



**School
Specialty.**

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 : 208126692290
Order/Ref Number : 55695636
Invoice Date : 11-DEC-2020
Customer Number : 667966
PO Number : 26407
Ship To Attention : GREAT OAK MS
Bill To Attention :

Page 1 of 1
Currency : USD
081.810.01

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

Bill To :
 001781
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		1599745		THE ACTUAL SHIP TO WAS: GREAT OAK MS 50 GREAT OAK RD OXFORD, CT 06478 CUSTOMER PO# 26407 ATTN: JAMES HLIVA STAPLER LONG REACH GY/BK- BSN62827	10.790	9.790	9.79
							Subtotal \$		9.79
							Taxes \$.00
							Shipping/Handling \$.00
							INVOICE Total \$		9.79

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.

<< tear along this perforation >>

REMITTANCE STUB

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

Customer Number : 667966
Invoice Number : 208126692290
Invoice Date : 11-DEC-2020
Due Date : 10-JAN-2021
Taxes : \$
Shipping/Handling : \$
Invoice Amount : \$ 9.79
Less payments : \$ 0.00
Balance DUE: \$ 9.79
Remittance Amount : \$

USD

Customer Name: TOWN OF OXFORD
and PO Number: 26407

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



003265620812669229000000097900000009790