

**Bill to:**

TQL (TOTAL QUALITY LOGISTICS)
PO BOX 799,
MILFORD,
OH,
45150

Invoice Date: 06/12/2024

Invoice #: 28435717

Terms: NET 30

Due Date: 07/12/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
06/10/2024		1300 N Texas Ave, Bryan, TX 77803, USA - 4753 Aviation Pkwy, Atlanta, GA 30349, USA			
			1	\$1,700.00	\$1,700.00

TOTAL
\$1,700.00

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS)
and all payments hereunder are to be directed to the assignee at the address noted below.

Remittances to other than CFS do not constitute payment of this invoice. CFS must be given
notification of any claims, agreements or merchandise returns which would affect the payment
of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC**P.O.BOX 205154****DALLAS, TX 75320-5154****Tel: 844-899-8092**



TQL RATE CONFIRMATION FOR PO# 28435717

FIND YOUR NEXT LOAD BY VISITING
[CARRIERDASHBOARD.TQL.COM](https://carrierdashboard.tql.com)

TO ENSURE PROMPT PAYMENT, SUBMIT THIS RATE CONFIRMATION, COMPLETE BOL(S)/POD, RECEIPTS
AND OTHER APPLICABLE PAPERWORK WITHIN 24 HOURS OF DELIVERY TO CINVOICES@TQL.COM. FOR
OTHER OPTIONS, SEE NEXT PAGE.

TQL CONTACT INFO

Name	Phone	Email	Fax
Sage Gilman	800-580-3101 x36368	SGilman@TQL.com	

CARRIER CONTACT

Office Staffed 24/7

MC#/DOT#	Name	Phone	Terms	Fax
944686 / 2828543	ROYAL3 INC (il)	630-485-7370	28DAYS	630-845-7370

Address

COMPASS FUNDING SOLUTIONS PO BOX 205154 DALLAS, TX 75320-5154

Dispatcher	Driver	Truck #	Trailer #
samm	Carl	762	PTLZ242141

LOAD INFORMATION

Rate	Type	Unit	Quantity	Total
\$1,700.00	Line Haul	Flat	1	\$1,700.00

Rates that are based on weight or count will be calculated from the quantities loaded.

Total: \$1,700.00 USD

Mode	Trailer Type	Trailer Size	Linear Feet	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van	53 ft			16 pallets/0 cases	Non-Hazardous	
Special Temp Instructions						LxWxH	

Pick-up Location	Date	Time
Bryan, TX	6/10/2024	FCFS 08:00 to 13:00

Commodities:

Pick Up #	Quantity	Unit	Commodity	Notes
1	1	Truckload	Chairs	

Delivery Location	Date	Time
Atlanta, GA	6/12/2024	FCFS 08:00 to 09:00 Note:Appt Call:404-948-4880 x1601/x1610

CARRIER RESPONSIBLE FOR

Unloading	ALL	Pallet Exchange	None	Estimated Weight	10500
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Note to
Carrier

tracking required / dedicated shipment / do not partial





If this box is checked, Carrier is required to mail original paperwork to TQL at the below address.

CARRIER INVOICE #

FOR STANDARD MAIL

TQL
PO Box 799
Milford, OH 45150

OVERNIGHT INVOICING

TQL
1701 Edison Drive
Milford, OH 45150

QUICK PAY

If your default payment terms are not Quick Pay and you would like Quick Pay on this load, please check one of the boxes below. Send your invoice to the Quick Pay email or fax listed below or via one of the document scanning options.

☐ 1 Day Quick Pay 5%

☐ 7 Day Quick Pay 3%

METHODS TO SUBMIT PAPERWORK

Submit completed and signed paperwork within 24 hours of delivery.

EMAIL

Quick Pay - Quickpay@tql.com
Standard - cinvoices@tql.com

DOCUMENT SCANNING

[TQL Carrier Dashboard](#) - Send paperwork
for FREE via our web and mobile app

FAX

Quick Pay - 513-688-8895
Standard - 513-688-8782

TRANSFLO Express allows you to scan and send invoices
and POD's to TQL for \$3.50 from participating truck stops.

