105 COMMUNITY COLLEGE DISTRICT

#RCHASING: (916) 568-3071 ACCOUNTING: (916) 568-3065 FAX: (916) 568-3145

3 COMPU

PURCHASE ORDER NO

0001067320

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

Date	Revision	Page
06/06/2012		1.
Payment Terms	Freight Terms	Ship Via
NET 30 Sh	ipping Point	See Detail
Reference:		Location / Dept
760320 FANNON I	POONV	04DOGH121

Vendor: 0000032664 BACKYARD BRAINS INC P O BOX 4573 ANN ARBOR MI 48106

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

		211124 22-12-			
Tax Exempt? N		Recd 105	58011	8-6	12
Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	SPIKERBOX	2.00 EA	99.98	199.96	06/13/2012
2- 1	LAPTOP CABLE	Ship-Via: Best M	etho 10.00	10.00	06/13/2012
3- 1	SHIPPING AND HANDLING	Ship Via: Best M	etho 20.00	20.00	06/13/2012
		Ship Via: Not Sp	ecified		

QUOTE #2612 DATED 4/23/12

Fed X Ground. tracking # 018 391315004562 7-8902 Vendor AIR

BU GENFD Acct Fd

Amount

Total PO Amount

Sub Total Amount

Sales Tax Amount

229.96 17.83 247.79

BYear

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

per attached.

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

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 DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

Rios Community College District Requisition 760320 Req. No. Vendor Code DATE W/ P.O. NO. DELIVERY INSTRUCTIONS Approved O-HDCE/12 Terms F.O.B. College/District Location Trydyuchor Division Date Required DESCRIPTION **ORDERED** AMOUNT ITEM GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES TOTAL PRICE QUANTITY UNIT UNIT PRICE *Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION. 3 4 5 6 7 8 10 11 12 13 Purchases Charged to Categorical Programs, Grants or Special Projects SalesTax This purchase is in compliance with the requirements of __For grants/special projects_ Program Director/Coordinator Signature Total Project/Grant Number Program Goal/Objective Number/Explanation 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 0000 / 00000 / 2012 / 1001-Program Sub-Class BY Proj/Grnt TYPED/PRINT DATE REQUESTED BY: SIGNATURE DATE Bus. Unit Account 🕸 DEAN OR AUTHORIZED SIGNATURE **AUTHORIZED:** Program Sub-Class Proj/Grnt complete the area below indicating the final location where equipment will be housed. APPROVED: VICE PRESIDENT, ADMINISTRATION Location Code Instructions on Reverse Building GS #127 08/06 Room No.

District Office: White

College Requesting: Yellow

Requestor: Pink

Area Dean: Goldenrod

Form W-9 (Rev. January 2005)
Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

PROPERTY.					
23	Name (as shown on your income tax return)				
page	Backyard Brains, Inc.				
ğ	Business name, if different from above				
ō					
pe	Check appropriate box: ☐ Individual/ Sole proprietor X Corporation ☐ Partnership ☐ Other ▶			Exempt from backup	
or type ructions				withholding	
t o	Address (number, street, and apt. or suite no.)	and apt. or suite no.) Requester's			
Print c Inst	P.O. Box 4573				
Print or type Specific Instructions on	City, state, and ZIP code				
GC	Ann Arbor, MI 48106				
လ္တ	List account number(s) here (optional)				
See	List account number(s) note (optional)				
historiak@ususida	Taxpayer Identification Number (TIN)			THE RESIDENCE OF THE PROPERTY	
Par	Taxpayer identification radinger (Tira)				
Enter	our TIN in the appropriate box. The TIN provided must match the name given on Line 1	to avoid	Social secu	urity number	
hacku	o withholding. For individuals, this is your social security number (SSN). However, for a re	esident		+ +	
alien	sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other ent	ities, it is '		or	
•	mployer identification number (EIN). If you do not have a number, see How to get a TIN		Complexes		
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter					
to ent			2 6+4	4 2 8 5 4 2	
Par	II Certification				
Under	penalties of perjury, I certify that:				
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting	ng for a numb	per to be is	ssued to me), and	
2. Lam not subject to backup withholding because: (a) Lam 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					
	tified me that I am no longer subject to backup withholding, and				
3. la	m a U.S. person (including a U.S. resident alien).		.,		
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					
provid	e your correct TIN. (See the instructions on page 4.)				
Sign					
Here		Date ► \	Aarch 29	9, 2011	
	1	***************************************	NAME OF TAXABLE PARTY O	Andrew Commencer of the	

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you

- $\ensuremath{\boxtimes}$ An individual who is a citizen or resident of the United States,
- ☑ A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

☑ Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to clairn an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
 - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.



Backyard Brains P.O. Box 4573 Ann Arbor, MI, 48106

Phone: (734) 968-7570 Fax: (734) 527-5965

Email: info@backyardbrains.com

QUOTE

Quote #2612

Date: 4/23/2012

TO: Sean Fannon

Folsom Lake College 10 College Parkway

Folsom, CA 95630

530 400 8217

fannons@flc.losrios.edu

DESCRIPTION	UNITS	PRICE	AMOUNT	
SpikerBox	2	\$99.98	\$199.96	
Laptop Cable	1	\$10.00	\$10.00	
			der (George George Geor	
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
		MITAX:		
SHIPPING AND HANDLING:				
		TOTAL:	\$229.96	
Orders typically ship within 1-3 business days.				
	liste	L by	17.82	