



LIMITED PURCHASE ORDER
 (Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: THOMSON WEST 525 WESCOTT Rd. EAGAN, MN 55123	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below <input type="checkbox"/> Will Call (Check one) <i>Rev'd.</i>
---	--

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	CA REVENUE TAXATION CODE	1	INV	824477445		49.03
2	CA PENAL CODE	1	INV#	824306050		30.17
3	CA VEHICLE CODE	1				47.95
4	CA ED CODE	1	INV	824477445		54.42
5						
6						
7						
8						
9						
10						

Purchases Charged to Categorical Programs, Grants or Special Projects This purchased is in compliance with the requirements of: Program Name _____ For grants/special projects _____ Program Director/Coord. Signature _____ Project/Grant Number _____ Program Goal/Objective Number/Explanation _____	SUB-TOTAL	
	SALES TAX	<i>included</i>
	TOTAL (Not to Exceed \$200.00)	181.57

VENDOR: Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$200.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

I/WE 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: <i>Tanya George</i> TYPED/PRINT DATE: <i>2/1/12</i>	Received by _____ Date _____
REQUESTED BY: <i>Tanya George</i> SIGNATURE DATE: <i>2/1/12</i>	Bus. Unit: <i>GENFD/6300</i> / Account: <i>11</i> / Fund: <i>FL.VI.LIBR</i> / Org: <i>[Signature]</i>
APPROVED: <i>[Signature]</i> DEAN OR OTHER AUTHORIZED SIGNATURE DATE: <i>2/1/12</i>	Program: <i>61200</i> / Sub-Class: <i>00000</i> / BY: <i>2012</i> / Proj/Grnt: <i>041A</i> / Amount: <i>\$ 181.57</i>
APPROVED: <i>[Signature]</i> VICE PRESIDENT, ADMINISTRATION DATE: <i>2/7/12</i>	Bus. Unit: _____ / Account: _____ / Fund: _____ / Org: _____ / Amount: \$ _____

SUBSCRIPTION INVOICE SUMMARY

WEST®

A Thomson Reuters business

LRCCD

JAN 14 2012

ACCTG OPS

Page 1 of 1
02

Bill To:
LOS RIOS COMMUNITY COLLEGE DISTRICT
ACCOUNTING
1919 SPANOS CT
SACRAMENTO CA 95825-3905

From:
Thomson West
P.O. Box 64833
St. Paul, MN 55164-0833

IMPORTANT NEWS

GO GREEN with West's new e-Billing system! Convenient and Easy sign up with no future log in required. Make this the last paper invoice you receive from us. Sign up for e-Billing now and receive an e-mail notification when your invoice is available. Logon to <https://ebilling.thomsonreuters.com/Delivery/Welcome> to register or call Customer Service at 1-800-328-4880. Thank you for your business. For more information about West, a Thomson Reuters business, or to shop online visit west.thomson.com.

Customer Service: 1/800-328-4880
See reverse side for contact and payment information

BILLING ACCOUNT #:	INVOICE NO:	INVOICE DATE:	BILLING PERIOD:	PAYMENT DUE:	TOTAL INVOICE AMOUNT IN USD:
1003190006	824306050	01/04/2012	DEC 05, 2011 JAN 04, 2012	02/03/2012	78.12
DESCRIPTION			PRICE IN USD	TAX IN USD	TOTAL IN USD
SUBSCRIPTION PRODUCT CHARGES			72.50	5.62	78.12 S
TOTAL INVOICE AMOUNT					78.12 T

RETURN BOTTOM PORTION WITH PAYMENT - THANK YOU

INVOICE # 824306050
ACCOUNT # 1003190006
VENDOR # 41-1426973
VAT REG # EU826006554
PAYMENT DUE 02/03/2012
AMOUNT DUE IN USD 78.12

AMOUNT ENCLOSED IN USD _____

West Payment Center
P.O. Box 6292
Carol Stream, IL 60197-6292

LOS RIOS COMMUNITY COLLEGE DISTRICT
ACCOUNTING
1919 SPANOS CT
SACRAMENTO CA 95825-3905

0824306050 000000000000000000000000 20120104 ZCMI 000007812 0010 1003190006 &