

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

FAX: (916) 568-3145

PURCHASE ORDER NO 0001072121

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

Date	Revision	Page
06/19/2013		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
767654 JOHNSON POONV	04 VAPA	

Vendor: 0000005956
WESTERN CONTRACT FURNISHERS
11455 FOLSOM BLVD
RANCHO CORDOVA CA 95742

Phone: (916) 638-3338
Fax: (916) 638-2698

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 1064251 3-17-14*

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	DESIGN SERVICES - FURNITURE RECONFIGURE DONATED HAWORTH PREMISE MODULAR WORKSTATIONS TO CREATE 25 FACULTY / STAFF WORKSTATIONS ROOMS : 2360, 2350, 2340, 2330, 2320 ,2180, 2170, 2160, 2226, 2230 AND 2240	1.00	JOB	3,800.00	3,800.00	06/26/2013

ENCLOSE PROPOSAL DATED 6/10/13 FROM CINDY WARNOCK

PURCHASE OF ADDITIONAL FURNITURE
PIECES AND PART TO BE DETERMINED BASED ON RECONFIGURATION NEEDS

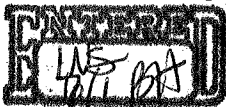
FAX PO

Sub Total Amount	3,800.00
Sales Tax Amount	0.00
Total PO Amount	3,800.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5100	11	FL.VA..PROJ	71000	00000	041A	3,800.00	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>



*Realog
7-2-13*

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] 06/20/13

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. 767654
P.O. NO.

Vendor Code 5956
Approved _____
Terms _____
F.O.B. _____

DATE 6-11-13
VENDOR WESTERN CONTRACT
ADDRESS 71455 Folsom Blvd
CITY Rancho Cordova STATE CA ZIP 95742
PHONE 916-638-3338 FAX 916-638-2698

FLC BUSINESS SERVICES
DELIVERY INSTRUCTIONS
A 8:19 04 VAPA
Location Code
FLC Harris Ctr
College/District Location Department
VAPA
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	Furniture Design Services -	1	ea		3800.
2	furniture				
3	*reconfigure donated Haworth				
4	Haworth Premise modular workstations				
5	to create 25 faculty/STAFF workstations				
6	Rooms:				
7	PAC 2360, 2350, 2340, 2330, 2320				
8	2180, 2170, 2160, 2220, 2230, 2240				
9	PO Comments:				
10	Note: purchase of add'l furniture				
11	pieces and part to be determined				
12	based on reconfiguration needs				
13					

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 _____
Sales Tax _____
Total \$3,800.00

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.
Kathleen Johnson

GENFD 5700 11 1 FL VA PROJ
Bus. Unit Account* Fund Org
71000 00000 2019 041A \$ 3800.00

REQUESTED BY: TYPED/PRINT DATE
Kathleen Johnson 6/12/13
REQUESTED BY: SIGNATURE DATE

Program Sub-Class BY Proj/Grnt Amount
/ / / / \$
Bus. Unit Account* Fund Org
/ / / / \$

AUTHORIZED: DEAN OR AUTHORIZED SIGNATURE DATE
Kathleen Johnson 6/12/13
APPROVED: VICEPRESIDENT, ADMINISTRATION DATE

* 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. _____



6/13/13 TU PD

LOS RIOS COMMUNITY COLLEGE DISTRICT
SERVICE AGREEMENT

(Information on the purchase order and the back of this form are part of this Agreement. Please read this important information.)

No. 44270

Attachment to Purchase Order No. 1072121

This Agreement entered this 20 day of June 2013 by and between the Los Rios Community College District (District) and (CONTRACTOR), Western Contract Furnishers CONTRACTOR No. 236718 Social Security No. _____

Business Name (if different) _____ FIN No. 99-1450740

Check One: Sole Proprietorship _____ Partnership _____ Corporation Check One: U.S. Citizen Resident Alien _____ Non-resident Alien _____

Telephone No. 916 638-3338 (SSN or FIN No. must be provided for payment) 99-1450740

Address 11455 Folsom Blvd. City and State Zip Rancho Cordova CA 95742

Are you now or have you been an employee of the District? Yes _____ No . If yes, Date _____ Location _____

Are you related to an employee of the District? Yes _____ No . If yes, who _____

GENERAL CONDITIONS:

1. Scope of Work. CONTRACTOR shall perform specific services as set forth below (attach separate schedule if necessary, and reference the attachment). The term of this Agreement is from (date) _____ to (date) _____. CONTRACTOR shall perform its services hereunder in accordance with the professional standard of care, skill and diligence customarily followed by consultants performing similar professional services on projects of comparable scope and quality.

