



**ORIGINAL INVOICE**

428 UNIVERSITY AVE.  
NORWOOD, MA 02062-2638  
www.grainger.com

GRAINGER ACCOUNT NUMBER 838233708  
INVOICE NUMBER 9485733381  
INVOICE DATE 04/24/2025  
DUE DATE 06/08/2025  
AMOUNT DUE 439.55

BILL TO  
MDG2025 00000338 1 MB 0622

PO NUMBER: WEB2606894556  
CALLER: JEFF PIZZI  
CUSTOMER PHONE: (781) 741-1400  
ORDER NUMBER: 1547569129  
INCO TERMS: FOB DESTINATION

HINGHAM TOWN HALL SELECTMEN  
210 CENTRAL ST  
HINGHAM, MA 02043-1955



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**THANK YOU !**

FEI NUMBER 36-1150280

FOR ANY QUESTIONS ABOUT THIS INVOICE OR ACCOUNT **CALL 1-800-472-4643**

PO LINE #	ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
000001	802Z52	The following items were for: JEFFREY PIZZ 210 CENTRAL ST HINGHAM MA 02043-2756  DEHUMIDIFIER,50 PT,12" D,23-1/4" H,15" MANUFACTURER # D50B1B Delivery# 6669082147 Date: 04/24/2025 Carrier: FDX GROUND No. of pkgs: 1 Wt: 48.00 Trk#: 4570568091898  SHIPPED FROM: DC BORDENTOWN, NJ - 010 400 BORDENTOWN-HEDDING RD BORDENTOWN NJ 08505	1	439.55	439.55
<b>INVOICE SUB TOTAL</b>					<b>439.55</b>

**THIS PURCHASE IS GOVERNED EXCLUSIVELY BY GRAINGER'S TERMS OF SALE, INCLUDING: (i) DISPUTE RESOLUTION REMEDIES, AND (ii) CERTAIN WARRANTY AND DAMAGES LIMITATIONS AND DISCLAIMERS IN EFFECT AT THE TIME OF THE ORDER, WHICH ARE INCORPORATED BY REFERENCE HEREIN. GRAINGER'S TERMS OF SALE ARE AVAILABLE AT WWW.GRAINGER.COM. PRODUCT RETURN INSTRUCTIONS ARE AVAILABLE AT WWW.GRAINGER.COM/RETURNS.**

These items are sold for domestic consumption. If exported, purchaser assumes full responsibility for compliance with US export controls. Diversion contrary to US law prohibited.

**PAY THIS INVOICE; PAYMENT TERMS NET 45 DAYS AFTER INVOICE DATE IN U.S. DOLLARS.**

**AMOUNT DUE 439.55**

**PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT.**

BILL TO:  
HINGHAM TOWN HALL SELECTMEN  
210 CENTRAL ST  
HINGHAM, MA 02043-1955

REMIT TO:  
GRAINGER  
DEPT. 838233708  
PALATINE, IL 60038-0001

838233708948573338110000439551000000010000000100000025060811

X

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FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION ON REVERSE SIDE.