TQL must approve all accessorial terms/charges in advance and in writing. Payment of detention is determined on a load-by-load basis. Unauthorized charges will not be paid. Detention payment does not begin for at least 3 hours unless otherwise agreed to in writing. To qualify for additional compensation, the Carrier MUST notify TQL at least 30 minutes before beginning detention time and when arriving-on-time/departing from all shippers/receivers (unless the shipper/receiver will notate check in/out times on the paperwork).



THIS IS AN AGREEMENT BETWEEN TQL AND CARRIER. CARRIER SHALL HAUL THE LOAD AT THE RATE ABOVE. CARRIER SHALL CALL TQL FOR LOAD INFORMATION. IF LOAD IS CHANGED OR CANCELED BY TQL, NO "TRUCK ORDER NOT USED" WILL BE PAID UNLESS TQL HAS PROVIDED THE CARRIER WITH LOAD DETAILS (PICK-UP NUMBER, SHIPPER NAME/ADDRESS AND DRIVER INFORMATION SHEET) AND APPROVED THE CARRIER TO BEGIN DRIVING TOWARDS THE PICK-UP LOCATION. THE SAFE, LEGAL AND PROPER OPERATION OF CARRIER SUPERSEDES ANY REQUEST, DEMAND, PREFERENCE, INSTRUCTION OR INFORMATION PROVIDED BY TQL OR ITS CUSTOMERS WITH RESPECT TO ANY SHIPMENT. IF ANY EMPLOYEE OF TQL OR ITS CUSTOMER REQUESTS, DEMANDS, OR INSTRUCTS CARRIER TO TAKE ANY ACTION THAT VIOLATES ANY LAW, CARRIER SHALL REFUSE TO TRANSPORT THE LOAD AND IMMEDIATELY CONTACT TQL BEFORE TAKING ANY FURTHER ACTION. CARRIER AGREES THAT WHEN IT CHOOSES TO TRANSPORT A LOAD IT DOES SO ON ITS OWN VOLITION, EXERCISING ITS OWN DISCRETION WITHOUT COERCION OR UNDUE INFLUENCE BY ANY INDIVIDUAL OR ENTITY. BY SIGNING THIS RATE CONFIRMATION AND/OR PERFORMING SERVICES FOR BROKER, CARRIER AFFIRMS THAT IT MAINTAINS KNOWLEDGE OF AND COMPLIANCE WITH ALL FEDERAL, STATE, AND LOCAL LAWS AND REGULATIONS, WHICH INCLUDES, BUT IS NOT LIMITED TO, ANY LAWS OR REGULATIONS RELATED TO CARB COMPLIANCE, THE CALIFORNIA TRANSPORT REFRIGERATION UNIT (TRU) OR AIRBORNE TOXIC CONTROL MEASURE (ATCM). CARRIER AFFIRMS THAT ALL OF ITS APPLICABLE EQUIPMENT TRAVELLING TO, FROM, OR WITHIN CALIFORNIA IS IN COMPLIANCE WITH CARB RULES AND REGULATIONS OR ANY OTHER SIMILAR REGULATIONS IN OTHER STATES WHEN TRAVELLING TO, FROM, OR WITHIN SUCH OTHER STATES. CARRIER FURTHER AFFIRMS THAT ALL EQUIPMENT IN ITS FLEET, INCLUDING ANY TRU EQUIPMENT, FURNISHED WILL BE IN COMPLIANCE WITH THE IN-USE REQUIREMENTS OF ALL OF CALIFORNIA'S TRU REGULATIONS AND, IF APPLICABLE, ANY ADDITIONAL REQUIREMENTS REQUIRED OF BROKER'S CUSTOMER. CARRIER WILL BE RESPONSIBLE FOR ANY AND ALL FINES ASSESSED AGAINST ANY PARTY FOR CARRIER'S FAILURE TO ADHERE, IN WHOLE OR IN PART, TO ANY REGULATION OR LAWS. THIS RATE CONFIRMATION IS INCLUSIVE OF ALL CHARGES.

