



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: <i>Pouri Pourvatan</i> <i>5612 Aspen Grove Lane</i> <i>Elk Grove, Ca 95757</i>	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call <i>email Pouri when check is ready for pick up</i> <i>pourvap@trc.losrios.edu</i>
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	<i>Institutional membership</i>					<i>130.00</i>
2	<i>for FLC for</i>					
3	<i>California Association for</i>					
4	<i>Medical Laboratory Technology</i>					
5	<i>for Pouri Pourvatan,</i>					
6	<i>Adjunct Coordinator</i>					
7						
8						
9						
10						

Purchases Charged to Categorical Programs, Grants or Special Projects This purchased is in compliance with the requirements of: <u>VTEA</u> Program Name For grants/special projects Program Director/Coord. Signature _____ Project/Grant Number _____ Program Goal/Objective Number/Explanation _____	SUB-TOTAL <i>130.00</i> SALES TAX <i>0</i> TOTAL (Not to Exceed \$200.00) <i>130.00</i>
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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.

Received by *Pouri Pourvatan* Date *12/17/12*

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: *Vonnie Share* TYPED/PRINT DATE *1/15/13*

Bus. Unit Account Fund Org GENED 5300 12 / FL, VI, VTEA

REQUESTED BY: *Vonnie Share* SIGNATURE DATE *1/15/13*

Program Sub-Class BY Proj/Grnt Amount *12050 00000 1203 316C \$130.00*

APPROVED: *[Signature]* DEAN OR OTHER AUTHORIZED SIGNATURE DATE *1/24/13*

Bus. Unit Account Fund Org

APPROVED: *Kathleen Ferklon* VICE PRESIDENT, ADMINISTRATION DATE *2/20/13*

Program Sub-Class BY Proj/Grnt Amount \$

CALIFORNIA
ASSOCIATION
FOR MEDICAL
LABORATORY
TECHNOLOGY



1895 Mowry Avenue, Ste. 112
Fremont, CA 94538-1700
510/792-4441
Fax: 510/792-3045

RECEIPT

Date: February 5, 2013

Received from: Pouri Pourvatan

For: CAMLt Membership and 20/20 option \$130.00 and registration for 9 CE's
at CAMLT Winter Seminar North - Davis, CA - \$112.00.

Amount Received: \$242.00 paid check #1138 dated 1/14/13.

Signed: Nancy Gutilla

CALIFORNIA
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FOR MEDICAL
LABORATORY
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1895 Mowry Avenue, Ste. 112
Fremont, CA 94538-1766
510/792-4441
Fax: 510/792-3045
E-mail: jeannie@camlt.org
Website: www.camlt.org

December 11, 2012

024739
Pouri Pourvatan
Sacramento Valley Chapter
5612 Aspen Grove Ln.
Elk Grove, CA 95757

Please See the attached :

2013 Winter Seminar North-Regist.
Form

membership + Seminar Regist.

Total : \$130 + \$140 = \$270.00

**YOU SAY, "MONEY'S TIGHT!"
We Hear You!**

We've come up with a great idea. As a temporary incentive to you, CAMLT is offering \$10 off your membership dues if you pay using this reminder invoice. Save \$ now and support CAMLT and the laboratory profession! Simply deduct \$10 from the amount due below and return this invoice and payment in the enclosed envelope.

Membership Type: Active + 20/20 Option

Amount Due: \$140.00

Check One:

Here's my check! Thanks for the reminder.

Here's my _____ MasterCard _____ VISA information.

Card #: _____

Expiration date: _____

Signature: _____

- 10.00

\$130.00