SHIP8INC.

DATE 3/27/24
WHS LOCATION SD3
DEPARTMENT Maintenance

SUPPLIER / VENDOR:

NAME / ADDRESS: Champion Fire Protection
CONTACT
TEL NO.

SHIP TO:

NAME: Ship8 Inc
ADDRESS: 550 NorthPort Parkway Port Wentworth GA, 31407
Port Wentworth, GA 31407
CONTACT: Christine Jenkins
TEL NO.: 912-373-7778 ext 3751

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED $$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
	Leaking Valve Labor	250.00	1	250.00		
	Material	59.50	1	59.50		
		ESTIMATED TOTAL		309.50		

☐ Check box if attaching quote

REQUESTER SIGNATURE: DATE:
WAREHOUSE DIRECTOR SIGNATURE: James Burford DATE: 3/27/2024
SHIP8 PRESIDENT SIGNATURE: DATE:
E&E CONTROLLER SIGNATURE: DATE:
IT AUTHORIZER (SOFTWARE & HARDWARE): 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 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.