B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT WILMINGTON DISTRICT OF DELAWARE	PROOF OF CLAIM
Name of Debtor: SCHOOL SPECIALTY, INC.	Case Number: 13-10125
NOTE: *Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.*	
Name of Creditor (the person or other entity to whom the debtor owes money or property): AMERICAN CREATIVE TEAM, INC.	
Name and address where notices should be sent: AMERICAN CREATIVE TEAM, INC. 210 WEST CLARY AVE. SAN GABRIEL, CA 91776 Telephone number: (626)285-0370 email: INFO@US-ACT.COM	☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (*If known*) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: email:	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

FILED
2013 FEB 12 AM 10:07
CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

COURT USE ONLY

RECEIVED
FEB 14 2013
KURTZMAN CARSON CONSULTANTS

1. Amount of Claim as of Date Case Filed: $ 1,097.56

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

☒ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: GOODS SOLD AND RETURNED CHECK FEE
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 1017	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)

4. Secured Claim (See instruction #4)
Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____

Annual Interest Rate _____% ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:
$_____

Basis for perfection: _____

Amount of Secured Claim: $_____

Amount Unsecured: $_____

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507 (a)(4).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

Amount entitled to priority:

☐ Up to $2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

$_____

**Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. Credits. The amount of all payments on this claim has been credited for the purpose of mak

13101251302120000000000031

Kee

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. *(See instruction #7, and the definition of "**redacted**".)*

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

RECEIVED
FEB 14 2013
KURTZMAN CARSON CONSULTANTS

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. (Attach copy of power of attorney, if any.) ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: EDWARD KUNG
Title: PRESIDENT
Company: AMERICAN CREATIVE TEAM, INC.
Address and telephone number (if different from notice address above):

Edward Kung Feb 07, 2013
(Signature) (Date)

Telephone number: email:

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:
State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).
If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

School Specialty Inc
W6316 Design Drive
Greenville WI 54942

PO Number	Rev #	DC	Date	Page #
2520998	0	074	02-JAN-13	1 of 1

THE ABOVE PURCHASE ORDER AND REVISION # MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND CORRESPONDENCE.

Ship To: SCHOOL SPECIALTY INC
1156 FOUR STAR DRIVE
MOUNT JOY, PA 17552
United States

Supplier: AMERICAN CREATIVE TEAM INC
210 WEST CLARY AVE
SAN GABRIEL CA 91776
United States

Bill To: SCHOOL SPECIALTY INC
PO BOX 1017
APPLETON, WI 54912-1017
United States

Buyer: TROY LILLICROP	FOB: FOB ORIGIN POINT	Acct Number:
Phone: (920) 882-5811	Freight Terms: Parcel	
Fax:	Via: SSIRG	
Email: TROY.LILLICROP@SCHOOLSPECIALTY.COM		

Qty Ordered	Our Item / Your Item	UOM / Item Description	Delivery Requested By	Unit Price	Extended	Line No
5	229153 CT0/1	EACH MATS WONDER SET OF 36	28-JAN-13	$39.6000	$198.00	1

Routing Instructions:
Ship via School Specialty 2012/2013 Routing Guide.

To obtain your copy of the 2012/2013 Routing Guide, please call 855-223-8017 or contact SSIRouting@CHRobinson.com.

Corporate transportation must approve routing deviations. Bill of Lading copy MUST accompany invoice. Bills payable upon order completion; terms discounted from date of invoice. Our PO number MUST appear on Bill of Lading with instructions for carrier to place on Freight Bill and mark as such. Failure to do so will incur a chargeback of $50.

Terms and Conditions:
Standard Terms and Conditions of Purchase are an integral part of this Purchase Order and are herein incorporated by this reference. All prices and amounts on this order are expressed in USD.
Please formally acknowledge that the Delivery Requested by dates specified in the body of this Purchase Order can be met.

Total $ 198.00 USD

SSI DOMESTIC PO : 12-MAR-A

Invoice

DATE	INVOICE #
1/25/2013	20459

BILL TO
SCHOOL SPECIALTY, INC. P.O.BOX 1017 APPLETON,WI 54912-1017 ATTN: ACCOUNTS PAYABLE (419) 589-1555

SHIP TO
SCHOOL SPECIALTY, INC. 1156 FOUR STAR DR MOUNT JOY, PA 17552 ATTN: TROY LILLICROP (920) 882-5811

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	OPF NUMBER
2520998	Net 30	JL	1/25/2013	UPS 3rd Pa...	SAN GABRIEL	1301007-JL

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
5	CT-117	WONDER MAT : 7 COLORS	39.60	198.00
	S	SHIPPING	0.00	0.00
		TOTAL PACKAGES: 5		

Thank you for your order!
Please pay within 45 days from date of invoice.