IF THIS SHIPMENT RELATES TO A GOVERNMENT OR QUASI-GOVERNMENT CONTRACT (WHICH MAY INCLUDE, WITHOUT LIMITATION, FEDERAL, STATE, MUNICIPAL, OR POSTAL CONTRACTS), THEN THE SHIPMENT IS SUBJECT TO THE NOTICES AND COMPLIANCE REQUIREMENTS FOUND AT [HTTPS://WWW.TQL.COM/GOVERNMENT-CONTRACTOR-NOTICES.PDF](https://www.tql.com/government-contractor-notices.pdf) OR A HARD COPY WILL BE PROVIDED UPON WRITTEN REQUEST TO COMPLIANCE@TQL.COM.

BY SIGNING THIS DOCUMENT, THE CARRIER AND ITS DRIVER AGREE THAT THEY MAY LEGALLY RECEIVE SMS (TEXT) MESSAGES ORIGINATING FROM TQL. RESPONDING TO OR READING A TQL SMS MESSAGE WHILE DRIVING A TRUCK OR MOTOR VEHICLE CAN CAUSE SERIOUS INJURY, DEATH, OR PROPERTY DAMAGE TO YOU OR OTHERS. DO NOT READ OR REPLY TO A MESSAGE UNLESS YOUR VEHICLE IS STATIONARY AND PARKED. THE CARRIER, DRIVER, AND ANY OTHER EMPLOYEE AND/OR AGENT FOR CARRIER ASSUME ALL RESPONSIBILITY FOR ABIDING BY THESE INSTRUCTIONS AND AGREE THAT THEY WILL COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO: RECEIVING, READING AND/OR SENDING SMS MESSAGES, PHONE CALLS, AND/OR ANY OTHER INFORMATION TO OR FROM THE BROKER. CARRIER AGREES TO INDEMNIFY AND HOLD TQL HARMLESS TO THE FULLEST EXTENT PERMITTED BY LAW FOR ANY AND ALL CLAIMS OF ANY NATURE ARISING OUT OF OR RELATING TO THE HAULING OF THIS LOAD, THE VIOLATION OF THE TERMS OF THE BROKER-CARRIER AGREEMENT OR THIS RATE CONFIRMATION.



T Q Y L



Carrier Representative Signature

*By electronically signing below and acknowledging acceptance, I confirm I have the authority to act on behalf of, and bind the undersigned individual and/or entity and have agreed to the terms

Name* S/ **samm stanojevic**





DRIVER/CARRIER INFORMATION SHEET TQL PO# 28435717

Pickup Dates
6/10/24Delivery Dates
6/12/24

TQL CONTACT INFO

Name	Phone	Email	Fax
Sage Gilman	800-580-3101 x36368	SGilman@TQL.com	

CARRIER CONTACT

Name	Dispatcher	Driver
ROYAL3 INC (il)	samm	Carl

LOAD INFORMATION

Mode	Trailer Type	Trailer Size	Temperature	Pallet/Case Count	Hazmat	Load Requirements
FTL	Van	53 ft		16 pallets/0 cases	Non-Hazardous	
Special Temp Instructions						

CARRIER RESPONSIBLE FOR

Unloading	ALL	Pallet Exchange	None	Estimated Weight	10500
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PICKUPS

Shed	City	State	Zip	PU#	Date	Time
NEUTRAL POSTURE WAREHOUSE (BRYAN, TX)	Bryan	TX	77803	gsa atlanta	6/10/2024	FCFS 08:00 to 13:00
Information: 230 E 15th St Bryan TX 77803						
Commodities:						
Quantity	Unit	Commodity	Notes			
1	Truckload	Chairs				

DROPS

Consignee	City	State	Zip	Delivery PO	Date	Time
AGILITY (ATLANTA, GA)	Atlanta	GA	30349		6/12/2024	FCFS 08:00 to 09:00 Note:Appt Call:404-948-4880 x1601/x1610
Information: Agility 4753 Aviation Pkwy B Atlanta, GA 30349						



**Note to
Carrier**

tracking required / dedicated shipment / do not partial

TQL PO# 28435717

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE BROKER/CARRIER
AGREEMENTS SIGNED BY THE CARRIER AND TQL. THIS AGREEMENT IS AN
ADDENDUM TO THE BROKER/CARRIER AGREEMENT. THIS DOCUMENT IS ONLY FOR
INFORMATIONAL PURPOSES.



