

FOLSOM COMMUNITY COLLEGE DISTRICT

PURCHASING: (916) 568-3071 ACCOUNTING: (916) 568-3065

FAX: (916) 568-3145

PURCHASE ORDER NO

0001067312

PLEASE SEE REVERSE SIDE FOR SPECIAL INSTRUCTIONS, TERMS AND CONDITIONS.

Date	Revision	Page
06/07/2012		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
759967 HANSEN POONV	04ASPH52	

Vendor: 0000003716
 MOORE MEDICAL CORP.
 PO BOX 4066
 FARMINGTON CT 06032-4066

Phone: (800) 234-1464
Fax: (877) 354-5916

email:

Ship To: FOLSOM LAKE COLLEGE
 RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630
 United States

Bill To: 1919 Spanos Court
 Sacramento CA 95825-3981
 United States

Recd 1057626 6-19-12

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	160359 DIPHEN ANTIHIST 25MG CAPS SFSF BX 24	1.00	BOX	2.45	2.45	06/13/2012
2- 1	52139 ADHESIVE BNDG SHR LX3 GEN BX 100	1.00	BOX	2.32	2.32	06/13/2012
3- 1	53731 BULB SYRINGE 20Z	1.00	EA	3.53	3.53	06/13/2012
4- 1	64078 MEDI-FIRST ANTACID TABS 50X2 BX 100	3.00	BOX	1.05	3.15	06/13/2012
5- 1	64084 MEDI-FIRST ASPIRIN TR-BUF 50X2 BX 100	3.00	BOX	1.64	4.92	06/13/2012
6- 1	64095 MEDI-FIRST IBUPROFN 200MG 50X2 BX 100	1.00	BOX	2.03	2.03	06/13/2012
7- 1	72884 EEON FLEX FABRIC BNDG 1X3 BX 100	1.00	BOX	1.13	1.13	06/13/2012

QUOTE # 438219 DATED 4/26/12

Sub Total Amount
 Sales Tax Amount
 Total PO Amount

19.53
1.51
21.04

2012 JUN - 8 P 4: 19
 P-C BUSINESS SERVICES

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4500	11	FL.VS.HLTH	64400	00000	051C	21.04	2012

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature

[Handwritten Signature] 6/07/12

Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30 MATERIAL SAFETY DATASHEETS (MSDS) must be provided with the delivery of product as required by law.

Emerald Valley CA

LOS RIOS COMMUNITY COLLEGE DISTRICT

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759967 HANSEN POONV	04ASPH52	

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MOORE MEDICAL CORP.
PO BOX 4066
FARMINGTON CT 06032-4066

Phone: (800) 234-1464
Fax: (877) 354-5916

email:

Ship To: FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM CA 95630
United States

Bill To: 1919 Spanos Court
Sacramento CA 95825-3981
United States

Tax Exempt? N


Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
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Verification of this purchase order can be made using the Los Rios Community College District web site listed below.
If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature

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PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all **claims**, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR 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.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

Los Rios Community College District

Requisition

Page 1 of 1

Req. No. 759967

Vendor Code _____ DATE 4-26-11

Approved _____ VENDOR Moore Medical

Terms _____ ADDRESS P.O. Box 4066

F.O.B. _____ CITY Farmington STATE CT ZIP 06032

PHONE (800)321-4407 FAX (800)435-8433

P.O. NO. 001067312

DELIVERY INSTRUCTIONS
OUTSPH 52
UNIVERSITY

Location Code
FLC/LRCCD HLTH

College/District Location HLTH
 Department HLTH

Division _____ Date Required _____

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.					
1	Medi-First Buffered Aspirin (50pk. of 2)	64084	1	Box of 100 2.45	2.45
2	Medi-First Antacid Tabs (50 pkg. of 2)	64078	1	Box of 100 2.32	2.32
3	Medi-First Ibuprofen (50 pkg. of 2)	64095	1	Box of 100 3.53	3.53
4	Bulb Syringes (2oz.)	53731	3	ea. 1.05	3.15
5	Econ. Flex-Fabric Bandage 1"x3"	72884	3	Box of 100 1.64	4.92
6	Adhesive Bandage-sterile 1"x3"	52139	1	Box of 100 2.03	2.03
7	Diphen Antihistamine (caps.)	60359	1	Box of 24 1.13	1.13
8					
9					
10					
11	(supplies for College Nurses)				
12					
13				Subtotal:	19.53

Purchases Charged to Categorical Programs, Grants or Special Projects

This purchase is in compliance with the requirements of _____

Program Name _____

For grants/special projects _____

Program Director/Coordinator Signature _____ Project/Grant Number _____

Program Goal/Objective Number/Explanation _____

Sales Tax 1.52

Total \$ 21.05

I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations and laws.

REQUESTED BY: MARY HANSEN TYPED/PRINT DATE 1/30/12

REQUESTED BY: Mary Hansen SIGNATURE DATE 5/2/12

AUTHORIZED: Wendy J. Nelson DEAN OR AUTHORIZED SIGNATURE DATE 5/3/12

APPROVED: K. Kukler VICE PRESIDENT, ADMINISTRATION DATE 5/4/12

Bus. Unit	Account*	Fund	Org	Amount
<u>6400</u>	<u>10000</u>	<u>2012</u>	<u>051C</u>	<u>\$ 21.05</u>
Program	Sub-Class	BY	Proj/Grnt	Amount
Bus. Unit	Account*	Fund	Org	Amount
				\$
Program	Sub-Class	BY	Proj/Grnt	Amount

* Asset Location - For equipment purchases over \$200 (Accounts 6490, 6495 and computers) complete the area below indicating the final location where equipment will be housed.

Location Code _____ Dept. _____

Building _____ Room No. _____

Instructions on Reverse

mooremedical

Supporting Health & Care

**** QUOTE ****

PO Box 4066
 Farmington, CT 06032-4066
 www.mooremedical.com
 800-234-1464

BARBARA
 (916) 668-6787

Quote Total 21.05	Quote Date 04/26/12 Expires : 07/25/12
Customer Quote #	Quote # 438219

Bill To: 2059518
 Los Rios Community College Dist
 ATTN: Rae
 1919 Spanos Ct
 SACRAMENTO CA 958253981

Ship To: 45092246
 Folsom Lake College
 Mary F Hansen
 10 College Pkwy
 Receiving
 FOLSOM CA 95630

ONEILLM

Item #	UM	Description	Qty Quoted	Item Status	Unit Price	Extension
64084	EA	Medi-First Aspirin Tr-Buf 50x2 BX 100	1		2.4500 Per EA	2.45
64078	EA	Medi-First Antacid Tabs 50x2 BX 100	1		2.3200 Per EA	2.32
64095	EA	Medi-First Ibuprofn 200mg 50x2 BX 100	1		3.5300 Per EA	3.53
53731	EA	Bulb Syringe 2oz EA 1	3		1.0500 Per EA	3.15
72884	EA	Econ Flex Fabric Bndg 1x3 BX 100	3		1.6400 Per EA	4.92
52139	EA	Adhesive Bndg Shr 1x3 Gen BX 100	1		2.0300 Per EA	2.03
60359	EA	Diphen Antihist 25mg Caps SFSF BX 24	1		1.1300 Per EA	1.13

Subtotal	19.53
Handling Charge	.00
ShipOnIce/Hazmat	.00
Freight	.00
Tax	1.52
Total	21.05