Total $198.00

DEC 12 PM12:27

School Specialty
The power of teaching. The wonders of learning.

School Specialty Inc
W6316 Design Drive
Greenville WI 54942

PO Number	Rev #	DC	Date	Page #
2511140	0	074	12-DEC-12	1 of 1

THE ABOVE PURCHASE ORDER AND REVISION # MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND CORRESPONDENCE.

Ship To: SCHOOL SPECIALTY INC
1156 FOUR STAR DRIVE
MOUNT JOY, PA 17552
United States

Supplier: AMERICAN CREATIVE TEAM INC
210 WEST CLARY AVE
SAN GABRIEL CA 91776
United States

Bill To: SCHOOL SPECIALTY INC
PO BOX 1017
APPLETON, WI 54912-1017
United States

Buyer: TROY LILLICROP	FOB: FOB ORIGIN POINT	Acct Number:
Phone: (920) 882-5811	Freight Terms: Parcel	
Fax:	Via: SSIRG	
Email: TROY.LILLICROP@SCHOOLSPECIALTY.COM		

Quantity	Our Item / Your Item	UOM / Item Description	Delivery Requested By	Unit Price	Extended	Line No
4	229153 CT071	EACH MATS WONDER SET OF 36	02-JAN-13	$38.6000	$154.40	1

Routing Instructions:
Ship via School Specialty 2012/2013 Routing Guide.

To obtain your copy of the 2012/2013 Routing Guide, please call 855-223-8017 or contact SSIRouting@CHRobinson.com.

Corporate transportation must approve routing deviations. Bill of Lading copy MUST accompany invoice. Bills payable upon order completion; terms discounted from date of invoice. Our PO number MUST appear on Bill of Lading with instructions for carrier to place on Freight Bill and mark as such. Failure to do so will incur a chargeback of $50.

Terms and Conditions:
Standard Terms and Conditions of Purchase are an integral part of this Purchase Order and are herein incorporated by this reference. All prices and amounts on this order are expressed in USD.
Please formally acknowledge that the Delivery Requested by dates specified in the body of this Purchase Order can be met.

Total $ 154.40 USD

Invoice

DATE	INVOICE #
12/13/2012	20440

BILL TO
SCHOOL SPECIALTY, INC. P.O.BOX 1017 APPLETON,WI 54912-1017 ATTN: ACCOUNTS PAYABLE (419) 589-1555

SHIP TO
SCHOOL SPECIALTY, INC. 1156 FOUR STAR DR MOUNT JOY, PA 17552 ATTN: TROY LILLICROP (920) 882-5811

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	OPF NUMBER
2511140	Net 30	JL	12/13/2012	UPS 3rd Pa...	SAN GABRIEL	1212010-JL

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
4	CT-117	WONDER MAT : 7 COLORS	38.60	154.40
	S	SHIPPING	0.00	0.00
		TOTAL PACKAGES: 1		

Thank you for your order!
Please pay within 30 days from date of invoice.

Total $154.40

DEC 5 AM 01

School Specialty Inc
W6316 Design Drive
Greenville WI 54942

PO Number	Rev #	DC	Date	Page #
2504509	0	074	05-DEC-12	1 of 1

THE ABOVE PURCHASE ORDER AND REVISION # MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND CORRESPONDENCE.

Ship To: SCHOOL SPECIALTY INC
1156 FOUR STAR DRIVE
MOUNT JOY, PA 17552
United States

Supplier: AMERICAN CREATIVE TEAM INC
210 WEST CLARY AVE
SAN GABRIEL CA 91776
United States

Bill To: SCHOOL SPECIALTY INC
PO BOX 1017
APPLETON, WI 54912-1017
United States

Buyer: TROY LILLICROP	FOB: FOB ORIGIN POINT	Acct Number:
Phone: (920) 882-5811	Freight Terms: FOB	
Fax:	Via: SSIRG	
Email: TROY.LILLICROP@SCHOOLSPECIALTY.COM		

Quantity	Our Item / Your Item	UOM / Item Description	Delivery Requested By	Unit Price	Extended	Line No
7	229153 CT071	EACH MATS WONDER SET OF 36	14-DEC-12	$38.6000	$270.20	1

Routing Instructions:
Ship via School Specialty 2012/2013 Routing Guide.

