

12/13 Closed

PURCHASE ORDER NO 0001070167

Date	Revision	Page
01/25/2013		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
760482 LIGUORI POONV	04OPER	

Vendor: 0000005675
 UNITED STATES POSTAL SERVICE
 CMRS POC
 P O BOX 894715
 LOS ANGELES CA 90189-4715

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

email:

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
1- 1	POSTAGE FOR FLC NEOPOST, METER ACCT # 07383672	1.00	LOT	1,000.00	1,000.00	01/25/2013

PREPAYMENT

PAYMENT SLIP # 0407383672804715

PLEASE OVERNIGHT MAIL THE CHECK TO :
 FIRST DATA REMITCO
 ATTN : NEOPOST - 4715
 2525 CORPORATE PLACE
 2ND FLOOR - SUITE 250
 MONTEREY PARK CA 91754

*Pre-paid by
 DO REVL -*

Sub Total Amount	1,000.00
Sales Tax Amount	0.00
Total PO Amount	1,000.00

*will be expensed once
 REVL in posts.*

BU	Acct	Fd	Org	Prog	Sub	Proj
GENFD	5810	11	FL.VA.PRNT	67900	00000	041A

*Amount 1,000.00 BYear 2013
 PO # 1000 2-4-13 # 012540*

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.

Unauthorized

Los Rios Community College District

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Requisition

Req. No. **760482**
 P.O. NO. **000 1070167**

Vendor Code **5675** DATE **1/24/13**
 Approved _____ VENDOR **USPS, CMRS POC**
 Terms _____ ADDRESS _____
 F.O.B. _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____

DELIVERY INSTRUCTIONS

04 0000
 Location Code

FLC **Printing**
 College/District Location Department

Division _____ Date Required _____

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES <small>*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.</small>	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1	Postage for FLC Neopost,	1	ea		1000.00
2	Meter account #07383672				
3					
4					
5	PREPAY - Fwd to ADPS B. Wong or				
6	REVL Ck needed by Friday K. Panekowski				
7	Payment slip must be attached				
8	to check. #0407383672804715				
9					
10	Please overnight check to:				
11	First Data Remitco, Attn: Neopost-4715				
12	2525 Corporate Place, 2nd Floor, Suite 250				
13	Monterey Park, CA 91754				

Purchases Charged to Categorical Programs, Grants or Special Projects

This purchase is in compliance with the requirements of _____

Sales Tax

Program Name _____

For grants/special projects _____

Program Director/Coordinator Signature _____ Project/Grant Number _____

Total 1000.00

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 laws.

REQUESTED BY: Kathy Barnes Liguori TYPED/PRINT DATE 1/24/13

REQUESTED BY: [Signature] SIGNATURE DATE 1/24/13

AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 1/24/13

APPROVED: [Signature] VICEPRESIDENT, ADMINISTRATION

General 5610 / 11 / FL VA. PRNT				
Bus. Unit	Account *	Fund	Org	
Program	Sub-Class	BY	Proj/Grnt	Amount
				\$ 1000.00
Bus. Unit	Account *	Fund	Org	
				\$ 100
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