



P. O. Box 8030
Appleton, WI 54912-8030

SEND ORDERS & CORRESPONDENCE TO
SCHOOL SPECIALTY
PO BOX 1579
APPLETON, WI 54912-1579

Toll Free Phone (888) 388-3224
Toll Free Fax (888) 388-6344

Corporate FID# 39-0971239

On receipt of order, examine the carton contents for damage or lost product. Retain damaged items and their packaging. Contact us within 10 days for damage, 30 days for shortages. Product returned without authorization, additional items not part of the original authorization, or products arriving in an unsellable condition will not be eligible for credit and product will not be shipped back to the customer.

PLEASE NOTE: Your invoice now includes shipment and delivery tracking information on the last page of your invoice and following the invoice total.

Invoice

Invoice Number : 208126581199 Page 1 of 1
Order/Ref Number : 55884570
Invoice Date : 23-NOV-2020 Currency : USD 081-810-01
Customer Number : 667966
PO Number : 26398
Ship To Attention : GREAT OAK MS
Bill To Attention :

Ship To : GREENE FACILITY SERVICES
185 ADAMS ST
MANCHESTER, CT 06042-1919

000660
Bill To : TOWN OF OXFORD
486 OXFORD RD
OXFORD, CT 06478-1298

Quantity Ordered	UOM	Quantity Shipped	Quantity Remaining	Ordered Item	Our Item (if different)	Description	Unit Price	Net Price	Extended Price
1	EA	1		460187		PRICED PER CUST BID # 17PSX0012 STATE OF CT; PLEASE NOTE THAT PRIOR TO ANY ACTIONS ON THE QUOTE THE SITE WILL NEED TO BE FIELD INSPECTED TO VERIFY THAT THE KILN IS APPROPRIATE FOR THEIR NEEDS AND SPACE CONSIDERATIONS. THE ACTUAL SHIP TO WAS: OXFORD MIDDLE 40 GREAT OAK RD OXFORD, CT 06478 CUSTOMER PO# 26398 SKUTT - KM818 KILN - 208 V - 1 PHASE	2399.950	2159.960	2159.96
								Subtotal \$	2159.96
								Taxes \$.00
								Shipping/Handling \$.00
							INVOICE	Total \$	2159.96

Standard delivery terms shall be F.O.B. origin. Ownership and title shall pass to Buyer when products are delivered to Carrier unless otherwise agreed to in writing.

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REMITTANCE STUB

To ensure proper credit, please return this portion with remittance.

Customer Name: TOWN OF OXFORD
and PO Number: 26398

Customer Number : 667966 USD
Invoice Number : 208126581199
Invoice Date : 23-NOV-2020
Due Date : 23-DEC-2020
Taxes : \$ 0.00
Shipping/Handling : \$ 0.00
Invoice Amount : \$ 2159.96
Less payments : \$ 0.00
Balance DUE: \$ 2159.96

Remittance Amount : \$ _____

Make Checks

Payable To: SCHOOL SPECIALTY
& Mail To: 32656 COLLECTION CENTER DR
CHICAGO, IL 60693-0326



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