



LOS RIOS COMMUNITY COLLEGE DISTRICT

1919 Spanos Court • Sacramento, CA 95825-3981

P.O. No. F 2361

Date 10/25/12

LIMITED PURCHASE SERVICES

(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: Elsevier Health Sciences Division
Books Customer Service
3251 Riverport Lane
Maryland Heights MO 63043
Phone: 800-545-2522
Fax: 800-535-9935

DELIVERY INSTRUCTIONS: Deliver to Address Below
(Check one) Will Call
El Dorado Center Library
6699 Campus Drive
Placerville CA
95667-7744

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Book: Clinical Hematology Atlas	1	ea		66.95	66.95
2	4th ed., by Rodak & Carr					
3	ISBN 9781455708307					
4						
5	shipping & handling					7.00
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: DSL Health Care Grant
Project/Grant Number: 340C

Program Director/Coord. Signature: [Signature]
Program Goal/Objective Number/Explanation: Allowable grant books/media

SUB-TOTAL: 73.95
SALES TAX: 5.37
TOTAL: 79.32
(Not to Exceed \$200.00)

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.

←BILL TO

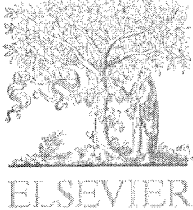
I/WE hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws.

Requested by: Regina Jimenez DATE: 10/25/12
Signature: [Signature] DATE: 10/25/12

Approved: [Signature] DATE: 11/1/12
Title: DEAN OR OTHER AUTHORIZED SIGNATURE

Received by: _____ Date: _____

Bus. Unit: GENED / Account: 4300 / Fund: 12 / Org: DS.EW.DLHF
Program: 12050 / Sub-Class: 00000 / BY: 2013 / Proj/Grnt: 340C / Amount: \$ 79.32



Books Customer Service
 3251 Riverport Lane
 Maryland Heights, MO. 63043
 Phone: 800-545-2522
 Fax: 800-535-9935

Date: 10/25/12

Customer Type: Individual/Consumer Retail/College Bookstore Educational Facility Government Facility
 Other (please specify): _____

Shipping Method: Ground Next Day 2nd Day 3rd Day

Collect account to be used for shipping? Yes / No

If yes, please supply carrier to be used and collect account number: _____

Additional Instructions: _____

Account Number (if known): _____ **SAN Number (applies to bookstores only):** _____

PO Number (if applicable): F2361

New or Existing Account?: NEW For new accounts, additional information may be requested for the set up of your account. It takes approximately 24-48 hours to set up a new account.

Tax Exempt (circle one)? Yes / No If yes, please supply a current copy of your tax exemption paperwork.

SHIP TO:
 Name: El Dorado Center Library
 Business/Institution: Los Rios Comm. Coll. Dist.
 Contact Name: Regina Jimenez
 Address: 6699 Campus Drive
 City: Placerville
 State: CA Zip Code: 95667-7744
 Phone Number: 530-642-5695
 Fax Number: _____
 Email Address: _____

BILL TO: (If different than ship to)
 Name: see attached PO
 Business/Institution: _____
 Contact Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone Number: _____
 Fax Number: _____
 Email Address: _____

Quantity	ISBN	Author	Title
1	9781455708307	Rodak & Carr	Clinical Hematology Atlas, 4 ed.

DO NOT backorder unavailable titles. Cancel Backorder Date: _____ Promotional Code: _____
 Sales Rep Number: _____ DM Code: _____
 Gift Certificate #: _____ Expiration Date: _____

Payment Information:

Bill Me Check/Money Order Enclosed Bill my Credit Card/Debit Card

Reference PO# on Invoice

Select One(if applicable): Visa Discover Mastercard American Express

Credit Card Number: _____ Exp. Date(mm/yy): _____ Security Code: _____

Debit Card Users:
 Please be aware that for debit cards only, payment is authorized in two stages. After you place your order, the bank will hold the initial authorization for the merchandise subtotal and then again when taxes are added later. This may result in what appears to be a duplicate charge for 3-4 days. After this time, the initial authorization will be released and only the authorization for the full amount will be charged to your checking account.
 To avoid the holding of these funds, please use a credit card rather than a debit card. If you have any questions concerning this, please email us at usbkinfo@elsevier.com. For security reasons, do not email your credit card number to us. If placing your order using a credit card, please fax your order form with this information to 1-800-568-5136.