

SHIP8, INC.

ATTN: ACCOUNTS PAYABLE
 45875 NORTHPORT LOOP EAST
 FREMONT, CA 94538
 US
 AP.SHIP8@SHIP8.COM

PO No. 25080814
 PO Date 08/04/2025
 Page 1 OF 1

ORDER FROM
 100041

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

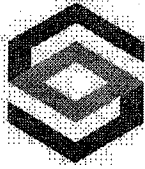
SHIP TO
 WDC(4000),
 SHIP8, INC.
 ATTN: CHRISTINE JENKINS
 221 HANSON WAY
 WOODLAND, CA 95776
 US

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		K-Cup Coffee Pods, K-Cup Coffee Pods, Medium Medium	3.00	Each	7.95	23.90
2		Ballpoint Pen, Med Ballpoint Pen, Med Point, 1.0mm, Black Point, 1.0mm, Black 60pk 60pk	1.00	Each	4.25	4.25
3		Sharpie King Size Permanent Marker, Black Black	2.00	Each	6.99	13.99

Handwritten notes:
 Jm: 8-5
 Jm:
 Jm:

Total Extended Price =



Purchase Requisition Fo

SHIP8 INC.

SUPPLIER / VENDOR.

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

DATE: 8/4/25
 WHS LOCATION: WDC
 DEPARTMENT: Administrative

SHIP TO:

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

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE
	K-Cup Coffee Pods, Medium	\$23.90	3	\$ 71.70	
	Ballpoint Pen, Med Point, 1.0mm, Black Opk	\$4.25	1	\$ 4.25	
	Sharpie King Size Permanent Marker, Black	\$13.99	2	\$ 27.98	
		\$0.00		\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
		\$0.00		\$ -	
ESTIMATED TOTAL				\$ 103.93	

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: 8/4/25
 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.
 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



*** PACKING LIST ***

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

Order Number: 435091532001

Order Summary

Shipping Address
SHIP 8 INC
45873 NORTHPORT LOOP E
FREMONT CA 94538-6414

Customer Information
Customer#: 70324916
Contact: ALEX GONZALEZ
Phone#: 5306695991

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

Additional Information
PO # 25080814
Router/Door: 775/50
Order Date: 04 - Aug - 2025
Delivery Date: 05 - Aug - 2025

Comments
Parent Order Number

Item Details

Line	Ordered	Shipped	Back Ordered	Item Number	Mgtr Code	Customer Code	Description	Units	Carton ID
1	3	3	0	6967043	5000346377		KCUP,HOUSE BLEND,POD,7OCT	CT	00862363
2	1	1	0	664011	GSM60-BLACK		PEN,ROUND STIC,BIG,60CT,BLACK	BOX	00862363
3	2	2	0	202812	15001A		MARKER,FELT,PERM,KING SIZE,DZ	DOZ	00862363

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

PN
8/5/25



