

**REPRINT OF
ORIGINAL INVOICE**

10000

**Office
DEPOT, Inc.**

THANKS FOR YOUR ORDER
IF YOU HAVE ANY QUESTIONS
OR PROBLEMS. JUST CALL US

FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT : (800) 721-6592

Federal ID # 59-2663954

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
141993321001	229.89	1 OF 1
INVOICE DATE	TERMS	PAYMENT DUE
08-DEC-20	Net 30	13-JAN-21

Bill To: ATTN: ACCTS PAYABLE
CITY OF NORTH MIAMI BEACH
17011 NE 19TH AVE FL 3
FINANCE DEPARTMENT - AP
NORTH MIAMI BEACH FL 33162-3111
⌚⌚⌚⌚⌚⌚⌚⌚⌚⌚⌚⌚⌚⌚⌚⌚⌚⌚⌚⌚

Ship To: MAYOR AND COUNCIL
17011 NE 19TH AVE FL 4
MIAMI FL 33162-3111

ACCOUNT NUMBER	ACCOUNT MANAGER	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE		
28641384	Depot, Office	00016- 17011NE19THAV E	141993321001	04-DEC-20	08-DEC-20		
BILLING ID	PURCHASE ORDER	CONTACT/PHONE #	ORDERED BY	DESKTOP	COST CENTER		
24423	190043	3059482986	AJA DORSAINVIL		28641384		
CATALOG ITEM # / MANUF CODE	DESCRIPTION / CUSTOMER ITEM #	U/M TAX	QTY ORD	QTY SHIP	QTY B/O	UNIT PRICE	EXTENDED PRICE
Instructions: Mayor & Commission							
8673772 1KR42A#B1H	PRINTER,HP.OFFICEJET PRO 8673772	EA Y	1	1	0	229.890	229.89
						→ Comm Jean	
						SUB-TOTAL 229.89	
						TIERED DISCOUNT 0.00	
						DELIVERY 0.00	
						MISCELLANEOUS 0.00	
						SALES TAX 0.00	
ALL AMOUNTS ARE BASED ON USD CURRENCY						TOTAL 229.89	

To return supplies, please repack in original box and insert our packing list or copy of this invoice. Please note problem so we may issue credit or replacement whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

▲ DETACH HERE ▲

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
CITY OF NORTH MIAMI BEACH	24423	141993321001	08-DEC-20	229.89	

FL0 000244236 1419933210016 00000022989 1 4

PLEASE SEND YOUR CHECK TO: OFFICE DEPOT
PO BOX 1413
CHARLOTTE NC 28201-1413

PLEASE RETURN THIS STUB WITH YOUR PAYMENT TO ENSURE PROMPT CREDIT TO YOUR ACCOUNT.

PLEASE DO NOT STAPLE OR FOLD. THANK YOU

REPRINT OF ORIGINAL INVOICE

10000

Office DEPOT, Inc.

THANKS FOR YOUR ORDER IF YOU HAVE ANY QUESTIONS OR PROBLEMS, JUST CALL US

FOR CUSTOMER SERVICE ORDER: (888) 263-3423 FOR ACCOUNT : (800) 721-6592

Table with 3 columns: INVOICE NUMBER, AMOUNT DUE, PAGE NUMBER; INVOICE DATE, TERMS, PAYMENT DUE.

Federal ID # 59-2663954

Bill To: ATTN: ACCTS PAYABLE CITY OF NORTH MIAMI BEACH 17011 NE 19TH AVE FL 3 FINANCE DEPARTMENT - AP NORTH MIAMI BEACH FL 33162-3111

Ship To: MAYOR AND COUNCIL 17011 NE 19TH AVE FL 4 MIAMI FL 33162-3111

Main invoice table with columns: ACCOUNT NUMBER, ACCOUNT MANAGER, SHIP TO ID, ORDER NUMBER, ORDER DATE, SHIPPED DATE, BILLING ID, PURCHASE ORDER, CONTACT/PHONE #, ORDERED BY, DESKTOP, COST CENTER, CATALOG ITEM # / MANUF CODE, DESCRIPTION / CUSTOMER ITEM #, U/M TAX, QTY ORD, QTY SHIP, QTY B/O, UNIT PRICE, EXTENDED PRICE.

Comm Jean

Comm. Jean Office Supplies

To return supplies, please repack in original box and insert our packing list or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

▲ DETACH HERE ▲

Table with columns: CUSTOMER NAME, BILLING ID, INVOICE NUMBER, INVOICE DATE, INVOICE AMOUNT, AMOUNT ENCLOSED.

FL0 000244236 1414966040018 00000002721 1 6

PLEASE SEND YOUR CHECK TO: OFFICE DEPOT PO BOX 1413 CHARLOTTE NC 28201-1413

PLEASE RETURN THIS STUB WITH YOUR PAYMENT TO ENSURE PROMPT CREDIT TO YOUR ACCOUNT.

PLEASE DO NOT STAPLE OR FOLD. THANK YOU

Office DEPOT, Inc.

REPRINT OF ORIGINAL INVOICE

10000

THANKS FOR YOUR ORDER
IF YOU HAVE ANY QUESTIONS
OR PROBLEMS, JUST CALL US

FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT : (800) 721-6592

Federal ID # 59-2663954

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
141496606001	20.99	1 OF 1
INVOICE DATE	TERMS	PAYMENT DUE
07-DEC-20	Net 30	06-JAN-21

Bill To: ATTN: ACCTS PAYABLE
CITY OF NORTH MIAMI BEACH
17011 NE 19TH AVE FL 3
FINANCE DEPARTMENT - AP
NORTH MIAMI BEACH FL 33162-3111
|||

Ship To: MAYOR AND COUNCIL
17011 NE 19TH AVE FL 4
MIAMI FL 33162-3111

ACCOUNT NUMBER	ACCOUNT MANAGER	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE		
28641384	Depot, Office	00016-17011NE19THAVE	141496606001	03-DEC-20	07-DEC-20		
BILLING ID	PURCHASE ORDER	CONTACT/PHONE #	ORDERED BY	DESKTOP	COST CENTER		
24423	190043	3059482986	AJA DORSAINVIL		28641384		
CATALOG ITEM # / MANUF CODE	DESCRIPTION / CUSTOMER ITEM #	U/M TAX	QTY ORD	QTY SHIP	QTY B/O	UNIT PRICE	EXTENDED PRICE
8829140 288-00012	TRAIL MIX.VARIETY,KARS.2 8829140	BX Y	1	1	0	20.990	20.99
Instructions: Commissioner Jean supplies							
<p style="text-align: right;"><i>M+C = comm Jean</i></p>							
<p style="text-align: right;">SUB-TOTAL 20.99 TIERED DISCOUNT 0.00 DELIVERY 0.00 MISCELLANEOUS 0.00 SALES TAX 0.00 TOTAL 20.99</p> <p style="text-align: right;"><i>comm. Jean. Office supplies</i></p>							
ALL AMOUNTS ARE BASED ON USD CURRENCY							

To return supplies, please repackage in original box and insert our packing list or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

▲ DETACH HERE ▲

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
CITY OF NORTH MIAMI BEACH	24423	141496606001	07-DEC 20	20.99	

FL0 000244236 1414966060016 00000002099 1 9

PLEASE SEND YOUR CHECK TO: OFFICE DEPOT
PO BOX 1413
CHARLOTTE NC 28201-1413

PLEASE RETURN THIS STUB WITH YOUR PAYMENT TO ENSURE PROMPT CREDIT TO YOUR ACCOUNT
PLEASE DO NOT STAPLE OR FOLD. THANK YOU