

SHIP8, INC.

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

US

AP.SHIP8@SHIP8.COM

ORDER FROM

100041

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

Buyer

Purchasing Dept

Terms

Net 30 Days

FOB

FOB Origin

Ship Via

Best possible

SHIP TO

WDC(4000),
SHIP8, INC.
ATTN: CHRISTINE JENKINS
221 HANSON WAY
WOODLAND, CA 95776
US

PO No

24080917

PO Date

08/15/2024

Page

1 OF 1

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price
1	202812	MARKER,FELT,PERM,KING SIZE,DZ - 12	2.00	Each	14.18	
			<i>INV. 8-19</i>			
2	487899	CUTTER,BOX,12PK,WHITE - 12	2.00	Each	14.89	
			<i>INV. 8-19</i>			

Total Extended Price =



Purchase Requisition Form

SHIP8 INC.

DATE 8/14/24
 WHS LOCATION WDC
 DEPARTMENT Administrative

SUPPLIER / VENDOR:

NAME ODP Business Solutions
 ADDRESS PO Box 29248
Phoenix, AR 85038
 CONTACT
 TEL NO. 1-800-721-6592

SHIP TO:

NAME Alex Gonzalez
 ADDRESS 221 Hanson Way
Woodland, Ca 95776
 CONTACT
 TEL NO. 530-669-5991

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
202812	Sharpie King Size pk 12	\$ 14.18	2	\$ 28.36		
				\$ -		
				\$ -		
				\$ -		
487899	Box cutters	\$ 14.89	2	\$ 29.78		
				\$ -		
				\$ -		
				\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
ESTIMATED TOTAL				\$ 58.14		

Check box if attaching quote

REQUESTER SIGNATURE: _____
 WAREHOUSE DIRECTOR SIGNATURE: Alex Gonzalez
 SHIP8 PRESIDENT SIGNATURE: _____
 E&E CONTROLLER SIGNATURE: _____
 IT AUTHORIZER (SOFTWARE & HARDWARE): _____

DATE: _____
 DATE: 8/14/24
 DATE: _____
 DATE: _____
 DATE: _____

FOR OFFICE USE ONLY

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

NOTES / INSTRUCTIONS (Not part of printed form)

Please select and thoroughly review the below linked

Warehouse Purchases 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 Req Forms
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



*** PACKING LIST ***

ODP Business Solutions, LLC
 1-888-2OFFICE
 6700 AUTOMALL PKWY
 FREMONT CA 94538

Order Number: 379718543-1

Order Summary

Shipping Address
 00007
 SHIP 8 INC
 221 HANSON WAY
 WOODLAND CA 95776-6211

Customer Information
 Customer#: 70324916
 Contact: ALEX GONZALEZ
 Phone#: 530-669-5991 0116

Carton Counts
 Repack / Split Case 1
 Full Case 0
 Bulk 0
 Total 1

Additional Information
 PO # 24080917
 Route/Stop/Door: 0301/001/051
 Order Date: 15-Aug-2024
 Delivery Date: 16-Aug-2024

Item Details

Line	Quantity		Item Number Mfg Code Customer Code	Description	Units	Carton ID		
	Ordered	Shipped						
1	2	2	0 202812 15001A	MARKER,FELT,PERM,KING SIZE,DZ	DOZ	83215501		
2	2	2	0 487899 9826	CUTTER,BOX,12PK,WHITE	PACK	83215501		

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

PN
8/19/24



REPRINT OF ORIGINAL INVOICE

10000

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 221 HANSON WAY WOODLAND CA 95776-6211

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/O, 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 3797185430012 00000005277 1 8

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