



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

| | |
|---|--|
| VENDOR NAME AND ADDRESS: Linda Meroux C/O Business office FLC | DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call |
|---|--|

| ITEM | DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES | ORDERED | | | UNIT PRICE | TOTAL |
|------|--|----------|------|-----------|------------|-------|
| | | QUANTITY | UNIT | STOCK NO. | | |
| 1 | Reimbursement to | | | | | |
| 2 | employee for out of | | | | | |
| 3 | pocket expense | | | | | |
| 4 | Area 3 Biology | | | | | |
| 5 | supply | | | | | |
| 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: Lottery
 For grants/special projects: 700P
 Project/Grant Number: 700P
 Program Goal/Objective Number/Explanation: Eligible Instructional Supplies

| | |
|--|--------------|
| SUB-TOTAL | 11.99 |
| SALES TAX | .93 |
| TOTAL (Not to Exceed \$200.00) | 12.92 |

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.

Received by: Linda Meroux Date: 8-28-12

REQUESTED BY: Linda Meroux TYPED/PRINT DATE: 8-28-12

Bus. Unit: GenFd/4300 Account: 12 Fund: FL,VI,AR03 Org:

REQUESTED BY: Linda Meroux SIGNATURE DATE: 8-28-12

Program: 0400 Sub-Class: 0000 BY: 2013 Proj/Grnt: 700P Amount: \$ 12.92

APPROVED: [Signature] DEAN OR OTHER AUTHORIZED SIGNATURE DATE: 8/29/12

Bus. Unit: / Account: / Fund: / Org: /

APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE: 9/4/12

Program: / Sub-Class: / BY: / Proj/Grnt: / Amount: \$

CVS/pharmacy®

2790 E BIDWELL ST
FOLSOM, CA 95630
916.983.8719

REG#01 TRN#9001 CSHR#0835651 STR#3950

ExtraCare Card #: *****9493

1 HIBICLENS LIQUID 8Z 11.99T

Survey ID #
6233 5327 6373 673 74

| | |
|--------------|--------------|
| SUBTOTAL | 11.99 |
| CA 7.75% TAX | .93 |
| TOTAL | 12.92 |
| VISA | 12.92 |
| *****0640 | MS |
| CHANGE | .00 |



2503 9502 2419 0010 14
RETURNS WITH RECEIPT THRU 10/27/2012

AUGUST 28, 2012 7:56 AM



Tell us how we are doing and you could
WIN \$1,000

or one of the HUNDREDS of other cash
prizes INSTANTLY!

CALL

1-800-625-1648

Hablamos español

Offer expires at the end of the month.
See official rules in store for
details. Open to US residents, age 18
and older. No purchase necessary.
Void where prohibited by law.
