

SHIP8, INC.

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

PO No. 25080900
PO Date 08/22/2025
Page 1 OF 1

ORDER FROM

3

GRAINGER
DEPT.864582804
PALATINE, IL 60038-0001

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

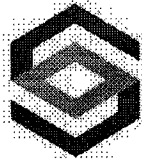
Ship Via

Best possible

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price
1	497C35	3 Inch Painters Tape	4.00	Each	17.29	

JNW

Total Extended Price =



Purchase Requisition Form

DATE 8.21.25
 WHS LOCATION WDC
 DEPARTMENT Maintenance

SHIP8 INC.

SUPPLIER / VENDOR:

NAME Grainger
 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)
497C35	3 inch Painters Tape	\$ 17.29	4	\$ 69.16	For Fire Exits	
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
		\$ -		\$ -		
ESTIMATED TOTAL				\$ 69.16		

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: 8/21/25
 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



PACKING LIST

FOR THE ONES WHO GET IT DONE

Click: www.grainger.com | Call: 1-800-GRAINGER (472-4643)

BOX ID U884388317

25080900 *cf*

WW GRAINGER SAN FRANCISCO DC
2710 KEYSTONE PACIFIC PARKWAY
PATTERSON CA 95363-0000

Ship To

SHIP8 INC.
221 Hanson Way
Woodland CA 95776-6211

ATTN:

Sold To

SHIP8 INC.
45875 NORTHPORT LOOP E
FREMONT CA 94538-6414

PO Number	25080899
Delivery Number	6682711284
Account Number	888128022
Caller	ALEX GONZALEZ
Telephone	9168977622
PO Release Number	
Project/Job Number	
Department	
Order Date	08/22/2025
Ship Date	08/22/2025
Requisitioner	
Employee Contact	PICCLNT000
Carrier	FDX GROUND
Order Type	SH
Debit/Credit Code	Z001
Cartons Shipped	1

Please reference DELIVERY NUMBER 6682711284 on all remittance and correspondence.

Your Order Number is: 1559221183

SPECIAL INSTRUCTIONS

PO Line	Item #	Item Description	Quantity Shipped	Shipped from other location	Back ordered	Tax	Unit Price	Total
1	497C35	Masking Tape,3" W,60 yd L,Blue	4	0	0	T	14.70	58.80

Subtotal	58.80
Tax	4.71
Stand. Parcel Shipping	0.00
Other Shipping	0.00
Total	63.51

ZZ 8/25/25

We'd love to hear your feedback about this order. Go to www.grainger.com/survey and tell us what you think.

THIS PURCHASE IS GOVERNED EXCLUSIVELY BY GRAINGER'S TERMS OF SALE, INCLUDING: (i) DISPUTE RESOLUTION REMEDIES, AND (ii) CERTAIN WARRANTY AND DAMAGES LIMITATIONS AND DISCLAIMERS IN EFFECT AT THE TIME OF THE ORDER, WHICH ARE INCORPORATED BY REFERENCE HEREIN. GRAINGER'S TERMS OF SALE ARE AVAILABLE AT WWW.GRAINGER.COM.

PRODUCT RETURN INSTRUCTIONS ARE AVAILABLE AT WWW.GRAINGER.COM/RETURNS

THESE ITEMS ARE SOLD FOR DOMESTIC CONSUMPTION IN THE UNITED STATES. IF EXPORTED, PURCHASER ASSUMES FULL RESPONSIBILITY FOR COMPLIANCE WITH US EXPORT CONTROLS.





2261 RINGWOOD AVE.
SAN JOSE, CA 95131-1717
www.grainger.com

ORIGINAL INVOICE

GRAINGER ACCOUNT NUMBER 888128022
INVOICE NUMBER 9617591137
INVOICE DATE 08/22/2025
DUE DATE 09/21/2025
AMOUNT DUE \$63.51

SHIP TO

SHIP8 INC.
221 Hanson Way
Woodland CA 95776-6211

PO NUMBER: ~~25080900~~
CALLER: ALEX GONZALEZ
CUSTOMER PHONE: 9168977622
ORDER NUMBER: 1559221183
INCO TERMS: FOB ORIGIN

25080900 ea.

BILL TO
SHIP8 INC
45875 NORTHPORT LOOP E
FREMONT CA 94538-6414

Pay invoices online at:
www.grainger.com/invoicing

THANK YOU! FEI NUMBER 36-1150280
FOR QUESTIONS ABOUT THIS INVOICE OR ACCOUNT CALL 1-800-472-4643

PO LINE #	ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
1	497C35	MASKING TAPE,3" W,60 YD L,BLUE MANUFACTURER # TC27-3" X 60YD Delivery #6682711284 Date Shipped:08/22/2025 Carrier: FDX GROUND No:of Pkgs:1 Wt: 3.920 Trk #:473090037300 SHIPPED FROM: DC PATTERSON 004 2710 KEYSTONE PACIFIC PARKWAY,PATTERSON,CA 95363-0000	4	14.70	58.80

THIS PURCHASE IS GOVERNED EXCLUSIVELY BY GRAINGER'S TERMS OF SALE, INCLUDING: (I) DISPUTE RESOLUTION REMEDIES, AND (II) CERTAIN WARRANTY AND DAMAGES LIMITATIONS AND DISCLAIMERS IN EFFECT AT THE TIME OF THE ORDER, WHICH ARE INCORPORATED BY REFERENCE HEREIN. GRAINGER'S TERMS OF SALE ARE AVAILABLE AT WWW.GRAINGER.COM. PRODUCT RETURN INSTRUCTIONS ARE AVAILABLE AT WWW.GRAINGER.COM/RETURNS

INVOICE SUB TOTAL 58.80
TAX 4.71

These items are sold for domestic consumption. If exported, purchaser assumes full responsibility for export controls. Diversion contrary to US law prohibited.

PAY THIS INVOICE - PAYMENT TERMS Net 30 days after inv IN U.S. DOLLARS.

AMOUNT DUE \$63.51

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT

BILL TO:

SHIP8 INC
45875 NORTHPORT LOOP E
FREMONT CA 94538-6414
UNITED STATES OF AMERICA

REMIT TO:

GRAINGER
DEPT. 864582804
PALATINE, IL 60038-0001

864582804961759113710000063511000047110000000100000025092115

X ACCOUNT NUMBER 888128022 DATE 08/22/2025 INVOICE NUMBER 9617591137 AMOUNT DUE \$63.51