Design services to reconfigure donated modular workstations to create 25 faculty/staff workstations per proposal dated June 10, 2013 for rooms 2360, 2350, 2340, 2330, 2320, 2180 2170, 2160, 2226, 2230 and 2240.

2. Compensation. For its services hereunder, CONTRACTOR shall be paid a sum of money not to exceed \$ 3,800.00 during the term of this Agreement. Payment of this amount shall be made in accordance with established District payment schedules, and is contingent upon the CONTRACTOR submitting an invoice to the District Accounts Payable Office, and upon receipt of verification of services satisfactorily rendered (receiver) by the appropriate College/District Administrator. Payment terms are: _____ Payment will be mailed to address on purchase order. CONTRACTOR agrees that none of the terms and conditions associated with its acceptance of this Agreement shall apply to, modify, or be incorporated into this Agreement, and the DISTRICT's acceptance of CONTRACTOR's goods, materials, equipment, services and/or labor or other items covered by or delivered under this Agreement shall not constitute acceptance of any additional or different terms and conditions on behalf of CONTRACTOR.

3. Termination. The DISTRICT shall have the right to terminate this Agreement with or without cause. The District may terminate the Agreement for convenience at any time and for any reason by giving thirty (30) days written notice of such termination to CONTRACTOR. In the event of termination for convenience, CONTRACTOR shall immediately cease rendering services and promptly deliver to the DISTRICT copies of all prepared work product, and CONTRACTOR shall only be entitled to payment for hours actually worked and direct costs incurred, plus a 10% mark-up on direct costs incurred, or the pro-rata share of the contract price, whichever is less. The DISTRICT may terminate the Agreement for cause which shall be effective immediately upon written notice. In the event of a termination for cause, CONTRACTOR shall not be entitled to any further payment, if any becomes due, until the Project is completed. The DISTRICT may proceed with the work in any manner deemed proper by DISTRICT, and all the DISTRICT's costs incurred by the District shall be deducted from any sum otherwise due CONTRACTOR under this Agreement and the balance, if any, shall be paid to CONTRACTOR upon completion of the work. The DISTRICT reserves all rights, including all rights to recover damages, inclusive of attorneys' fees, from CONTRACTOR, in the event of a termination for cause.

4. Integration, Amendments. This Agreement (front & back) and the purchase order constitute the entire Agreement by the parties. No other representations, whether oral or written are part of this Agreement except that the following document(s) are part of this Agreement: _____ All amendments to this Agreement must be in writing and signed by authorized representatives of both parties.

- 5. Independent CONTRACTOR not Agent.**
- a. CONTRACTOR, and its agents and employees, in the performance of this Agreement, shall be independent contractor(s) and no relationship of employer-employee exists between these parties and the DISTRICT.
 - b. CONTRACTOR shall be responsible for determining the means, methods, or sequence used to complete the work required under this Agreement. CONTRACTOR shall be responsible for and accountable to the DISTRICT for the final product or service to be provided.
 - c. If, in the performance of this Agreement, any third persons are employed by CONTRACTOR, such persons shall be entirely and exclusively under the direction, supervision, and control of CONTRACTOR. Except as may be specifically provided elsewhere in this Agreement, all terms of employment, including hours, wages, working conditions, discipline, hiring, and discharging, or any other terms of employment or requirements of law, shall be determined by CONTRACTOR. It is further understood and agreed that CONTRACTOR shall issue W-2 or 1099 Forms for income and employment tax purposes, for all of CONTRACTOR's employees, assigned personnel and subcontractors.
 - d. Except as otherwise provided in this Agreement, CONTRACTOR is qualified to accomplish the work required in this Agreement and the DISTRICT will provide no training to CONTRACTOR.
 - e. Except as otherwise provided in this Agreement, CONTRACTOR's ability to market or provide services to any other client shall not be limited by the DISTRICT.
 - f. Except as otherwise provided in this Agreement, CONTRACTOR is to provide all necessary tools and materials.
 - g. Prior to DISTRICT's acceptance of this Agreement, CONTRACTOR shall (a) identify their status as a sole proprietorship, partnership, or corporation, and (b) provide the DISTRICT with a copy of IRS Form W-9, Request for Certification of Federal Taxpayer Identification Number.
 - h. CONTRACTOR agrees that, upon request, CONTRACTOR shall provide any documentation requested by the DISTRICT as evidence that appropriate taxes have been paid. If CONTRACTOR fails to pay appropriate taxes or to provide requested documentation, CONTRACTOR hereby agrees to indemnify the DISTRICT against any penalties and taxes levied against the DISTRICT by a taxing agency, and to reimburse the DISTRICT for such penalties and taxes.