To obtain your copy of the 2012/2013 Routing Guide, please call 855-223-8017 or contact SSIRouting@CHRobinson.com.

Corporate transportation must approve routing deviations. Bill of Lading copy MUST accompany invoice. Bills payable upon order completion; terms discounted from date of invoice. Our PO number MUST appear on Bill of Lading with instructions for carrier to place on Freight Bill and mark as such. Failure to do so will incur a chargeback of $50.

Terms and Conditions:
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Please formally acknowledge that the Delivery Requested by dates specified in the body of this Purchase Order can be met.

Total $ 270.20 USD

SSI_DOMESTIC_PO / 12-MAR-A

Invoice

DATE	INVOICE #
12/13/2012	20439

BILL TO
SCHOOL SPECIALTY, INC. P.O.BOX 1017 APPLETON,WI 54912-1017 ATTN: ACCOUNTS PAYABLE (419) 589-1555

SHIP TO
SCHOOL SPECIALTY, INC. 1156 FOUR STAR DR MOUNT JOY, PA 17552 ATTN: TROY LILLICROP (920) 882-5811

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	OPF NUMBER
2504509	Net 30	JL	12/13/2012	UPS 3rd Pa...	SAN GABRIEL	1212009-JL

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
7	CT-117	WONDER MAT : 7 COLORS	38.60	270.20
	S	SHIPPING	0.00	0.00
		TOTAL PACKAGES: 7		

Thank you for your order!
Please pay within 30 days from date of invoice.

Total $270.20

School Specialty Inc
W6316 Design Drive
Greenville WI 54942

PO Number	Rev #	DC	Date	Page #
2498058	0	074	27-NOV-12	1 of 1

THE ABOVE PURCHASE ORDER AND REVISION # MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND CORRESPONDENCE.

Ship To: SCHOOL SPECIALTY INC
1156 FOUR STAR DRIVE
MOUNT JOY, PA 17552
United States

Supplier: AMERICAN CREATIVE TEAM INC
210 WEST CLARY AVE
SAN GABRIEL CA 91776
United States

Bill To: SCHOOL SPECIALTY INC
PO BOX 1017
APPLETON, WI 54912-1017
United States

Buyer: TROY LILLICROP	FOB: FOB ORIGIN POINT	Acct Number:
Phone: (920) 882-5811	Freight Terms: FOB	
Fax:	Via: SSIRG	
Email: TROY.LILLICROP@SCHOOLSPECIALTY.COM		

Quantity	Our Item / Your Item	UOM / Item Description	Delivery Requested By	Unit Price	Extended	Line No
4	229153 CT071	EACH MATS WONDER SET OF 36	10-DEC-12	$38.6000	$154.40	1

Routing Instructions:
Ship via School Specialty 2012/2013 Routing Guide.

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Terms and Conditions:
Standard Terms and Conditions of Purchase are an integral part of this Purchase Order and are herein incorporated by this reference. All prices and amounts on this order are expressed in USD.
Please formally acknowledge that the Delivery Requested by dates specified in the body of this Purchase Order can be met.

Total $ 154.40 USD

SSI_DOMESTIC_PO / 12-MAR-A

Invoice

DATE	INVOICE #
11/28/2012	20426

BILL TO
SCHOOL SPECIALTY, INC. P.O.BOX 1017 APPLETON,WI 54912-1017 ATTN: ACCOUNTS PAYABLE (419) 589-1555

SHIP TO
SCHOOL SPECIALTY, INC. 1156 FOUR STAR DR MOUNT JOY, PA 17552 ATTN: TROY LILLICROP (920) 882-5811

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	OPF NUMBER
2498058	Net 30	JL	11/28/2012	UPS 3rd Pa...	SAN GABRIEL	1211012-JL

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
4	CT-117	WONDER MAT : 7 COLORS	38.60	154.40
	S	SHIPPING	0.00	0.00
		TOTAL PACKAGES: 4		

Thank you for your order!
Please pay within 30 days from date of invoice.

