

**SHIP8, INC.**

ATTN: ACCOUNTS PAYABLE  
45875 NORTHPORT LOOP EAST  
FREMONT, CA 94538  
US

AP.SHIP8@SHIP8.COM

ORDER FROM

100248

CHAMPION FIRE PROTECTON, INC.

SAVANNAH, GA 31401

Buyer

Purchasing Dept

Terms

Net 30 Days

FOB

FOB Origin

Ship Via

Best possible

SHIP TO

SD2(2000),

SHIP8, INC.

ATTN: CHRISTINE JENKINS

550 NORTHPORT PARKWAY

PORT WENTWORTH, GA 31407

US

Page

1 OF 1

PO Date

05/30/2024

PO No.

24050583

Line No. Vendor Item No. Vendor Item Description Qty Ordered UOM Unit Price Extended Price

1 BLD005-FIRE BLD005-FIRE NTE \$500.00 1.00 Each 500.00

*6.27*

Total Extended Price =



# SHIP8 INC.

DATE 6/3/2024  
 WHS LOCATION SD2  
 DEPARTMENT Maintenance

SUPPLIER / VENDOR:

NAME \_\_\_\_\_  
 ADDRESS Champion  
 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)
	Service Call NTE \$500.00	500.00	1	500.00	requested by Pat A	
ESTIMATED TOTAL				500.00		

Check box if attaching quote

REQUESTER SIGNATURE: \_\_\_\_\_  
 WAREHOUSE DIRECTOR SIGNATURE: James Burford  
 SHIP8 PRESIDENT SIGNATURE: \_\_\_\_\_  
 E&E CONTROLLER SIGNATURE: \_\_\_\_\_  
 IT AUTHORIZER (SOFTWARE & HARDWARE): \_\_\_\_\_

DATE: \_\_\_\_\_  
 DATE: 6/3/2024  
 DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

FOR OFFICE USE ONLY

ORDER DATE: _____	ORDERED BY: _____
ETA DATE: _____	ORDERED AMOUNT: _____
<b>PAYMENT METHOD: (Please check one)</b> <input type="checkbox"/> OPEN ACCOUNT (VENDOR BILL) <input type="checkbox"/> COD / PREPAID <input type="checkbox"/> COMPANY CREDIT CARD / CARD HOLDER <input type="checkbox"/> EMPLOYEE CREDIT CARD / CHECK	
Provide <b>REQ #</b> to vendor for invoicing. Submit approved requisition form to A/P for payment processing. Submit approved requisition form and vendor invoice to Controller for COD/prepaid check. Submit approved requisition form and receipt to Credit Card Holder. Attach approved requisition form and receipt to employee's expense report for reimbursement.	



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99

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373

Re: Trouble code at our 550 location.

External

Inbox x

Chat

Starred

Snoozed

Meet

Sent

Drafts

More

Labels



Christine Jenkins

PO 24050583 is attached Christine Jenkins Purchasing Coordinator 550 Northport Parkway Port Wentworth, GA 31407 O:91



James Burford

Ok Thanks.



Patrick Andreshak

to me, Branden, James

Completed

Patrick Andreshak

On Thu, Jun 27, 2024 at 10:41 AM Christine Jenkins <christine.jenkins@ship8.com> wrote:

Team

I am following up on PO 24050583

Reply Reply all Forward

2 deleted messages in this conversation. View messages or delete forever.

Champion Fire Protection, Inc.  
825 Wheaton Street  
Savannah, GA 31401  
Phone: (912) 234-0111  
Fax: (912) 236-1303

**INVOICE**

INVOICE NO  
132470

CUST SHIP8 INC  
45875 NORTHPORT LOOP EAST  
FREMONT, CA 94538

SITE 550 NORTHPORT PKWY  
SHIP8, INC  
SAVANNAH, GA 31407

ACCOUNT NO	PO NUMBER	INVOICE DATE	TERMS	DUE DATE	PAGE
193342	24050583	6/28/2024	Net 30	7/28/2024	1

DATE COMPLETED: 6/3/24

FIRE ALARM SERVICE

Trouble shooting found the tamper on the PIV was damaged and needs to be replaced.

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
1	FIRE ALARM LABOR	375.0000	375.00 *

\* means item is non-taxable

**TOTAL AMOUNT 375.00**

**Champion Fire is paperless!**  
If you would like your invoices emailed  
send request to: [ar@championfp.com](mailto:ar@championfp.com)

To request inspection reports please  
email: [swood@championfp.com](mailto:swood@championfp.com)

If you would like to be emailed a credit  
card payment link send request to:  
"[ar@championfp.com](mailto:ar@championfp.com)" with your  
invoice number. (Invoices over \$1500 are  
subject to a 3% processing fee)