GSA EXPORT FACILITY NGLI

POC: 404-948-4880 x1601/1610

ORDER NUMBER# 362979

PURCHASE ORDER# PMN-J-J545R-4P

TCN: MMF10040601250XXX 06 M2CC

ITEM DESC: 7110-01-668-1132

**WORKSTATION SUB-ASSTABLE, LEGS, CHERRY TOP,
UPHOLSTEREDSEAT, MESH BACK, BLACKFABRIC,**

QTY: 2-NSN SETS PER PALLET

TOTAL NSN SETS : 38

TOTAL PALLETS: 19-PALLETS

Page _____

Bill of Lading Number: 28435717

CUSTOMER ORDER INFORMATION

[illegible]

CARRIER INFORMATION

[illegible]

FIRST PASS				GSA FORM 3186A	
ORDER FOR SUPPLIES OR SERVICES		1. GSA USE ONLY 24060 SENT TO VENDOR PJSK		2. DATE OF ORDER 02/29/2024	
4. FROM General Services Administration GSA FAS 3QSAD 100 S INDEPENDENCE MALL WEST PHILADELPHIA PA 19106		IMPORTANT - A copy of this order or the information in item 10 below MUST accompany shipment.		3. ORDER NUMBER PMN-J-J545R-4P 47QSSC24F4US5	
ADMINISTRATION BY <input type="checkbox"/> A. ABOVE OFFICE <input checked="" type="checkbox"/> B. 9		5. INSPECTION/ACCEPTANCE <input type="checkbox"/> A. DESTINATION <input checked="" type="checkbox"/> B. ORIGIN BY REGION C. ACCEPTANCE BY 7 (days after delivery)		6. MODIFICATION NUMBER 0	
9A. VENDOR WILL <input type="checkbox"/> DELIVER <input checked="" type="checkbox"/> SHIP		9B. BY 04/14/2024 <input checked="" type="checkbox"/> OR SOONER <input checked="" type="checkbox"/> SEE NOTE IN ITEM 12		7. FOB <input checked="" type="checkbox"/> A. DESTINATION <input type="checkbox"/> B. ORIGIN <input type="checkbox"/> C. INSIDE DELIVERY <input checked="" type="checkbox"/> D. TAILGATE DELIVERY	
10. SHIP TO/REQUIRED MARKING (CONSIGNEE MMF100) GSA Export Facility - NGLi 4753 AVIATION PKWY STE B Appt Call: 404-948-4880 x1601/x1610 Atlanta, GA 30349-7233 US		11. TO CONTRACTOR (Remittance address differs) EYTGAM8GGLJ3 EYTGAM8GGLJ3 NEUTRAL POSTURE, INC 3904 N TEXAS AVE BRYAN, TX 778030555 US			
Mark For JILL LIMJOCO 3156458226 PROJ PRI RDD 06 TRNSP CNTRL MMF10040601250XXX TAC M2CC NO (INCLUDE REQUISITION NUMBER(S) AS SHOWN IN ITEM 12)		STORE CONTRACT NUMBER 47QSMA22D08QP			
12. REQUISITION NO., ITEM/STOCK NO. AND DESCRIPTION		13. QUANTITY	14. UNIT	15. COST	
***** * <-- SHIP TO : ADDRESS IN BLOCK 10 --> * LABEL FOR ULTIMATE CONSIGNEE: MMF100 * BASE PROPERTY CONTROL OFFICER * BLDG 326 CAMP KINSER * MF MMF100 BPCO * CAMP KINSER JP 901-2100 * CAMP KINSER * JP ***** InformationContact: JILL LIMJOCO 3156458226 JILL.LIMJOCO@USMC.MIL # 1 ITEM ID: 7110016681132 REQ NO: MMF10040601250 ITEM DESC: WORKSTATION SUB-ASSCK LEGS,CHERRY TOP, UPHOLSTEREDSEAT, MESH BACK,BLACKFABRIC SUPP ITEM: TOTAL WEIGHT: 12350.000 TOTAL CUBE: 68.02 ADVICE CODE: SUBMIT INVOICES VIA THE INTERNET FREE @ HTTP://FEDPAY.GSA.GOV RECEIVE 10 DAY PAYMENT TERMS. CALL 816-926-7287 FOR MORE DETAILS.		38	EA	1,918.29 72,895.02	
16. DISCOUNT TERMS 00.000%-00 00.000%-00 NET-30		17. QUANTITY VARIATION ALLOWED 00/00		18. DISCOUNT TOTALS 72,895.02	
19. AFTER SHIPMENT, SUBMIT INVOICE(S) ELECTRONICALLY IN ACCORDANCE WITH TRADING PARTNER AGREEMENT, OR MAIL TO GSA ACCOUNTS PAYABLE BRANCH P.O. BOX 419018 KANSAS CITY MO 64141 FOR PAYMENT INQUIRY, CALL THE CHIEF, ACCOUNTS PAYABLE BRANCH (816) 926-7287		CONDITIONS: YOU MUST ABIDE BY THE TERMS AND CONDITIONS REFERENCED IN THE CONTRACT NUMBER SHOWN ABOVE IN ITEM 11. 20. FOR INFORMATION (OTHER THAN PAYMENT INQUIRIES) CALL: Seth King 215-446-5060 21. SIGNATURE (CONTRACTING/PURCHASING OFFICER) Seth King 22. DPAS RATING M 23. MSDS REQ'D N 24. POP NOT REQUIRED 25. PAGES 1 of 2			

