

**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

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	754871	MARKER,CHISEL,SHARPIE,BLACK - 12	4-10	Each	8.39	
2	452913	TAPE,ECO,MAGIC,3/4	4-10	Each	16.99	
3	6967043	K-Cup Coffee Pods, Medium	4-10	Each	23.90	
4	280156	D Alkaline Batteries	4-10	Each	11.89	
5	607114	Flip up Portable Desk Lamp	4-10	Each	24.99	
6	487899	CUTTER,BOX,WHITE - 12	4-10	Each	11.12	

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PO No.

25040353

PO Date

04/01/2025

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Net 30 Days

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FOB Origin

**Ship Via**

Best possible

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price
7	477727	CLIPBOARD,OD,WOOD - 3	1.00	Each	6.92	
8	546720	HP 90A Black Toner Cartridges	3.00	Each	185.81	
9	571362	9-Volt Alkaline Batteries	1.00	Each	19.59	

4-10

4-10

4-10

Total Extended Price =



# Purchase Requisition Fo

## SHIP8 INC.

SUPPLIER VENDOR

DATE 4/1/25  
 WHS LOCATION WDC  
 DEPARTMENT Administrative

### SHIP TO:

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

NAME Ship8 INC  
 ADDRESS 221 Hanson Way  
Woodland, CA 95776  
 CONTACT  
 TEL NO. 530-669-5991

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$	REMARKS/PURPOSE
754871	Sharpie King Size Permanent Marker, Blk	\$8.39	2	\$ 16.78	
452913	Scotch Greener Magic Tape	\$16.99	1	\$ 16.99	
6967043	K-Cup Coffee Pods, Medium	\$23.90	3	\$ 71.70	
280156	D Alkaline Batteries	\$11.89	2	\$ 23.78	
607114	Flip up Portable Desk Lamp	\$24.99	1	\$ 24.99	
487899	Box Cutter	\$11.12	2	\$ 22.24	
477727	Brand Wood Clipboards	\$6.92	1	\$ 6.92	
546720	HP 90A Black Toner Cartridges	\$185.81	3	\$ 557.43	
571362	9-Volt Alkaline Batteries	\$19.59	1	\$ 19.59	
		\$0.00		\$ -	
<b>ESTIMATED TOTAL</b>				<b>\$ 760.42</b>	

Check box if attaching quote

REQUESTER SIGNATURE: Wendy Yang  
 WAREHOUSE DIRECTOR SIGNATURE: Alex Gonzalez  
 SHIP8 PRESIDENT SIGNATURE: \_\_\_\_\_  
 E&E CONTROLLER SIGNATURE: \_\_\_\_\_  
 IT AUTHORIZER (SOFTWARE & HARDWARE): \_\_\_\_\_

DATE: 4/1/2025  
 DATE: 4/1/25  
 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

COD / PREPAID  Submit approved requisition form and vendor invoice to Controller for COD/prepa

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 re











REPRINT OF ORIGINAL INVOICE

THANKS FOR YOUR ORDER IF YOU HAVE ANY QUESTIONS OR PROBLEMS, JUST CALL US

10000

FOR CUSTOMER SERVICE ORDER: (888) 263-3423 FOR ACCOUNT INQUIRIES : (800) 721-6592

Summary table with 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 #, DESCRIPTION, U/M, TAX, QTY, 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 4150837490019 0000002699 1 2

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

