

**LOS RIOS COMMUNITY COLLEGE DISTRICT**

PURCHASING: (916) 568-3071 ACCOUNTING: (916) 568-3065  
 FAX: (916) 568-3145

10/31/12

**PURCHASE ORDER NO 1069067A**

SEE REVERSE SIDE FOR SPECIAL INSTRUCTIONS, TERMS AND CONDITIONS.

Date	Revision	Page
10/30/2012		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
767129 HARRELL POONV	04CYPH144	

**Vendor:** 0000033275  
 CALIFORNIA COMMUNITY COLLEGE  
 PHYSICAL EDUCATORS  
 8401 CENTER PARKWAY  
 SACRAMENTO CA 95823

**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	CALIFORNIA COMMUNITY COLLEGES PHYSICAL EDUCATORS INSTITUTIONAL MEMBERSHIP	1.00	EA	400.00	400.00	10/30/2012

PREPAYMENT  
 MEMBERSHIP FORM DATED 10/2/12


pd \$400.00 94 656757 11-1-12

Sub Total Amount	400.00
Sales Tax Amount	0.00
Total PO Amount	400.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5300	12	FL.VI.VTEA	08352	00000	316C	400.00	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>

Orders, and correspondence must be identified with our Purchase Order  
 Receipts will not be accepted unless authorized by Buyer prior to shipment.

**Authorized Signature**  
  
 10/31/12

Vendor is responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will  
 Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of  
 Failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30  
 SHEETS (MSDS) must be provided with the delivery of product as required by law.

**LOS RIOS COMMUNITY COLLEGE DISTRICT**

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

FAX: (916) 568-3145

**PURCHASE ORDER NO  
CANCELED PO**

**0001069067**

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

<b>Date</b>	<b>Revision</b>	<b>Page</b>
10/18/2012	1 - 10/30/2012	1
<b>Payment Terms</b>	<b>Freight Terms</b>	<b>Ship Via</b>
NET 30	Shipping Point	Best Metho.
<b>Reference:</b>		
767129 HARRELL POONV		

**Vendor:** 0000001225  
COSUMNES RIVER COLLEGE  
LIZ BELYEA, CCC PE TREASURER  
8401 CENTER PARKWAY  
SACRAMENTO CA 95823

**Ship To:** FOLSOM LAKE COLLEGE  
RECEIVING  
10 COLLEGE PARKWAY  
FOLSOM CA 95630  
United States

**email:**

DO NOT SEND TO VENDOR

**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	CALIFORNIA COMMUNITY COLLEGES PHYSICAL EDUCATORS INSTITUTIONAL MEMBERSHIP	1.00 EA	400.00	0.00	CANCEL

10/30/12 - VP  
CANCEL PO# 0001069067 AND REPLACE BY PO# 1069067A  
FOR CORRECTION OF VENDOR NAME

DO NOT SEND CHANGE ORDER TO VENDOR

<b>Sub Total Amount</b>	0.00
<b>Sales Tax Amount</b>	0.00
<b>Total PO Amount</b>	0.00

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>	<u>BYear</u>
							0.00	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>

DO NOT SEND TO VENDOR

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

*[Handwritten Signature]*  
10/31/12

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

FLC BUSINESS SERVICES

104450

www.cccpek.org

Pre-Pay

Req. No. 767129
P.O. NO.

Vendor Code	DATE 10-2-12
Approved	VENDOR Liz Belyed, CCCPE Treasurer
Terms	ADDRESS Cosumnes River College 8401 Center Parkway
F.O.B.	CITY Sacramento STATE CA ZIP 95823
	PHONE 408) 869-8402 FAX

DELIVERY INSTRUCTIONS	
04CYPH144	Location Code
FLC	KHA
College/District Location	Department
AR05	10/19/12
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	California Community Colleges Physical Educators Institutional membership	1	EA		400-
3					
4	(Personal Training CE)				
5	(Group Fitness CE)				
6	Pre-Pay				
7	Membership Form Enclosed - Mail w/ CK & PO				
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 _____		Total	\$400-
Program Director/Coordinator Signature	Program Name: VTEA Project/Grant Number: 316L		

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.

Kim Harrell 10-2-12

REQUESTED BY: TYPED/PRINT DATE

Kim Harrell 10-2-12

REQUESTED BY: SIGNATURE DATE

Kim Harrell 10/2/12

AUTHORIZED: DEAN OR AUTHORIZED SIGNATURE DATE

Kim Harrell 10/8/12

APPROVED: VICE PRESIDENT, ADMINISTRATION DATE

Bus. Unit	Account*	Fund	Org	Amount
08352	00000	2013	316	\$ 400-
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

# CCCPE

## California Community College Physical Educators

### MEMBERSHIP FORM

7/1/2012 - 6/30/13

*see attached*

Name: Folsom Lake College Date: 10/2/12

College: Folsom Lake College

Address: 10 College Parkway

City: Folsom CA State/Zip: 95682

E-mail Address: vamboosta@flc-lakers.edu

Classification: (check appropriate box) - *See attached list of FLC Faculty*

<input checked="" type="checkbox"/>	All College membership - \$400	
<input checked="" type="checkbox"/>	Administrator - \$100	Certified Athletic Trainer - \$20
<input type="checkbox"/>	Full-time Faculty - \$50	Locker Room/Equip Personnel - \$20
<input type="checkbox"/>	Adjunct Faculty - \$30	Building Attendant - \$20
<input type="checkbox"/>	Adjunct Coach - \$30	Admin. Asst./Clerks - \$20

Please check here if you are a first time member.

Make check payable to: **CCCPE**. Use cancelled check as your receipt. Please do not send cash.  
 Please Mail to: **Liz Belyea, CCCPE Treasurer**  
**Cosumnes River College**  
**8401 Center Pkwy**  
**Sacramento, CA 95823-5704**

For additional information contact:  
 Rich Schroeder, CCCPE President  
 DeAnza College  
 Email [schroederrich@deanza.edu](mailto:schroederrich@deanza.edu)  
 Office (408) 864-8402

During these difficult times when everyone wants to cut Physical Education/Exercise Science, it is important to put our money together to support our discipline. Revised 7/12