

LOS RIOS COMMUNITY COLLEGE DISTRICT

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

FAX: (916) 568-3145

Comp 12/13

PURCHASE ORDER NO 0001071352

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

FLC BUSINESS SERVICES

2013 MAY -2 A 7:44

Date	Revision	Page
04/29/2013		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
769240 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

Tax Exempt? N

Recd 1060958 4-9-13

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	89915 REFILL AMMONIA INHALANT BOX/10	1.00 EA	1.92	1.92	05/03/2013
2- 1	92263 IBUPROFEN 200MG 50X2 50 PKG/2	1.00 EA	4.50	4.50	05/03/2013
3- 1	64081 MEDI-FIRST ASPIRIN 325MG 50X2 50 PKG/2	1.00 EA	2.34	2.34	05/03/2013

QUOTE #629089 DATED 2/20/13

schd to pay 5-15-13 \$9.45

Sub Total Amount	8.76
Sales Tax Amount	0.70
Total PO Amount	9.46

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4500	11	FL.VS.HLTH	64400	00000	041A	9.46	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.

Authorized Signature

[Signature] 04/30/13

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 1 of 1

Req. No. **769240**
P.O. NO.

Vendor Code _____ DATE **2-25-13**

Approved _____ VENDOR **Moore Medical**

Terms _____ ADDRESS **1690 New Britain Ave**

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

PHONE **1-800-321-4407** FAX _____

DELIVERY INSTRUCTIONS

04 ASPH 52
04 STRUC FLC

Location Code
FLC/LRCCD HLT#

College/District Location Department
stud. SVCS

Division **FL-52** 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	AMMONIA Zn tablet (Bated Rept) #89915	1	Box/10	\$1.92	\$1.92
2	Ibuprofen - 200mg 50x2 #92263	1	Box/2	4.50	4.50
3	Medi-First Aspirin - 325mg 50x2 #64081	1	Box/2	\$2.34	\$2.34
4					
5					
6	For College Nurse				
7					
8					
9					
10					
11					
12					
13					
				Subtotal = \$8.76	

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 0.70
Total	\$ 9.46

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 **3/11/13**

REQUESTED BY: *Mary Hansen* SIGNATURE DATE **3/11/13**

AUTHORIZED: *By Jill* DEAN OR AUTHORIZED SIGNATURE DATE **3/12/13**

APPROVED: *K. Kublen* VICEPRESIDENT, ADMINISTRATION DATE **3/13/13**

GenEd / 4500 / 11 / FL, VS, HLT#

Bus. Unit	Account*	Fund	Org	
64400	00000	2013	041A	\$ 9.46
Program	Sub-Class	BY	Proj/Gmt	Amount
Bus. Unit	Account*	Fund	Org	
				\$
Program	Sub-Class	BY	Proj/Gmt	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. _____



1690 New Britain Ave. | Farmington, CT 06032 | Phone: 800.234.1464

Customer Number - 45092246

Folsom Lake College

10 College Pkwy
Receiving
FOLSOM, CA 95630

Attention: Mary F Hansen



PO No.

RFQ No.

Quotation No. 629089

Eff. Date 02/20/2013

Exp. Date 03/20/2013

Sales Rep Tom Krebs Field

Item #	Description	Country	Size	Package	U/M	Qty	Unit Price	Extended Price
89915	Refill Ammonia Inhalant 10/bx	USA		Box/10	EA	1	\$ 1.92	\$ 1.92
92263	Ibuprofen 200mg 50x2	USA		50 Pkg/2	EA	1	\$ 4.50	\$ 4.50
64081	Medi-First Aspirin 325mg 50x2	USA		50 Pkg/2	EA	1	\$ 2.34	\$ 2.34
Total								\$ 8.76

Comments:

Terms and Conditions:

- Unless otherwise specifically stated in this price quote, all prices shown are good for 30 days from the date of this price quote.
- Notwithstanding the foregoing, price quotes may change without notice due to cost increases by product manufacturers.
- Price quotes exclude other customary charges, taxes and fees. See Terms and Conditions for details.
- Special Order items and certain other product purchases, including vaccines are not returnable.
- Applicable sales tax will be calculated at time of invoice.

See our full Terms & Conditions at: www.mooremedical.com/terms