

FY2021 Bill Warrant

BATCH _____
WAR # _____
WAR DATE _____

**TOWN OF PEPPERELL
SCHEDULE OF DEPARTMENTAL BILLS PAYABLE**

To the Town Accountant:

Date: 7/12/2021

The following named bills of the: **Planning Department**
amounting in the aggregate of: **\$3,028.41** have been approved by the: **Planning Board**
and you are requested to place them on a warrant for payment.

Department Head

Title

FUND 100

VENDOR NAME	INVOICE #	NUMBER	DEPT.	OBJECT	SUBTOTAL	TOTAL
ULINE	135563584	100965	17500	57175	\$3,028.41	\$3,028.41
Customer No. 16709643						
Master Plan - Bike Racks						

*if new or change of address

Total: **\$3,028.41**



1-800-295-5510

uline.com

PO Box 88741 • Chicago IL 60680-1741

INVOICE NO.

135563584

**

INVOICE

ULINE FED ID#: 36-3684738

SHIPPING SUPPLY SPECIALISTS

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2019

YOUR ORDER # 58523691

SOLD TO:

SHIP TO:

MDG2017 00002048 1 AB 042 8 16709643
PEPPERELL TOWN OF
1 MAIN ST
PEPPERELL MA 01463-1644

PEPPERELL TOWN OF
4 HOLLIS ST
PEPPERELL MA 01463-1411



U100-9-2013

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
16709643	ANDREW	A DUIE PYLE	6/29/21	6/29/21	NET 30 DAYS	6/29/21

QUANTITY			ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
ORDERED	U/M	BACK ORDERED				
<p>During these unprecedented times, the earlier in the day you order from Uline, the better equipped we are to handle your order. We so appreciate your business.</p> <p>*****</p>						
3	EA		H-2890BL	BLACK SINGLE-SIDED 4 BIKE CAP	290.00	870.00
3	EA		H-2891BL	BLACK SINGLE-SIDED 9 BIKE CAP	470.00	1410.00
1	EA		H-2541BL	BLACK DOUBLE-SIDED 18 BIKE CAP	550.00	550.00

*Rec'd
Traci
Looney*

ORDER PLACED BY: ANDREW MACLEAN

JQUIROZ /C

SUB-TOTAL	SALES TAX	FRT/HNDLING	AMOUNT DUE
2830.00	.00	198.41	3028.41

PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION.

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
PEPPERELL TOWN OF	16709643	135563584	6/29/21	3028.41

FY2021

100-17500-57175

AMOUNT ENCLOSED IF DIFFERENT THAN AMOUNT DUE \$ _____
EXPLAIN DIFFERENCES ON REVERSE SIDE

IMPORTANT - PLEASE DETACH AND RETURN THIS PORTION TO INSURE PROPER CREDIT

MAKE CHECK PAYABLE AND MAIL TO:

ULINE
ATTN: ACCOUNTS RECEIVABLE
PO BOX 88741
CHICAGO IL 60680-1741