Total $154.40

DATE OF TRANSACTION: 01/31/2013
ACCOUNT: 0000000043140656

East West Bank
5607 North Rosemead Blvd.
Temple City, CA 91780

FOR PERSONAL ASSISTANCE CALL:
1-626-287-0802

AMERICAN CREATIVE TEAM INC
DBA AMERICAN CREATION INC
210 CLARY AVE
SAN GABRIEL CA 91776-1375

****
********* CONFIRMATION OF TRANSACTION NOTICE *********
****

THE FOLLOWING TRANSACTION WAS POSTED TO YOUR ACCOUNT
ON 01-31-2013 FOR THE AMOUNT SHOWN:

DESCRIPTION	AMOUNT
DEP RETURNED NON SUFFICIENT FUNDS	$ 312.56
SERVICE CHARGE	0.00

322070381
01/31/2013
9003652850

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

RETURN REASON (A)
NSF

9003652850 [322070381 01/31/2013

NSF

School Specialty
The power of teaching. The wonders of learning.
PO Box 1017
Appleton WI 54912-1017
USA

JPMorgan Chase Bank, N.A.
Columbus OH

56-1544/441

16317134

DATE: 15-Jan-2013

PAY Three Hundred Twelve Dollars And 56 Cents**********

**$312.56
VOID AFTER 90 DAYS

To the Order of: AMERICAN CREATIVE TEAM INC
210 WEST CLARY AVE
SAN GABRIEL CA 91776

Authorized Signature

Authorized Signature

⑈16317134⑈ ⑆044115443⑆ 707740114⑈

⑈16317134⑈⑆044115443⑆ 707740114⑈ ⑆000031256⑈

School Specialty Inc
W6316 Design Drive
Greenville WI 54942

PO Number	Rev #	DC	Date	Page #
2493448	0	074	19-NOV-12	1 of 1

THE ABOVE PURCHASE ORDER AND REVISION # MUST APPEAR ON ALL INVOICES, PACKAGES, PACKING SLIPS, SHIPPING PAPERS AND CORRESPONDENCE.

Ship To: SCHOOL SPECIALTY INC
1156 FOUR STAR DRIVE
MOUNT JOY, PA 17552
United States

Supplier: AMERICAN CREATIVE TEAM INC
210 WEST CLARY AVE
SAN GABRIEL CA 91776
United States

Bill To: SCHOOL SPECIALTY INC
PO BOX 1017
APPLETON, WI 54912-1017
United States

Buyer: TROY LILLICROP	FOB: FOB ORIGIN POINT	Acct Number:
Phone: (920) 882-5811	Freight Terms: FOB	
Fax:	Via: SSIRG	
Email: TROY.LILLICROP@SCHOOLSPECIALTY.COM		

Quantity	Our Item / Your Item	UOM / Item Description	Delivery Requested By	Unit Price	Extended	Line No
9	229153 CT071	EACH MATS WONDER SET OF 36	03-DEC-12	$38.6000	$347.40	1

Routing Instructions:
Ship via School Specialty 2012/2013 Routing Guide.

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Terms and Conditions:
Standard Terms and Conditions of Purchase are an integral part of this Purchase Order and are herein incorporated by this reference. All prices and amounts on this order are expressed in USD.
Please formally acknowledge that the Delivery Requested by dates specified in the body of this Purchase Order can be met.

Total $ 347.40 USD

Invoice

DATE	INVOICE #
11/20/2012	20420

BILL TO
SCHOOL SPECIALTY, INC. P.O.BOX 1017 APPLETON,WI 54912-1017 ATTN: ACCOUNTS PAYABLE (419) 589-1555

SHIP TO
SCHOOL SPECIALTY, INC. 1156 FOUR STAR DR MOUNT JOY, PA 17552 ATTN: TROY LILLICROP (920) 882-5811

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	OPF NUMBER
2493448	Net 30	JL	11/20/2012	UPS 3rd Pa...	SAN GABRIEL	1211007-JL

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
9	CT-117	WONDER MAT : 7 COLORS	38.60	347.40
	S	SHIPPING	0.00	0.00
	CREDIT	FROM CREDIT NO. 20455-A	-34.84	-34.84
		TOTAL PACKAGES: 9		

Thank you for your order!
Please pay within 30 days from date of invoice.

Total $312.56

Credit Memo

DATE	CREDIT NO.
1/11/2013	20455-A

CUSTOMER
SCHOOL SPECIALTY, INC. P.O.BOX 1017 APPLETON,WI 54912-1017 ATTN: ACCOUNTS PAYABLE (419) 589-1555

PO N.O	TERMS	REP	SHIP DATE	SHIP VIA	FOB
CREDIT MEMO	Net 30	JL	1/11/2013	UPS 3rd P...	SAN GABRIEL

QTY	ITEM	DESCRIPTION	RATE	AMOUNT
	CATALOG	CATALOG ALLOWANCE 3% FOR QUARTER 4 For Invoice #20420	34.84	-34.84

WILL BE APPLIED TO ANY OUSTANDING INVOICES	Total $-34.84