

**SHIP8, INC.**

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

PO No. 26060633  
PO Date 06/01/2026  
Page 1 OF 1

**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	FANFOLD INDUSTRIAL THERMAL TRANSFER LABELS - 4 X 2", RIBBONS REQUIRED	3.00	Each	100.00	

*Handwritten signature*

Total Extended Price =



# Purchase Requisition Form

## SHIP8 INC.

SUPPLIER / VENDOR.

NAME: Uline  
 ADDRESS:  
 CONTACT:  
 TEL NO.:

DATE: 6/1/26  
 WHS LOCATION: WDC  
 DEPARTMENT: Wholesale

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)
s-12994	4x2 labels	\$100	2	\$ 200.00		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
				\$ -		
<b>ESTIMATED TOTAL</b>				<b>\$ 200.00</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: 6/1/26  
 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

Re: Uline PO

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From Alex Gonzalez <alex.gonzalez@ship8.com>  
Date Mon 6/1/2026 10:06 AM  
To Christine Jenkins <christine.jenkins@ship8.com>

Yes, lets change to 3.



**SHIP8 INC.**

Alex Gonzalez  
Director of Operations  
2222 East Beamer Street  
Woodland, CA 95776

O: 530-669-5991 C:916-897-7622

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**From:** Christine Jenkins <christine.jenkins@ship8.com>  
**Sent:** Monday, June 1, 2026 7:04 AM  
**To:** Alex Gonzalez <alex.gonzalez@ship8.com>  
**Subject:** Re: Uline PO

*Hi Alex*

*Can you change this to 3 so that we can get the free shipping?*



**SHIP8 INC.**

Christine Jenkins  
Purchasing Coordinator  
550 Northport Parkway  
Port Wentworth, GA 31407

O:912-373-7778 X 3825

<https://ship8.com/>

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**From:** Alex Gonzalez <alex.gonzalez@ship8.com>

**Sent:** Monday, June 1, 2026 9:49 AM

**To:** Christine Jenkins <christine.jenkins@ship8.com>

**Subject:** Uline PO

Hi Christine - can you please provide PO.



**SHIP8 INC.**

Alex Gonzalez

Director of Operations

2222 East Beamer Street

Woodland, CA 95776

**O:** 530-669-5991 **C:** 916-897-7622



1-800-295-5510  
 uline.com  
 8800 MILITARY ROAD, RENO, NV 89506

**PACKING LIST**  
 REPRINT

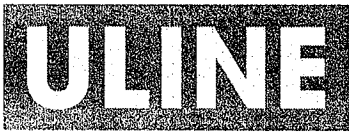
**SOLD TO:** SHIP 8 INC  
 45875 NORTHPORT LOOP E  
 FREMONT CA 94538-6414

**SHIP TO:** SHIP8  
 221 HANSON WAY  
 WOODLAND CA 95776-6211

CUSTOMER NO	PURCHASE ORDER NO	SHIP VIA	ORDER DATE	INVOICE DATE	ORDER NO
4320560	26060633	PARCEL	06/01/26	06/01/26	53246877
ITEM NUMBER	DESCRIPTION	QTY ORDERED	U/M	QTY SHIPPED	BACK ORDERED
S-12994	FANFOLD THERMAL TRANSFER LABELS - 4 X 2", RIBBONS REQUIRED	3	CT	3 ✓	
S-22139B/G	ULINE LUNCH BOX - BLACK/GRAY THIS ITEM AT NO CHARGE	1	EA	1 ✓	
***** DO NOT SEND CATALOGS  <div style="font-size: 2em; font-family: cursive; margin-left: 100px;">6-2-26 A.</div>					

RETURNS: WE HOPE YOU ARE HAPPY WITH THIS ORDER. HOWEVER, IF YOU NEED TO RETURN MERCHANDISE,  
 PLEASE VISIT THE RETURN CENTER ONLINE AT [ULINE.COM/RETURNS](http://ULINE.COM/RETURNS).

ORDER PLACED BY: ALEX GONZALEZ (530) 669-5991



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

**INVOICE**

ULINE FED ID#: 36-3684738  
 INVOICE #: 208763043  
 ORDER #: 53246877

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	26060633	PARCEL	06/01/26	06/01/26	NET 30 DAYS	06/01/26
QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
3	CT		S-12994	FANFOLD THERMAL TRANSFER LABELS - 4 X 2", RIBBONS REQUIRED	100.00	300.00 T
1	EA		S-22139B/G	ULINE LUNCH BOX - BLACK/GRAY THIS ITEM AT NO CHARGE	.00	.00
T DENOTES A TAXABLE LINE.						

ORDER PLACED BY: ALEX GONZALEZ  
 INTERNET

SUB-TOTAL 300.00	SALES TAX 24.12	SHIPPING/HANDLING 57.21	AMOUNT DUE \$ 381.33
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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	208763043	06/01/26	381.33

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

0432056002087630432606010000381330