

LOS RIOS COMMUNITY COLLEGE DISTRICT

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

FAX: (916) 568-3145

PURCHASE ORDER NO

0001071634

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

Date	Revision	Page
06/03/2013		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
766384 AGULAR POONV	04EDCB	

Vendor: 0000010481
 FOLSOM LAKE COLLEGE
 BOOKSTORE
 10 COLLEGE PKWY
 FOLSOM CA 95630

Ship To: EL DORADO CENTER
 RECEIVING
 6699 CAMPUS DR
 PLACERVILLE CA 95667
 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	TRAUMA THROUGH A CHILD'S EYES	16.00	EA	18.75	300.00	06/30/2013
2- 1	IT GETS BETTER	16.00	EA	11.25	180.00	06/30/2013
3- 1	GIRLS LIKE US	16.00	EA	12.00	192.00	06/30/2013

QUOTE DATED 4/26/13

Sub Total Amount	672.00
Sales Tax Amount	50.40
Total PO Amount	722.40

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4500	12	FL.VS.FCPG	64900	00000	471C	722.40	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


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. 766384
P.O. NO. _____

Vendor Code	DATE <u>04/26/13</u>
Approved	VENDOR <u>FLC BOOKSTORE</u>
Terms	ADDRESS _____
F.O.B.	CITY _____ STATE _____ ZIP _____
	PHONE _____ FAX _____

DELIVERY INSTRUCTIONS	
<u>04EDCB</u> Location Code	<u>Admin</u> Department
<u>FLC</u> College/District Location	<u>04/30/13</u> Date Required
<u>FOSTER CARE</u> Division	

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					
2	<i>* SEE ATTACHED QUOTE SHEET *</i>				
3					
4	TRAUMA THROUGH A CHILD'S EYES	16	BOOKS	18.75	300.00
5	IT GETS BETTER	16	"	11.25	180.00
6	GIRLS LIKE US	16	"	12.00	192.00
7					
8					
9	<i>Deliver to EDC</i>				
10					
11					
12					672.00
13					

Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of <u>FOSTER KINSHIP CARE</u>		8% Sales Tax 53.76
Program Director/Coordinator Signature: <u>Juline Aguilar</u> For grants/special projects	Program Name: <u>471c</u> Project/Grant Number	Total 725.76
Program Goal/Objective Number/Explanation: <u>OBJ. 2 TRAINING</u>		

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: JULINE AGUILAR TYPED/PRINT DATE: 04/26/13

REQUESTED BY: Juline Aguilar SIGNATURE DATE: 04/26/13

AUTHORIZED: Juline Aguilar DEAN OR AUTHORIZED SIGNATURE DATE: 04/26/13

APPROVED: Matthew Kubler VICE PRESIDENT, ADMINISTRATION DATE: 4/30/13

<u>GEN ED / 4500 / 12 / FL VS. FCPG</u>				
Bus. Unit	Account*	Fund	Org	
<u>64900</u>	<u>00000</u>	<u>13</u>	<u>471c</u>	\$ <u>725.76</u>
Program	Sub-Class	BY	Proj/Grnt	Amount
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. _____

Instructions on Reverse



FOLSOM LAKE COLLEGE
 BOOKSTORE
 EDC CENTER/RCC CENTER
 100 CLARKSVILLE ROAD • FOLSOM, CA 95630
 PH 916-608-6565 • FAX 916-608-6576

Quote Sheet

SOLD TO: JULINE AGUILAR

Date: 4/26/13

QTY	DESCRIPTION	UNIT PRICE	AMOUNT			
16	LEVINE: TRAUMA THROUGH A CHILD'S EYES # 1556436300	18.75	300.00			
16	SAVAGE: IT GETS BETTER # 0452297613	11.25	180.00			
16	LLOYD: GIRLS LIKE US	12.00	192.00			
REMARKS: <i>Please pay from this invoice.</i>		SUBTOTAL	672.00			
RECEIVED BY: _____ DATE: _____		TAX	53.76			
DATE SHIPPED	PPD/COLL.	NO. CTNS.	SHIPPED VIA	PACKED BY	SHIPPING/HANDLING	_____
					TOTAL DUE	725.76

VENDOR