

**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	H-8719	Safety Tape Applicator	1.00	Each	400.00	
2	H-7986	Backpack Pressure Sprayer	1.00	Each	130.00	

*JMW*      *3-17*      *↓*

Total Extended Price =



# Purchase Requisition Form

## SHIP8 INC.

DATE 3/14/25  
 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		\$ -		
H-8719	Safety Tape Applicator	\$400	1	\$ 400.00		
H-7986	Backpack Preassure Sprayer	\$130	1	\$ 130.00		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
		\$0		\$ -		
<b>ESTIMATED TOTAL</b>				<b>\$ 530.00</b>		

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: 3/14/25  
 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

**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#: 1000863266001

SHIPPING SUPPLY SPECIALISTS

**SOLD TO:** SHIP 8 INC  
45875 NORTHPORT LOOP E  
FREMONT, CA 945386414

**SHIP TO:** SHIP8  
221 HANSON WAY  
WOODLAND, CA 957766211

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	INVOICE DATE	ORDER #
4320560	25030293	FedEx Ground (California)	03/14/25	03/14/25	30682325
MODEL NUMBER	DESCRIPTION	QUANTITY			BACK ORDERED
		ORDERED	U/M	SHIPPED	
H-7986	PRESSURE SPRAYER 4 GAL BACKPACK	1	EA	1	
H-8719	DELUXE SAFETY TAPE APPLICATOR	1	EA	1	
S-15965GRPL	LAMB'S WOOL THROW-GRAY/RED PLAID THIS ITEM AT NO CHARGE	1	EA	1	
<p>*****            *ITEM: H-8719 WARNING: This product contains chemicals known to the state of California to cause cancer and birth defects or other reproductive harm - www.P65Warnings.ca.gov            *****</p>					

PO  
3/17/25

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.

ORDERED BY: ALEX GONZALEZ 5306695991 0019-1  
03/14/25 12:00 03/14/25 10:00 INTERNET

R6  
**PACKING LIST**



1-800-295-5510

uline.com

PO Box 88741 • Chicago, IL 60680-1741

**INVOICE**

ULINE FED ID#: 36-3684738

INVOICE #: 190362505

ORDER #: 30682325

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	25030293	PARCEL	03/14/25	03/14/25	NET 30 DAYS	03/14/25
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	EA		H-7986	SOLO® BACKPACK PRESSURE SPRAYER - 4 GALLON	130.00	130.00 T
1	EA		H-8719	MIGHTY LINE® DELUXE SAFETY TAPE APPLICATOR - 2-4"	400.00	400.00 T
1	EA		S-15965GRPL	LAMB'S WOOL THROW - GRAY-RED PLAID THIS ITEM AT NO CHARGE	.00	.00
'T' DENOTES A TAXABLE LINE.						

ORDER PLACED BY: ALEX GONZALEZ  
INTERNET

SUB-TOTAL 530.00	SALES TAX 42.40	SHIPPING/HANDLING .00	AMOUNT DUE \$ 572.40
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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	190362505	03/14/25	572.40

AMOUNT ENCLOSED IF DIFFERENT THAN AMOUNT DUE \$ _____
<small>EXPLAIN DIFFERENCES ON REVERSE SIDE</small>

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**