

# Requisition

**Supplier:** MISCELLANEOUS 0000003680  
 \*\*\*\*\*  
 \*\*\*\*\* CA 95825  
 United States

**email:**

**Ship To:** RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630-6798

<b>Business Unit:</b>		<b>GENFD</b>	<b>OPEN</b>
Req ID:	Date	Page	
0001050229	04/24/2024	1	
Requisition Name: OES GLOBAL TENNIS CONES			
Requester Melissa Williams			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: VANDER W 24-APR-2024			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	28" TEAL GREEN TRAFFIC CONE, 7 LB BLACK BASE, W/6" & 4" 3M REFLECTIVE COLLAR	11	EA	25.34	278.74	05/13/2024
2-1	SHIPPING	1	EA	97.16	97.16	05/13/2024

375.90 Sub-total  
 0.00 Est. tax

Total Requisition Amount: 375.90

TEAL TRAFFIC CONES FOR OPERATIONS DEPARTMENT INVOICE/QUOTE 1074476  
 VENDOR: TRAFFIC CONES FOR LESS  
 DIVISION OF OES GLOBAL INC  
 1935 NW 18TH STREET  
 POMPANO BEACH, FL 33069 USA  
 TEL: 888-388-0180

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	4500	11	FL.VA.OPER	68300	00000	061E	375.90

<b>Approval Signature</b>	<b>Approval Signature</b>	<b>Approval Signature</b>
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## INVOICE 1074476



**Order Placed:** 04-24-2024 12:28:22 PM  
**Order Number:** 1074476  
**Order Status:** Processing  
**Payment method:** NET30  
**Customer PO:** Quote  
**Shipping:** FedEx Ground

Traffic Cones For Less  
 Division of OES Global Inc  
 1935 NW 18th Street  
 Pompano Beach, FL 33069 USA  
 tel: 888-388-0180

## Bill to

Folsom Lake College  
 Wenda Vander Werf  
 10 College Parkway  
 Folsom, California 95630  
 United States  
 916-608-6733

## Ship to

Folsom Lake College  
 Wenda Vander Werf  
 10 College Parkway  
 Folsom, California 95630  
 United States  
 916-608-6733  
[vanderw@flc.losrios.edu](mailto:vanderw@flc.losrios.edu)

## Product(s) ordered

Item(s) SKU	Item(s) description	Price	Qty	Total
RS70032C-TE AL-3M64	28" Teal Green Traffic Cone, 7 lb Black Base, w/6" & 4" 3M Reflective Collar	\$25.34	11	\$278.74

**Subtotal:** \$278.74

**Shipping:** \$97.16

**CATAX:** \$21.60

**Total:** **\$397.50**

You can check the status of your order by visiting the [Track my order](#) page.

If you have any questions or special requirements, please contact our team at [help@trafficconesforless.com](mailto:help@trafficconesforless.com) or 888-388-0180.

## VENDOR PACKET CHECKLIST

### COMPLETE AND RETURN:

- Vendor Application
- Federal Tax Form W-9
- CA Tax Form(s) as applicable
- Insurance Certificate and Additional Insured Endorsements as applicable

### RETURN THE ABOVE DOCUMENTS VIA EMAIL:

[lrcdcpurchase@losrios.edu](mailto:lrcdcpurchase@losrios.edu)

**Please note that this application is to be used for goods and services providers. If your company is a building contractor, please register in Los Rios CCD's vendor portal.**

*Purchasing Revised 12/04/2020*

Dear Vendor:

Welcome! Thank you for your interest in doing business with Los Rios Community College. In accordance with Federal and California state tax laws, backup withholding is required for certain payments to individuals and business entities. Following please find required forms for reporting and complete the appropriate form. Return to Los Rios Purchasing Department via email:

Attn: Purchasing Department  
[lrccdpurchase@losrios.edu](mailto:lrccdpurchase@losrios.edu)

Internal Revenue Code, section 3406(a)(1)(a) requires Taxpayer Identification Number (TIN) *(24% withholding of payments to be made unless valid TIN provided)*.

California Revenue and Tax Code, section 18662 *(7% withholding to non-California individuals or business entities/corporations without valid TIN)*. Return the following to Los Rios Purchasing Department as noted above:

- **IRS [Form W-9](#)** required to report TIN ([Form W-9](#) instructions)
- **Foreign Vendors - IRS Form [W-8BEN](#), [W-81MY](#), [W-8ECI](#), [W-8EXP](#)**
- **[Form 590](#) - Nonresident Withholding Exemption** *(permanent place of business in California or qualified to do business through the California Secretary of State)*
- **[Form 587](#) – Nonresident Withholding Allocation Worksheet** *(you **do not** have permanent place of business in California, you are **not** qualified to do business through the California Secretary of State)*

If you completed any of the above forms and want to request a waiver or a reduced waiver, the following forms will need to be completed. Return the original form to the Franchise Tax Board to obtain a determination letter. Forward a copy of the determination letter to Los Rios Purchasing as noted above.

