK,LGL RL	DOZ	46914401 46919101
6	10	10	0	308239 10004 ✓	CLIP,PAPER,JMB,SMTH,OD,10PK	PACK	46919201
7	10	10	0	308478 10001 ✓	CLIP,PAPER,#1,SMTH,OD,10PK	PACK	46919101
8	3	3	0	336977 65424SSMIACP ✓	POST-IT,MIAMI,3X3,24PK	PACK	46919101

Please visit ODPBusiness.com for all order information including re-orders, invoice re-prints, parts replacement and quick easy returns.

PLEASE NOTE: Your orders will arrive in separate shipments. Your orders can be tracked via the ODPBusiness.com website. 355219029-001 2024-03-05

3-4-24
 CH

Order number 355219029-001
Order date 12/24/02/2

Signature image UPS used for delivery.
Customer ID 0070324916
PO number 0
Customer name SHIP 8 INC
Contact name CHRISTINE JENKINS
Contact phone 9123737778 extension 3751
Customer instructions None

Ship-to address 311 INTERNATIONAL TRADE P
PKWY
PORT WENTWORTH
GA 314079265
Bill-to address 45875 NORTHPORT LOOP E
FREMONT
CA 945386414

Scheduled delivery date 03/05/2024
Order instructions None
Number of delivered packages 1
Number of returned packages N/A
Received by
Delivery date
Driver name
Carrier name UPS
Tracking number 1Z9V85A40334805525

Per X-21

Amount due \$72.71
Payment details
Tender Type Account
Account ****4916
Tender Amount \$72.71

Order items
Item # Qty Ordered Qty Shipped UOM Description
0257438 5 5 PK LEGALPAD, 5X8, CAN



ORIGINAL INVOICE

THANKS FOR YOUR ORDER
IF YOU HAVE ANY QUESTIONS
OR PROBLEMS, JUST CALL US

FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT INQUIRIES : (800) 721-6592

Table with 3 columns: INVOICE NUMBER, AMOUNT DUE, PAGE NUMBER; INVOICE DATE, TERMS, PAYMENT DUE

Federal ID # 86-2161688

Bill To: ATTN: ACCTS PAYABLE
SHIP 8 INC
45875 NORTHPORT LOOP E
FREMONT CA 94538-6414

Ship To: SHIP 8 INC
311 INTERNATIONAL TRADE P
PKWY
PORT WENTWORTH GA 31407-9265

Main invoice table with columns: ACCOUNT NUMBER, ACCOUNT MANAGER, SHIP TO ID, ORDER NUMBER, ORDER DATE, SHIPPED DATE, BILLING ID, PURCHASE ORDER, RELEASE, ORDERED BY, DESKTOP, COST CENTER, CATALOG ITEM # / MANUF CODE, DESCRIPTION / CUSTOMER ITEM #, U/M TAX, QTY ORD, QTY SHIP, QTY B/C, UNIT PRICE, EXTENDED PRICE

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

▲ DETACH HERE ▲

Summary table with columns: CUSTOMER NAME, BILLING ID, INVOICE NUMBER, INVOICE DATE, INVOICE AMOUNT, AMOUNT ENCLOSED

FLO 188403950 3552113940016 00000031213 1 2

PLEASE SEND YOUR CHECK TO: ODP Business Solutions, LLC
PO BOX 29248
PHOENIX AZ 85038-9248

PLEASE RETURN THIS STUB WITH YOUR PAYMENT TO ENSURE PROMPT CREDIT TO YOUR ACCOUNT.

PLEASE DO NOT STAPLE OR FOLD. THANK YOU

