

FOLSOM LAKE COLLEGE

100 SCHOLAR WAY • FOLSOM, CA 95630
TELEPHONE (916) 608-6549

CHECK NO. **FL-00792**

VENDOR NO. **0000003279**

DATE **February 6, 2013**

LOCATION **09**

2/7/13 TO AOPS

TO
ACTLA
Gianie Gassford, ACTLA Treasurer
Learning Skills and Tutoring Center
Sacramento City College
3835 Freeport Blvd.
Sacramento, CA 95822-1386

REQUISITIONED BY
LPO #P2286 - M. Albert

GENFD	5300	12	FL.VI.BSKL	64900	00000	2013	5771	\$35.00
BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EST. TOTAL AMOUNT
		Professional Membership Renewal Jan.1, 2013 to Dec.31, 2013 for Marcia Albert, Learning Skills Coordinator		\$35.00

RECEIVED BY: _____
DATE: _____

FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT 100 Scholar Way • Folsom, CA 95630	BANK OF AMERICA GOVERNMENT BANKING	CHECK No. FL-00792
Folsom Lake College will pay to the order of:	DATE: February 6, 2013	11-35 1210
*****ACTLA*****	\$ 35.00	(NOT TO EXCEED \$250.00) *THIS CHECK VOID 60 DAYS FROM DATE DRAWN
Thirty-Five and no/100	DOLLARS	
COPY NOT NEGOTIABLE		



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

Date 2-1-13
P.O. BUSINESS SERVICES

2013 FEB 5 P 2:10

VENDOR NAME AND ADDRESS: ACTLA Ginnie Gessford, ACTLA Treasurer Learning Skills and Tutoring Center Sacramento City College 3835 Freepart Blvd. Sacramento, CA 95822-1384	DELIVERY INSTRUCTIONS: (Check one) <input type="checkbox"/> Deliver to Address Below <input type="checkbox"/> Will Call REVENUE FL 00792
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Professional Membership- 2013					\$ 35-
2						
3						
4						
5						
6						
7						
8						
9						
10						

Purchases Charged to Categorical Programs, Grants or Special Projects This purchased is in compliance with the requirements of: Program Name: <u>BASIC SKILLS</u> For grants/special projects: <u>577I</u> Program Director/Coord. Signature: <u>[Signature]</u> Project/Grant Number: <u>577I</u> Program Goal/Objective Number/Explanation:	SUB-TOTAL: \$ 35- SALES TAX: TOTAL: \$ 35- (Not to Exceed \$200.00)
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VENDOR: Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$200.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

I/WE 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: <u>Mania Albert</u> DATE: <u>2-1-13</u> Requested by: <u>[Signature]</u> DATE: <u>2.1.13</u> Approved: <u>[Signature]</u> DATE: <u>2/6/13</u> Approved: <u>[Signature]</u> DATE:	Received by: _____ Date: _____ Bus. Unit: <u>GENFD / 5300 / 12 / FL.VI BSKL</u> Program: <u>64900 / 00000 / 2013 / 577I</u> Amount: <u>\$ 35.00</u> Bus. Unit: _____ Account: _____ Fund: _____ Org: _____ Program: _____ Sub-Class: _____ BY: _____ Proj/Grnt: _____ Amount: _____
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