



ODP Business Solutions, LLC
PO BOX 7241
SIOUX FALLS SD
57117-7241

ORIGINAL INVOICE

10068

THANKS FOR YOUR ORDER

IF YOU HAVE ANY QUESTIONS
OR PROBLEMS. JUST CALL US
(888) 263-3423
(800) 721-6592

FOR CUSTOMER SERVICE ORDER:
FOR ACCOUNT:

FEDERAL ID:86-2161688

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
454155963001	40.48	Page 1 of 2
INVOICE DATE	TERMS	PAYMENT DUE
05-JAN-26	Net 30	09-FEB-26

BILL TO:

ATTN: ACCTS PAYABLE
COMMISSIONER DIST 1
4TH FLOOR
400 SOUTH ST STE 1D
TITUSVILLE FL 32780-7610

SHIP TO:

COMMISSIONER DIST 1
4TH FLOOR
400 SOUTH ST STE 1D
TITUSVILLE FL 32780-7610



ACCOUNT NUMBER		BLANKET PO		SHIP TO ID		ORDER NUMBER		ORDER DATE		SHIPPED DATE	
27327334		4500126229		400/DIST 1		454155963001		02-JAN-26		05-JAN-26	
BILLING ID		ACCOUNT MANAGER		RELEASE		ORDERED BY		FLOOR/BUILDING		COST CENTER	
32516						RUTH AMATO					
CATALOG ITEM #/ MANUF CODE			DESCRIPTION/ CUSTOMER ITEM #			U/M	QTY ORD	QTY SHF	QTY B/O	UNIT PRICE	EXTENDED PRICE
6028288 ODBCP92-CTN			PAPER,OD 6028288			CT	1	1	0	33.750	33.75
921099 684-VAD2			Arrows,Value Pk,.47"x1.7", 921099			PK	1	1	0	4.940	4.94
6826483 EV202116			Plastic Clipboard Clear 6826483			EA	1	1	0	1.790	1.79



Date Rec'd 1/15/26
P.O. # 4500126229
Vendor # 18045
Doc # 5105055451

Kathy Polley

Please take a moment and verify you are mailing payments to our correct lockbox address, which is reflected on the bottom of every invoice. Please include the invoice number and amount you are paying for each invoice on your remittance.

Would you like to receive your invoices quicker? Inquire about our various electronic formats by emailing arbillingimplementation@theodpcorp.com.

CONTINUED ON NEXT PAGE...



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32516			RUTH AMATO		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M TAX	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
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SUB-TOTAL 40.48

DELIVERY 0.00

SALES TAX 0.00

All amounts are based on USD currency TOTAL 40.48

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
COMMISSIONER DIST 1	32516	454155963001	05-JAN-26	40.48	

FL0 000325167 4541559630016 00000004048 1 1

Please
Send Your
Check to:

ODP Business Solutions, LLC
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.

Subject:

Bill Folder

Fiscal Impact:

N/A

Dept/Office:

D1 Commission Office

Summary Explanation and Background:

ODP Business Solutions invoice 454155963001 dated 01/05/2026, for the amount of \$40.48

Clerk to Board Instructions:

Please include with the minutes of the 01/27/2026 regular meeting.

AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : Finance

From : D1 Office

Date : 01/15/2026

Please indicate the type of miscellaneous payments and the number of documents uploaded for verification that all documents were received by Finance.

<input type="checkbox"/>	Invoices	# 454155963001
<input type="checkbox"/>	Petty Cash	# _____
<input type="checkbox"/>	Overnight Travel (TER)	# _____
<input type="checkbox"/>	Travel Requests (TR)	# _____
<input type="checkbox"/>	Refunds	# _____
<input type="checkbox"/>	Statements	# _____
<input type="checkbox"/>	Other	# _____