

LOS RIOS COMMUNITY COLLEGE DISTRICT

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

FAX: (916) 568-3145

PURCHASE ORDER NO

0001070230

12/13 COMAL

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

Date	Revision	Page
01/30/2013		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
760483 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

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	POSTAGE FOR FLC NEOPOST, METER ACCT # 07383672	1.00	LOT	7,000.00	7,000.00	01/30/2013

PREPAYMENT

PAYMENT SLIP # 0407383672804715

FOR 1/31/13 CHECK RUN

Sub Total Amount	7,000.00
Sales Tax Amount	0.00
Total PO Amount	7,000.00

Paid OK#
 94-663464
 \$7,000.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENED	5810	11	FL.VA.PRNT	67900	00000	041A	7,000.00	2013

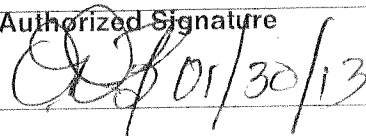
Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

<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.

ENTERED

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.

Los Rios Community College District

Requisition

Page _____ of _____

Req. No. 760483
P.O. NO.

Vendor Code 5675
Approved
Terms
F.O.B.

DATE 1/25/13

VENDOR USPS, CMRS, POC

ADDRESS PO Box 894715

CITY LA STATE CA ZIP 90189

PHONE _____ FAX _____

DELIVERY INSTRUCTIONS	
Location Code <u>04 OPER</u>	Department <u>Printing</u>
College/District Location <u>FLC</u>	Date Required
Division	Date Required

ITEM	DESCRIPTION <small>GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES</small>	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
	<small>*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.</small>				
1	<u>Postage for FLC Neopost,</u>	<u>1</u>	<u>ea</u>		<u>7000.00</u>
2	<u>meter acct # 07383672</u>				
3					
4	<u>PREPAY</u>				
5					
6	<u>Payment slip must be attached</u>				
7	<u>to check. Slip # 0407383672804715</u>				
8					
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects		Sales Tax
This purchase is in compliance with the requirements of _____		
Program Name	For grants/special projects	
Program Director/Coordinator Signature	Project/Grant Number	Total <u>7000.00</u>
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 1/25/13

REQUESTED BY: [Signature] SIGNATURE DATE 1/25/13

AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 1/25/13

APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE 1/25/13

<u>Genfd / 5810 / 11 / FLVA, PRNT</u>	Bus. Unit	Account *	Fund	Org	
<u>67900 / 00000 / 13 / 041A</u>	Program	Sub-Class	BY	Proj/Grnt	Amount <u>\$ 7000.00</u>
	Bus. Unit	Account *	Fund	Org	
	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. _____



1/25/13

Mail w/ Check to Vendor

**NEOPOST POSTAGE-ON-CALL®
COMPUTERIZED METER RESETTING SYSTEM**



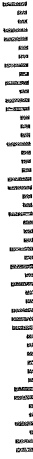
FOR ELECTRONIC FUNDS TRANSFER
CHECK BOX - WE WILL CONTACT YOU.

REMOVE CHECK SKIRT/STUB FROM CHECK
BEFORE PLACING IN ENVELOPE.
ONLY PLACE CHECK AND COUPON IN THE ENVELOPE.

**MAKE CHECK PAYABLE TO:
U.S. POSTAL SERVICE (NEOPOST POSTAGE-ON-CALL®)**

SEND CHECK TO ADDRESS SHOWN BELOW:

CUSTOMER NAME: _____
FOLSOM LAKE COLLEGE
METER ACCOUNT NUMBER: _____
07388672
AMOUNT PAID: _____
\$ 7000.00



CMRS-POC
PO BOX 894715
LOS ANGELES, CA 90189-4715

04073883672804715