Signature below by CONTRACTOR indicates that all parts of this Agreement have been read, understood and accepted.

Name of CONTRACTOR (Printed) John P. Jell

Signature of CONTRACTOR _____ Date 7/17/13 Requisition # 767654

DISTRIBUTION: White: CONTRACTOR Green: Purchasing Canary: Accounting Pink: Business/Office Goldenrod: Originator

June 10, 2013

Kathleen Kirklin
Vice President, Administration
10 College Parkway, Folsom CA 95630
Folsom, CA 95630

Re: Harris Center, Faculty Offices

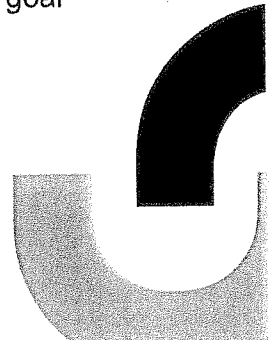
Dear Kathleen,

Please accept this as our proposal for Design Services to plan the furniture re-use of Haworth Premise workstations from your warehouse inventory. The scope of work shall include: Layout of Haworth furniture symbols into your AutoCad drawing, specification of the furniture required in order to complete the build-out of the spaces and designation of "Access Door" locations for the electrical/data. We will site verify any critical dimensions and provide Pull Lists and Installation Drawings for the Furniture Installers.

DESIGN PROCESS

- 1 Designer shall meet with client to determine functional and layout requirements for the new space **(Completed 06.05.13)**
- 2 Designer shall obtain a list of the stored furniture quantities along with the original furniture installation drawings. **(Completed 06.05.13)**
- 3 Designer shall prepare furniture plan options, utilizing as much existing furniture as possible, to create (25) Faculty Office workspaces. Placement of bookcases and/or lateral files will also be included on the drawings. Two revisions are included.
- 4 Designers shall co-ordinate electrical Access Door requirements and provide the Parts/Labor quote as necessary. Site verification of critical dimensions is included.
- 5 Designer shall provide complete Furniture Specifications for any new Systems furniture required to complete the installation. Our common goal is to keep this to the absolute minimum.

The fee for the above Design Services will be \$3,800.00.



Additional services or revisions not outlined in the proposal will be available to you at an hourly rate of \$75.00. Any additional time required to complete changes due to discrepancies in information provided by client or client approved source will be billed at the hourly rate of \$75.00.

If this proposal meets with your approval, it is understood that this letter constitutes our entire agreement and that no changes will be made except in writing, signed by Western Contract and Folsom Lake College.

You may terminate this agreement upon seven days written notice. In the event of termination, we shall be paid for services performed to date at the rates specified herein. Billing will be on monthly bases for work performed. If fees are not paid within thirty days of invoice, work on your project will be delayed until payment is received.

It is understood that any and all professional liabilities incurred by Western Contract throughout the course of rendering professional services on this project shall be limited to a maximum of the net fee received.

Because of substantial costs incurred to stop and restart a project once it is underway, should this project's progress be halted at any time for thirty or more days by the client, for any reason, a project restart fee of 10% of the total fee earned to date will be due and payable immediately.

In order to initiate the design process, please sign and return one copy of this agreement together with your **purchase order to Western Contract** for \$3,800.00. Please indicate your approval below.

We look forward to working with you.

