

LOS RIOS COMMUNITY COLLEGE DISTRICT

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

FAX: (916) 568-3145

PURCHASE ORDER NO

0001071353

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

FLC BUSINESS SERVICES

2013 MAY -2 A 7:40

Date	Revision	Page
5/29/2013		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
769239 HANSEN POONV	04OPER	

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

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	96753 CLEANSING TOWELETTES ORM BOX/100	2.00	EA	3.15	6.30	05/03/2013
2- 1	68187 MOORE SHEER PLAS 7/8SPOTLF100 SPOTS,7/8" BOX/100	1.00	EA	2.20	2.20	05/03/2013
3- 1	52139 ADHESIVE BNDG SHR 1X3 GEN 1" X 3" BOX/100	5.00	EA	2.45	12.25	05/03/2013
4- 1	92750 TRIANGULAR BANDAGE W/PIN 40"	5.00	EA	0.58	2.90	05/03/2013
5- 1	52107 COOL JEL UNIT DOSE 3.5GM BOX/25	3.00	EA	7.97	23.91	05/03/2013
6- 1	89915 REFILL AMMONIA INHALANT BOX/10	3.00	EA	1.92	5.76	05/03/2013
7- 1	79812 SURGICAL TAPE PAPER 1"X10YD BOX/12	1.00	EA	5.40	5.40	05/03/2013
8- 1	88727 FORCEP PLASTIC DISP STER UNKNOWN 4" 1060891	8.00	EA	0.60	4.80	05/03/2013
9- 1	89781 REFILL BANDAGE SCISSOR 4"	3.00	EA	0.65	1.95	05/03/2013
10- 1	90396 REFILL ABSORBNT COMPRSS 32SG"	12.00	EA	1.48	17.76	05/03/2013
11- 1	77384 ROLLED GAUZE 2" WVN 2PLY NS 2" X 5 YDS PKG/12	2.00	EA	4.73	9.46	05/03/2013

1061085
3-21-13

QUOTE #629089 DATED 2/20/13

Sub Total Amount
Sales Tax Amount
Total PO Amount

92.69
7.41
100.10

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

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PURCHASE ORDER NO 0001071353

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

Date 04/29/2013	Revision	Page 2
Payment Terms NET 30	Freight Terms Shipping Point	Ship Via Best Metho
Reference: 769239 HANSEN POONV		Location / Dept 04OPER

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

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
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BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4500	11	FL.VA.OPER	64400	00000	041A	100.10	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

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Los Rios Community College District

Requisition

Page 1 of 1

Req. No. **769239**
P.O. NO.

Vendor Code _____ DATE 2-25-13
 Approved _____ VENDOR Moore Medical
 Terms _____ ADDRESS 1690 New Britain Ave.
 F.O.B. _____ CITY Farmington, CT STATE CT ZIP 06032
 PHONE 1-800-321-4467 FAX _____

DELIVERY INSTRUCTIONS
0210 PER
09 OPER FLC
 Location Code _____
 College/District Location _____ Department _____
 Division _____ Date Required _____

ITEM	DESCRIPTION	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	Antiseptic Towelettes ORM #96753	2	Box/100	\$3.15	\$6.30
2	Moore sheer plastic 7/8" soots LF 100 #68187	1	Box/100	\$2.20	\$2.20
3	Adhesive Bandage - sheer 1" x 3" Gen #52139	5	Box/100	\$2.45	\$12.25
4	Triangular Bandage w/pin 40" #92750	5	each	.58	\$2.90
5	Cool Jet Unit Dose 3.5gm #52107	3	Box/25	\$7.97	\$23.71
6	Ammonia Inhalants (Refill - 10/box) #29115	3	Box/10	\$1.92	\$5.76
7	Surgical Paper Tape 1" x 10 yds. #79512	1	Box/12	\$5.40	\$5.40
8	Disposable plastic Forceps sterile #88727	8	each	.60	\$4.80
9	Roll Bandage Gresser 4" #89781	3	each	.65	\$1.95
10	Absorbent Compress 32 in ² #90396	12	each	\$1.48	\$17.76
11	Roll Gauze 2" wide x 2 yds #77384	2	Pkg/12	\$4.73	\$7.46
12	Per Quote #629092 2/20/13				
13	FOR CAMPUS FIRST AID SUPPLY/KITS				\$92.69

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 **7.42**
Total \$100.11

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: Colleen Johnson TYPED/PRINT DATE 2/27/13

REQUESTED BY: [Signature] SIGNATURE DATE 2/27/13

AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 2/27/13

APPROVED: [Signature] VICEPRESIDENT, ADMINISTRATION DATE _____

GENFD, 1500, 11, FL, VA, OPER

Bus. Unit	Account*	Fund	Org	Amount
64400	00000	2013	04/A	\$100.11
Program	Sub-Class	BY	Proj/Grnt	

Bus. Unit	Account*	Fund	Org	Amount
/	/	/	/	\$
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. _____



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. 629092

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
96753	Antiseptic Towelettes ORM	China		Box/100	EA	2	\$ 3.15	\$ 6.30
68187	Moore Sheer Plas 7/8SpotLF100	Mexico	Spots, 7/8"	Box/100	EA	1	\$ 2.20	\$ 2.20
52139	Adhesive Bndg Shr 1x3 Gen	Mexico	1" x 3"	Box/100	EA	5	\$ 2.45	\$ 12.25
92750	Triangular Bandage w/Pin 40"	China		Each	EA	5	\$ 0.58	\$ 2.90
52107	Cool Jel Unit Dose 3.5gm	USA	3.5gm	Box/25	EA	3	\$ 7.97	\$ 23.91
89915	Refill Ammonia Inhalant 10/bx	USA		Box/10	EA	3	\$ 1.92	\$ 5.76
79812	Surgical Tape Paper 1"x10yd	Unknown	1" x 10yds	Box/12	EA	1	\$ 5.40	\$ 5.40
88727	Forcep Plastic Disp Ster	Unknown	4"	Each	EA	8	\$ 0.60	\$ 4.80
89781	Refill Bandage Scissor 4"	China	4"	Each	EA	3	\$ 0.65	\$ 1.95
90396	Refill Absorbnt Comprss 32Sg"	USA		Each	EA	12	\$ 1.48	\$ 17.76
77384	Rolled Gauze 2" Wvn 2ply NS	China	2" x 5 yds	Pkg/12	EA	2	\$ 4.73	\$ 9.46
Total								\$ 92.69

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