

SHIP8, INC.

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

AP.SHIP8@SHIP8.COM

ORDER FROM

100047

ULINE
ATTN: ACCOUNTS RECEIVABLE
CHICAGO, IL 60680-1741

SHIP TO

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

Page

11/15/2024

24111316

1 OF 1

Buyer

Purchasing Dept

Terms

Net 30 Days

FOB

FOB Origin

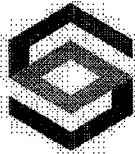
Ship Via

Best possible

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price
1	S-13029W	4 X 6" DT MOBILE PRINTER LABELS, WHITE, 105 LABELS PER ROLL	240.00	Each	8.00	

Jmw 11-19-24

Total Extended Price =



Purchase Requisition Form

SHIP8 INC.

DATE: 11.13.24
 WHS LOCATION: WDC
 DEPARTMENT: Ecom

SUPPLIER / VENDOR:

NAME: Uline
 ADDRESS:
 CONTACT:
 TEL NO.:

SHIP TO:

NAME: SHIP8 INC
 ADDRESS: 221 Hanson Way
 Woodland, CA 95776
 CONTACT: Alex Gonzalez
 TEL NO.: 916-897-7622

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
		\$0		\$ -		
S-13029W	4x6 Wireless labels	\$8	240	\$ 1,920.00	10 cartons for Ecom	
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
ESTIMATED TOTAL				\$ 1,920.00		

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: 11/13/24
 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 AP for payment process

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

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

ULINE

1-800-295-5510

uline.com

8800 Military Road, Reno, NV 89506



DO#: 276300954001

SHIPPING SUPPLY SPECIALISTS

SOLD TO:

SHIP 8 INC
45875 NORTHPORT LOOP E
FREMONT, CA 945386414

SHIP TO:

SHIP8
221 HANSON WAY
WOODLAND, CA 95776

Order #: 23746828

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	TERMS	INVOICE DATE
4320560	24111316	DHE Transport	11/15/2024		11/15/2024

MODEL NUMBER	DESCRIPTION	QUANTITY			BACK ORDERED
		ORDERED	U/M	SHIPPED	
* S-21001	ZERO GRAVITY CHAIR THIS ITEM AT NO CHARGE	1	EA	1	
S-13029W	4X6 ZEBRA MOBILE PRINTER LBL-WHT	240	RL	240	

*ITEM: S-21001 WARNING: Cancer and Reproductive Harm - www.P65Warnings.ca.gov

[Handwritten signature]
11/19/24

RETURNS: WE HOPE YOU ARE HAPPY WITH THIS ORDER. HOWEVER, IF YOU NEED TO RETURN MERCHANDISE, PLEASE REFER TO THE BACK OF THIS FORM. THERE IS NO NEED TO CALL ULINE.

ORDER PLACED BY: ALEX GONZALEZ

5306695991

R6

11/15/24 12:00 PM 11/15/24 10:01 AM

INTERNET

PACKING LIST



DHE Transportation (AACT)
 1351 South Campus Avenue,
 Ontario, CA 91761 Direct 909-510-6103
 www.dhetransport.com Toll Free (888)-301-7480



Customer Copy

Freight Bill Number 31061344	-3	Page 1 of 1
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4122543
 SHIP8
 221 HANSON WAY
 WOODLAND CA 95776

Received in good order except as noted. Show completed firm name and signature. Initials not accepted. Carrier must be notified within 5 days on all concealed damage.

(Received by - Print Name)

X
 (Received by - Signature)

Received Date

PLT	PCS	HM	DESCRIPTION	WGT/LBS	RATE
	1		INFO CONTACT: ALEX GONZALEZ 5306695991 SHIP ID# 295950 SCAC# DPHE LOAD NUM: 23746828 CUST# 532201 NUM PALLETS: 1 ROST SHIP DATE: 11/15/2024 10CT LABELS NMFC# 153500-02 1CT FOLDING CHAIR NMFC# 080830-02 SPH# 775-900-6830 CPH# 530-669-5991 C E: ALEX.GONZALEZ@SHIP8.COM SHIPPER LOAD AND COUNT ORDER# 2374628 CUST# 4320560	149	
STRETCH WRAP INTACT UNLESS OTHERWISE NOTED ABOVE					

3803850
 ULINE R6
 8800 MILITARY RD
 RENO NV 89506

RNO	1	1	TTL (1 on 1 PLT) *PREPAID	174	PPD
Inside Delivery	Residential Delivery	Sort & Seg	Paid by: Ship/3P	Cons	
Liftgate	Construction Site	Charge	Cash \$	Check #	

Pickup Date	2024-11-15	Beyond Route/At	
PO Number	24111316	Prior Carrier/FB	
BOL Number	276300954	From	OUR To
Apt Contact			
Apt Date		Phone	
Delivered By Driver		Delivery Trailer:	

**DO NOT BREAKDOWN SKID
 DO NOT BREAK PALLETS**

(Print Name)

Date/Time Pieces

282419

Date/Time Printed 2024-11-19 11:36:56
 Pro 31061344 -3

Payment of freight charges are due within 15 days.



1-800-295-5510
 uline.com
 PO Box 88741 • Chicago, IL 60680-1741

INVOICE

ULINE FED ID#: 36-3684738
 INVOICE #: 185699326
 ORDER #: 23746828

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2008

SOLD TO: SHIP 8 INC
 45875 NORTHPORT LOOP E
 FREMONT CA 94538-6414

SHIP TO: SHIP8
 221 HANSON WAY
 WOODLAND CA 95776-6211

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
4320560	24111316	DHE TRANSP	11/15/24	11/15/24	NET 30 DAYS	11/15/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
240	RL		S-13029W	MOBILE PRINTER LABELS - 4 X 6", WHITE	8.00	1,920.00 T
1	EA		S-21001	ZERO GRAVITY CHAIR THIS ITEM AT NO CHARGE	.00	.00
T' DENOTES A TAXABLE LINE.						

ORDER PLACED BY: ALEX GONZALEZ
 INTERNET PRO #: 310613443

SUB-TOTAL 1,920.00	SALES TAX 153.60	SHIPPING/HANDLING .00	AMOUNT DUE \$ 2,073.60
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PLEASE PAY FROM THIS INVOICE
 REFER TO THIS INVOICE NUMBER
 WHEN CONTACTING US REGARDING THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
SHIP 8 INC	4320560	185699326	11/15/24	2,073.60

AMOUNT ENCLOSED
 IF DIFFERENT THAN AMOUNT DUE \$ _____
 EXPLAIN DIFFERENCES ON REVERSE SIDE

MAKE CHECK PAYABLE AND MAIL TO:

ULINE
 ATTN: ACCOUNTS RECEIVABLE
 PO Box 88741
 Chicago IL 60680-1741

IMPORTANT - PLEASE DETACH AND RETURN THIS PORTION TO ENSURE PROPER CREDIT