Sincerely,



Cindy Warnock, Project Manager
Western Contract
An Employee Owned Company

Accepted by: _____ Date: _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/12/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER John O. Bronson Co. / #0425149 3636 American River Drive Suite 200 Sacramento, CA 95864 916-974-7800	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Kirsten Trademann</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 916-480-4119</td> <td>FAX (A/C, No): 916-480-4119</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: ktrademann@johnobronson.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Fireman's Fund Insurance Co. (Rancho Cordova, CA)</td> <td style="text-align: right;">NAIC # 21873</td> </tr> <tr> <td>INSURER B: Travelers Property Casualty Co of America</td> <td style="text-align: right;">25674</td> </tr> <tr> <td colspan="2">INSURER C: (Rancho Cordova, CA)</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME: Kirsten Trademann		PHONE (A/C, No, Ext): 916-480-4119	FAX (A/C, No): 916-480-4119	E-MAIL ADDRESS: ktrademann@johnobronson.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Fireman's Fund Insurance Co. (Rancho Cordova, CA)	NAIC # 21873	INSURER B: Travelers Property Casualty Co of America	25674	INSURER C: (Rancho Cordova, CA)		INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME: Kirsten Trademann																					
PHONE (A/C, No, Ext): 916-480-4119	FAX (A/C, No): 916-480-4119																				
E-MAIL ADDRESS: ktrademann@johnobronson.com																					
INSURER(S) AFFORDING COVERAGE																					
INSURER A: Fireman's Fund Insurance Co. (Rancho Cordova, CA)	NAIC # 21873																				
INSURER B: Travelers Property Casualty Co of America	25674																				
INSURER C: (Rancho Cordova, CA)																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Western Contract Furnishers of Sacramento(a Corp) 11455 Folsom Blvd Rancho Cordova, CA 95742																					

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
A	GENERAL LIABILITY			MZX80943559	10/1/2012	10/1/2013	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
A	AUTOMOBILE LIABILITY			MZX80943559	10/1/2012	10/1/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			XAU57792897	10/1/2012	10/1/2013	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 0							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			YJUB9327B31	10/1/2012	10/1/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y/N				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: Service Agreements # 44270 & 44271

Add'l Interests: Los Rios Ommunity College District, its trustees, officers, employees, agents, inspectors, project managers, consultants, sub consultants, their employees and each of them are included as Additional Insured's per attached.

Forms: CG7158 1207

CERTIFICATE HOLDER LOS RIOS COMMUNITY COLLEGE DISTRICT 1919 SPANOS COURT SACRAMENTO, CA 95825	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

Purchase Order Inquiry

Purchase Order

Business Unit: GENFD
 PO ID: 0001072121

PO Status: Dispatched
 Budget Status: Valid

Header

PO Date: 06/19/2013
 Vendor Name: WESTERN CO-001
 Vendor ID: 0000005956 [Vendor Details](#)
 Buyer: Vivian Poon
 PO Reference: 767654 JOHNSON

Doc Tot Status: Valid
 Backorder Status: Not Backordered
 Receipt Status: Not Recvd
 Hold From Further Processing

[Header Details](#) [All RTV](#) [Document Status](#)
[Header Comments...](#) [Matching](#)
[Change Order](#) [Activity Summary](#)

Amount Summary	
Merchandise:	3,800.00
Freight/Tax/Misc.:	0.00
Total:	3,800.00 USD
Encumbrance Balance:	3,800.00 USD

Lines									
Line	Item ID	Item Description	Category	PO Qty	UOM	Merchandise Amount	Status	Personalize Find View All First 1 of 1 Last	
1		DESIGN SERVICES - FURNITURE R	SERVI	1.0000	JOB	3,800.00 USD	Approved		

[Return to Search](#) [Notify](#)

[Related Links](#)

RCVR: 0001064251
 Deef
 Mar. 17, 2014

Jackson, Don

From: Kirklin, Kathleen
Sent: Friday, March 14, 2014 4:11 PM
To: Jackson, Don
Cc: Johnson, Colleen; Raines, Christopher
Subject: RE: Faculty Office Furniture - Harris Center

Hi Don,

Please process a receiver for P.O. 1072121, Western Contract Furnishers, design services \$3,800.

Thank you.

Kathleen Kirklin

Vice President, Administration
Folsom Lake College
10 College Parkway
Folsom, CA 95630
P 916.608.6555
F 916.608.6584
kathleen.kirklin@flc.losrios.edu

From: Johnson, Colleen
Sent: Thursday, March 13, 2014 4:27 PM
To: Kirklin, Kathleen
Subject: Faculty Office Furniture - Harris Center
Importance: High

Hi –

Just a heads up – I authorized an additional 13 “doggie doors” for access to data ports. If the additional doors were not installed, the entire workstation would have had to be moved to install computers and Lync phones and then moved again to put back in place. I’m sure Inna will be invoice accordingly. Also there were 6, 60” workstation caps not in the inventory. The caps are needed to add the finishing touches to the workstations.

All that being said, I think the design worked well and the furniture looks good in the offices.

Colleen Johnson

Campus Operations
Folsom Lake College
PH: 916-608-6585
FAX: 916-608-6746