BOTH TRUCKS MUST DELIVER TOGETHER 1ST TRUCK

Date: 06/10/2024		BILL OF LADING		Page 1 of 1		
SHIP FROM Name: Neutral Posture Warehouse Address: 230 E 15th Street City/State/Zip: Bryan, TX 77803 SID#: 979-778-0502 X 1051			Bill of Lading Number: 28435717 <div style="text-align: center;">BAR CODE SPACE</div>			
SHIP TO Name: GSA Export Facility - NGLi Address: 4753 AVIATION PKWY STE B City/State/Zip: Atlanta, GA 30349-7233 CID#: 404-948-4880 x1601/1610			CARRIER NAME: TQL C/O ROYAL3 INC Trailer number: Seal number(s): 1978036 SCAC: Pro number: 362979 PO: PMN-J-J545R-4P <div style="text-align: center;">BAR CODE SPACE</div> TCN: MMF10040601250XXX 06 M2CC			
THIRD PARTY FREIGHT CHARGES BILL TO: Name: TQL Address: 4289 IVY POINTE BLVD City/State/Zip: CINCINNATI OH			Freight Charge Terms: Prepaid _____ Collect _____ 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading			
SPECIAL INSTRUCTIONS: Appt Call: 404-948-4880 x1601/x1610						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP Y or N	ADDITIONAL SHIPPER INFO	
362979/ PO:PMN-J-J545R-4P		16	10,000	Y	NSN-7110-01-668-1132 (DESK AND CHAIR)	
GRAND TOTAL		16	10,000			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE		NMFC #	CLASS
				10,000		office desk and chairs
				10,000		GRAND TOTAL
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).						
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labelled, and are in proper condition for transportation according to the applicable regulations of the DOT. All cargo tendered for transport is subject to inspection. By tendering cargo to carrier, shipper grants consent to such an inspection.</small> 				CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>		
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces				