- **[Form 588](#) – Nonresident Withholding Waiver Request**
- **[Form 589](#) – Nonresident Reduced Withholding Request**

*If we do not receive the completed IRS Form W-9, California Form 590 or 587 with a determination letter from the Franchise Tax Board, backup withholding at 24% for IRS and 7% for the State of California will begin.*

Revised 3/24/21

# LRCCD

## VENDOR APPLICATION

Return signed completed form to Purchasing via email: lrccdpurchase@losrios.edu.

NAME: OES Global Inc

<b>NAME OF FIRM</b> OES Global Inc. DBA: Traffic Cones for Less / Hydration Depot		<b>FEDERAL ID# OR SOCIAL SECURITY #</b> 47-1574940 / - -	
<b>MAILING ADDRESS</b> 1935 NW 18th St Pompano Beach, FL 33069		<b>REMIT ADDRESS (if different)</b>	
<b>PHONE</b>	954-440-1011	<b>FAX</b>	
		<b>EMAIL</b> AR@oesglobalinc.com	

<b>WEBSITE</b> www.oesglobalinc.com	<b>ORGANIZATION/REGISTRATION</b> (Check all that apply)		
	<input type="checkbox"/> Individual		
	<input type="checkbox"/> Partnership		
	<input type="checkbox"/> Non Profit		
	<input checked="" type="checkbox"/> FL Corporation (List State Incorporated)		
<b>AUTHORIZED COMPANY REPRESENTATIVES</b>			
<b>Name</b>	<b>Title/Capacity</b>	<b>Email</b>	
Jennifer Clement	Team Lead (Sales)	Teamleadjen@oesglobalinc.com	
Alisha Jones	Accounts Receivables	AR@oesglobalinc.com	
Rachel Xenakis	Assitant Accounting Manager	Rachel@oesglobalinc.com	
			Is business registered in the State of California? <input type="radio"/> Yes <input checked="" type="radio"/> No

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES	NAICS/COMMODITY CODE
Traffic Safety/Crowd Control	
Hydration	
Valet	
Sanitation	

<b>VENDOR CERTIFICATION</b>	<b>OTHER BUSINESS INFORMATION</b>			
I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios, nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer. RX _____ INITIALS	<b>Payment Terms</b> Net 30	<b>Discounts Extended</b> N/A		
	<b>Refund/Returns</b>	Within 30 days of delivery with a restocking fee		
	<i>Rachel Xenakis</i>	Assistant Accounting Manager	4/22/2024	
	SIGNATURE	TITLE	DATE	

## **INSURANCE REQUIREMENT FOR PERFORMING ON-SITE SERVICES FOR THE LOS RIOS COMMUNITY COLLEGE DISTRICT**

**All insurance policies shall include** additional insured (AI) endorsement naming the Los Rios Community College District, its trustees, officers, employees, volunteers, agents, inspectors, project managers, consultants, their employees and each of them, **as additional insured**. Alternatively, policy can provide blanket AI endorsement referencing written contract.

### **The minimum insurance coverage to be obtained by the Vendor is as follows:**

**Commercial/Comprehensive General Liability Insurance** (Insurance Services Organization, Inc. form GL-00-01, Ed. 11-89 or equivalent) (ISO CG 00 0 1):

- Bodily Injury and Property Damage Liability Insurance for Premises and Operations
- Personal Injury for Premises and Operations; Independent Contractors
- Incidental Contracts
- Contractual Liability
- Broad Form Comprehensive General Liability Endorsement (Insurance Services Organization, Inc. form GL-04-04, Ed. 5-81 or equivalent)
- Products and Completed Operations which shall be in the amount of not less than a combined single limit of One Million Dollars (\$1,000,000) per occurrence for one or more persons injured and property damaged on an occurrence form insurance policy. The aggregate limit of liability for products and completed operations shall not be less than Three Million Dollars (\$3,000,000) for Type A, Two Million Dollars (\$2,000,000) for Type B.
- Any combination of General Liability and Excess Liability Coverage can be combined to meet the Aggregate.

**Business Automobile Liability Policy Insurance** (Insurance Serving Organization, Inc. form CA 00 0 1 or equivalent):

- Protection against loss as a result of liability to others caused by an accident and resulting in bodily injury and/or property damage, arising out of the ownership or use of any automobile the limits of liability shall not be less than One Million Dollars (\$1,000,000) combined single limit each accident for bodily injury and property damage combined.

