

**SHIP8, INC.**

ATTN: ACCOUNTS PAYABLE  
48875 NORTHPORT LOOP EAST  
FREMONT, CA 94538  
US

AP.SHIP8@SHIP8.COM

**ORDER FROM**

100248

CHAMPION FIRE PROTECTON, INC.

SAVANNAH, GA 31401

**SHIP TO**

SD2(2000),  
SHIP8, INC.  
ATTN: CHRISTINE JENKINS  
550 NORTHPORT PARKWAY  
PORT WENTWORTH, GA 31407  
US

**Buyer**

Purchasing Dept

**Terms**

Net 30 Days

**FOB**

FOB Origin

**Ship Via**

Best possible

PO No.

26060699

PO Date

06/18/2026

Page

1 OF 1

Line No.	Vendor Item No.	Vendor Item Description	Qty Ordered	UOM	Unit Price	Extended Price
1	BLD005-FIRE	BLD005-FIRE Labor Emergency Call Out	1.00	Each		290.00

Total Extended Price =



# SHIP8 INC.

DATE 6/18/2026  
 WHS LOCATION SD2  
 DEPARTMENT Maintenance

SUPPLIER / VENDOR:

NAME: Champion  
 ADDRESS:  
 CONTACT:  
 TEL NO.:

SHIP TO:

NAME: Ship8 Inc  
 ADDRESS: 550 NORTHPORT PARKWAY  
 CONTACT: PORT WENTWORTH GA, 31407  
 TEL NO.: 912-373-7778 ext 3751

ITEM	DESCRIPTION	UNIT PRICE	QTY	EXTENDED \$\$	REMARKS/PURPOSE	CODING (ACCT USE ONLY)
	Emergency Call Out	290.00	1	290.00		
<b>ESTIMATED TOTAL</b>				290.00		

Check box-if attaching quote

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

DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 DATE: \_\_\_\_\_

FOR OFFICE USE ONLY

ORDER DATE: _____	ORDERED BY: _____
ETA DATE: _____	ORDERED AMOUNT: _____

**PAYMENT METHOD: (Please check one)**

OPEN ACCOUNT (VENDOR BILL)  
 COD / PREPAID  
 COMPANY CREDIT CARD / CARD HOLDER  
 EMPLOYEE CREDIT CARD / CHECK

Provide REQ # to vendor for invoicing, submit approved requisition form to A/P for payment processing  
 Submit approved requisition form and vendor invoice to Controller for COD/prepaid check  
 Submit approved requisition form and receipt to Credit Card Holder  
 Attach approved requisition form and receipt to employee's expense report for reimbursement.

Signature: *James Burford*  
 Email: james.burford@ship8.com






# SD2 BLANK REQ FORM

Final Audit Report

2026-06-18

Created:	2026-06-18
By:	Christine Jenkins (adobe_administrator@ship8.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA46SHQYBnmkagKA6qV8pXI9mKbomy3hgf

## "SD2 BLANK REQ FORM" History

-  Document created by Christine Jenkins (adobe\_administrator@ship8.com)  
2026-06-18 - 11:23:31 AM GMT
-  Document emailed to James Burford (james.burford@ship8.com) for signature  
2026-06-18 - 11:23:46 AM GMT
-  Email viewed by James Burford (james.burford@ship8.com)  
2026-06-18 - 12:51:28 PM GMT
-  Document e-signed by James Burford (james.burford@ship8.com)  
Signature Date: 2026-06-18 - 12:54:00 PM GMT - Time Source: server - Signature Appearance Selected: IMAGE
-  Agreement completed.  
2026-06-18 - 12:54:00 PM GMT

Patrick Andreshak

To: Christine Jenkins; James Burford

You replied on Thu 6/18/2026 7:23 AM

Thu 6/18/2026 6:51 AM

[View conversation](#)

☺ Reply ↩ Reply all ↩ Forward

Christine,

This was an emergency call for the fire pump alarm. Please create a purchase request for James to approve. Thank you



**SHIP8 INC.**

Patrick Andreshak  
Maintenance Manager  
550 Northport Parkway  
Port Wentworth, GA 31407

C:912.414.6118

Champion Fire Protection, Inc.  
 825 Wheaton Street  
 Savannah, GA 31401  
 Phone: (912) 234-0111  
 Fax: (912) 236-1303

**INVOICE**

INVOICE NO  
 146579

CUST SHIP8 INC  
 45875 NORTHPORT LOOP E  
 FREMONT, CA 94538

SITE 550 NORTHPORT PKWY  
 SHIP8, INC  
 SAVANNAH, GA 31407

ACCOUNT NO	PO NUMBER	INVOICE DATE	TERMS	DUE DATE	PAGE
193342		6/17/2026	Net 30	7/17/2026	1

06/10/26 SERVICE CALL REQUESTED BY PATRICK "ALARM PANEL SENDING MESSAGE TO FP MAKING RUN/ON FIRE WATCH". CFP TECH ARRIVED ON SITE AND FOUND THAT FIRE PUMP WAS KICKING ON EVERY TIME THE PANEL WAS PUT IN AUTO. TECH SHUT DOWN THE CONTROL PANEL AND RESTARTED IT TO FIX THE ISSUE. TECH RETURNED SYSTEM TO NORMAL OPERATION.

WORK COMPLETED: 06-10-2026

QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
1	LABOR	290.00	290.00 *

\* means item is non-taxable

**TOTAL AMOUNT 290.00**

If you would like to be emailed a credit card payment link send request to: "[ar@championfp.com](mailto:ar@championfp.com)" with your invoice number. (Invoices over \$1500 are subject to a 3% processing fee)

If you would like to schedule service for deficiencies on your report please reach out to our service team.

Email: [aweldon@championfp.com](mailto:aweldon@championfp.com) for 5yr Inspection, Sprinkler, Pump & Backflow repairs.

Email: [atrivett@championfp.com](mailto:atrivett@championfp.com) for Alarm repairs