RECEIVED BY: _____ SIGNATURE: _____ DATE: _____

FIRST PASS				GSA FORM 3186A	
ORDER FOR SUPPLIES OR SERVICES		1. GSA USE ONLY 24060 SENT TO VENDOR PJSK	2. DATE OF ORDER 02/29/2024	3. ORDER NUMBER PMN-J-J545R-4P 47QSSC24F4US5	
4. FROM General Services Administration GSA FAS 3QSD 100 S INDEPENDENCE MALL WEST PHILADELPHIA PA 19106		IMPORTANT - A copy of this order or the information in item 10 below MUST accompany shipment.			
5. INSPECTION/ACCEPTANCE <input type="checkbox"/> A. DESTINATION <input checked="" type="checkbox"/> B. ORIGIN BY REGION C. ACCEPTANCE BY 7 (days after delivery)		6. MODIFICATION NUMBER 0			
ADMINISTRATION BY <input type="checkbox"/> A. ABOVE OFFICE <input checked="" type="checkbox"/> B. 9		7. FOB <input checked="" type="checkbox"/> A. DESTINATION <input type="checkbox"/> B. ORIGIN <input type="checkbox"/> C. INSIDE DELIVERY <input checked="" type="checkbox"/> D. TAILGATE DELIVERY		8. GBL NUMBER	
9A. VENDOR WILL <input type="checkbox"/> DELIVER <input checked="" type="checkbox"/> SHIP	9B. BY 04/14/2024 <input checked="" type="checkbox"/> OR SOONER <input checked="" type="checkbox"/> SEE NOTE IN ITEM 12				
10. SHIP TO/REQUIRED MARKING (CONSIGNEE MMF100) GSA Export Facility - NGLi 4753 AVIATION PKWY STE B Appt Call: 404-948-4880 x1601/x1610 Atlanta, GA 30349-7233 US		11. TO CONTRACTOR <input type="checkbox"/> (Remittance address differs) EYTGAM8GGLJ3 NEUTRAL POSTURE, INC 3904 N TEXAS AVE BRYAN, TX 778030555 US			
Mark For JILL LIMJOCO 3156458226 PROJ PRI RDD 06 TRNSP CNTRL NO MMF10040601250XXX TAC M2CC (INCLUDE REQUISITION NUMBER(S) AS SHOWN IN ITEM 12)		STORE CONTRACT NUMBER 47QSMA22D08QP			
12. REQUISITION NO., ITEM/STOCK NO. AND DESCRIPTION		13. QUANTITY	14. UNIT	15. COST	
				A. UNIT PRICE	B. AMOUNT
***** * <-- SHIP TO : ADDRESS IN BLOCK 10 --> * * LABEL FOR ULTIMATE CONSIGNEE: MMF100 * * BASE PROPERTY CONTROL OFFICER * * BLDG 326 CAMP KINSER * * MF MMF100 BPCO * * CAMP KINSER JP 901-2100 * * CAMP KINSER * * JP * ***** InformationContact: JILL LIMJOCO 3156458226 JILL.LIMJOCO@USMC.MIL # 1 ITEM ID: 7110016681132 REQ NO: MMF10040601250 ITEM DESC: WORKSTATION SUB-ASSCK LEGS,CHERRY TOP, UPHOLSTEREDSEAT, MESH BACK,BLACKFABRIC SUPP ITEM: TOTAL WEIGHT: 12350.000 TOTAL CUBE: 68.02 ADVICE CODE: SUBMIT INVOICES VIA THE INTERNET FREE @ HTTP://FEDPAY.GSA.GOV RECEIVE 10 DAY PAYMENT TERMS. CALL 816-926-7287 FOR MORE DETAILS.		38	EA	1,918.29	72,895.02
16. DISCOUNT TERMS 00.000%-00 00.000%-00 NET-30		17. QUANTITY VARIATION ALLOWED 00/00		18. DISCOUNT TOTALS 72,895.02	
19. AFTER SHIPMENT, SUBMIT INVOICE(S) ELECTRONICALLY IN ACCORDANCE WITH TRADING PARTNER AGREEMENT, OR MAIL TO		CONDITIONS: YOU MUST ABIDE BY THE TERMS AND CONDITIONS REFERENCED IN THE CONTRACT NUMBER SHOWN ABOVE IN ITEM 11.			
GSA ACCOUNTS PAYABLE BRANCH P.O. BOX 419018 KANSAS CITY MO 64141 FOR PAYMENT INQUIRY, CALL THE CHIEF, ACCOUNTS PAYABLE BRANCH (816) 926-7287		20. FOR INFORMATION (OTHER THAN PAYMENT INQUIRIES) CALL: Seth King 215-446-5060		21. SIGNATURE (CONTRACTING/PURCHASING OFFICER) Seth King	
		22. DPAS RATING M	23. MSDS REQ'D N	24. POP NOT REQUIRED	25. PAGES 1 of 2

BOTH TRUCKS MUST DELIVER TOGETHER
1ST TRUCK

[illegible]

RECEIVED BY: Dr. Arab Davis SIGNATURE: Dr. Arab Davis DATE: 6/12/24