

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

Buyer

Purchasing Dept

Terms

Net 30 Days

FOB

FOB Origin

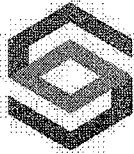
Ship Via

Best possible

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price
1	S-12994	4 X 2", RIBBONS REQUIRED	240.00	Each	8.00	

JMW. 12-17

Total Extended Price =



Purchase Requisition Form

SHIP8 INC.

DATE 12/16/24
 WHS LOCATION WDC
 DEPARTMENT Ecom

SUPPLIER / VENDOR:

SHIP TO:

NAME Uline
 ADDRESS _____
 CONTACT _____
 TEL NO. _____

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-13027W	4x6 Wireless labels	\$8	240	\$ 1,920.00	10 cases	
		\$9				
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
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		\$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: 12/16/24
 DATE: _____
 DATE: _____
 DATE: _____

FOR OFFICE USE ONLY

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

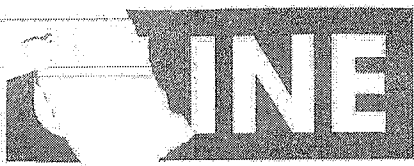
PAYMENT METHOD: (Please check one)

OPEN ACCOUNT (VENDOR BILL) Provide REQ # to vendor for invoicing; submit approved requisition form to A/P 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.



1-800-295-5510
 uline.com
 8800 Millitary Road, Reno, NV 89506



DO#: 277693976001

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 #: 25183417

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	TERMS	INVOICE DATE
4320560	24121443	DHE Transport	12/16/2024		12/16/2024

MODEL NUMBER	DESCRIPTION	QUANTITY		
		ORDERED	U/M	SHIPPED
* H-6111BL	BUSHNELL BINOCULARS - BLACK THIS ITEM AT NO CHARGE	1	EA	1
S-13029W	4X6 ZEBRA MOBILE PRINTER LBL-WHT	240	RL	240

 *ITEM: H-6111BL WARNING: Cancer and Reproductive Harm - www.P65Warnings.ca.gov

PN
12/17/24

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
 12/16/24 12:00 PM 12/16/24 9:47 AM

5306695991
 INTERNET

R6

PACKING LIST



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

INVOICE

ULINE FED ID#: 36-3684738
 INVOICE #: 186889961
 ORDER #: 25183417

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	24121443	DHE TRANSP	12/16/24	12/16/24	NET 30 DAYS	12/16/24
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
240 1	RL EA		S-13029W H-6111BL	MOBILE PRINTER LABELS - 4 X 6", WHITE BUSHNELL® BINOCULARS - BLACK THIS ITEM AT NO CHARGE 'T' DENOTES A TAXABLE LINE.	8.00 .00	1,920.00 T .00

ORDER PLACED BY: ALEX GONZALEZ
 INTERNET PRO #: 310672258

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	186889961	12/16/24	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