**Workers' Compensation and Employers' Liability Insurance:**

- The Vendor shall be a qualified self-insurer or shall carry full Workers' Compensation and Employers' Liability insurance coverage, either through the State Compensation Insurance Fund or a standard approved policy obtained from a licensed insurance carrier for all persons employed, either directly or through subcontractors, in carrying out the work under this Contract in accordance with the "Workers' Compensation and Insurance Act," Division IV thereof. Employers' limits of liability shall be the prevailing statutory limits of liability.
- If no (zero) employees, complete Sole Proprietor form

The Vendor shall provide a **Certificate of Insurance and required endorsements** to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.

Revised 12/04/20

# Los Rios Community College District

## TYPES OF CONTRACT SERVICE

### Insurance Type\*

#### A. Specialized Services:

- Asbestos Abatement/Environmental/Air Quality
- Food Services and Catering
- Hazardous Waste Services
- High Voltage Services
- International Study Travel Abroad
- Medical Services (including optical and laboratory)
- Professional Services (Accountants, Actuaries, Architects, Attorneys, Engineers, Financial Services, Insurance, Surveyors, Technology/Cyber/Software as Service)
- Special Events, Community Services, Transportation Services
- Other (please specify) \_\_\_\_\_

#### B. Building, Grounds and Maintenance Services:

- Building and Grounds Maintenance (Electrical, HVAC, painting, plumbing, roofing, etc.)
- Elevator Maintenance
- Groundskeepers
- Janitor/Custodial
- Tree Removal/Trimming
- Roadway/Parking Lot Striping

#### Repair, Installation, and Independent Contractors Services:

- Carpet Installation and Cleaning
- Door and Window Services
- Floor Installation, Cost Estimators, Schedule Consultants
- Independent services contracts (grants writers, professional speakers, trainers, and facilitators, report writers, and evaluation/assessment reports)
- Locksmith Services
- Shower/Tub and Tile Repair
- Garage Door Installation, Fence Repairs

\*References Insurance Coverage and Limits

*The above list is not all inclusive of contract services. The District reserves the right to change limit requirements based on specific services to be performed.*

## Los Rios Community College District

### INSURANCE COVERAGE AND LIMITS

Type of Contract	Comm'l General Liab.	Business Auto Liab.	Professional Liab.	Workers' Compensation
A or B	√	√		√
Professional Service (Architects Engineers, doctors*)	√	√	√	√

√ = Coverage normally required in contract situation

\* = License required by governmental agency

INSURANCE COVERAGE LIMITS			
Coverage	Basis	Type A	Type B
Commercial General Liability (CGL) (Additional Insured)	Occurrence Aggregate	\$1,000,000 \$3,000,000	\$1,000,000 \$2,000,000
Automobile Liability (AL) (Additional Insured)	Occurrence	\$1,000,000	\$1,000,000
Workers' Compensation (WC) Employers' Liability (EL)	Statutory Occurrence	Statutory Limit \$1 mil/\$1 mil /\$1 mil	Statutory Limit \$1 mil/\$1 mil /\$1 mil
Professional Liability (PL) Errors and Omission (E&O)	Aggregate	\$2,000,000 \$2,000,000	N/A
**Technology E&O, PL (IT Consultant)	Occurrence Aggregate	\$2,000,000 \$2,000,000	N/A
**Cyber Liability (Vendor)	Occurrence Aggregate	\$2,000,000 \$2,000,000	N/A
Builders' Risk (BR) (Additional Insured Endorsement)	Occurrence	Completed Project Value	
Property (Installation Floater) Install/Delivered	Contract Value	Additional Insured or Loss Payee Full Replacement – No Coinsurance	
Hazardous Waste Hauling w/MCS 90 Filing (Additional Insured Endorsement)	Occurrence	\$5,000,000	\$5,000,000
Pollution/Environmental	Occurrence Aggregate	\$5,000,000 \$5,000,000	\$1,000,000 \$2,000,000
**Technology/Cyber for IT vendors that have access to private/personal information about the District, student, employee, etc.			

*The above list is not all inclusive of contract services. The District reserves the right to change limit requirement's based on specific services to be performed.*



# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>OES Global Inc</b>	
2 Business name/disregarded entity name, if different from above <b>Traffic Cones For Less / Hydration Depot</b>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <b>1935 NW 18th St</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Pompano Beach, FL, 33069</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									

OR

Employer identification number									
4	7	-	1	5	7	4	9	4	0

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date ▶ <b>01/05/2024</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*