

DISTRICT 4 COMMISSION OFFICE
2725 Judge Fran Jamieson Way, #C-214
Viera, FL 32940-6698

T: 321-633-2044
F: 321-633-2121



5/10/2024

To Whom It May Concern,

This letter is to acknowledge that all of the District 4 Commission Office's PO invoices/receipts to date have been posted in the bill folder, the latest of which were the receipts for ODP Business Solutions to be included in the May 21st meeting agenda.

Sincerely,

Rob Feltner
Brevard County Commissioner
District 4



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

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

FEDERAL ID:86-2161688

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
364944374001	16.94	Page 2 of 2
INVOICE DATE	TERMS	PAYMENT DUE
29-APR-24	Net 30	03-JUN-24

BILL TO:

ATTN: ACCTS PAYABLE
COMMISSIONER DIST 4
BLDG C
2725 JUDGE FRAN JAMIESON
MELBOURNE FL 32940-6605

SHIP TO:

COMMISSIONER DIST 4
BLDG C
2725 JUDGE FRAN JAMIESON
MELBOURNE FL 32940-6605



ACCOUNT NUMBER		BLANKET PO		SHIP TO ID		ORDER NUMBER		ORDER DATE		SHIPPED DATE			
27327334		4500118443		2725/DISTRICT 4		364944374001		26-APR-24		29-APR-24			
BILLING ID		ACCOUNT MANAGER		RELEASE		ORDERED BY		FLOOR/BUILDING		COST CENTER			
32516						KATIE WINES		2/C					
CATALOG ITEM #/ MANUF CODE				DESCRIPTION/ CUSTOMER ITEM #				U/M	QTY	QTY	QTY	UNIT	EXTENDED
								TAX	ORD	SHP	B/O	PRICE	PRICE

SUB-TOTAL	10.99
DELIVERY	5.95
SALES TAX	0.00
TOTAL	16.94

All amounts are based on USD currency

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.

RECEIVED

MAY - 9 2024

DISTRICT 4
COMMISSION OFFICE

Date Received: 5/9/24
PO# 4500118443
Vendor # 18043
Doc # 5105658116
Date: 5/19/24
Signature: [Signature]
Date Completed: 5/10/24

000311-000052

DETACH HERE

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
COMMISSIONER DIST 4	32516	364944374001	29-APR-24	16.94	

FL0 000325167 3649443740015 00000001694 1 3

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.



000311-000052