



LOS RIOS COMMUNITY COLLEGE DISTRICT  
 1919 Spanos Court • Sacramento, CA 95825-3981

P.O. No. F 2411

Date 5-9-13

**LIMITED PURCHASE ORDER**  
 (Not to Exceed \$200.00)

|   |  |
|---|--|
| VENDOR NAME AND ADDRESS:<br><br><p style="font-size: 24pt; text-align: center;"><i>CHRISTA OBERTH</i></p> | DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below<br>(Check one) <input type="checkbox"/> Will Call |
|---|--|

| ITEM | DESCRIPTION<br>GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES | ORDERED  |      |           | UNIT PRICE | TOTAL       |
|------|--|----------|------|-----------|------------|-------------|
|      |  | QUANTITY | UNIT | STOCK NO. |            |             |
| 1    | <i>SCANTRONS</i>   |          |      |           |            | <i>9.66</i> |
| 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:

*Lottery*  
 Program Name

*[Signature]* For grants/special projects *700P*  
 Program Director/Coord. Signature Project/Grant Number

*Eligible instructional mat's*  
 Program Goal Objective Number/Explanation

|  |              |
|--|--------------|
| SUB-TOTAL                                |              |
| SALES TAX                                | <i>0.77</i>  |
| <b>TOTAL</b><br>(Not to Exceed \$200.00) | <i>10.43</i> |

**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.

*Christa Oberth* *5-9-13*  
 Received by Date

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.

*LINDA SANTORO* *5-9-13*  
 REQUESTED BY: TYPED/PRINT DATE

*GENFO / 4300 / 12 / FL. VI. AR#3*  
 Bus. Unit Account Fund Org

*Linda Santoro* *5-9-13*  
 REQUESTED BY: SIGNATURE DATE

*19050 / 00000 / 2013 / 700P* \$ *10.43*  
 Program Sub-Class BY Proj/Grnt Amount

*[Signature]* *5/16/13*  
 APPROVED: DEAN OR OTHER AUTHORIZED SIGNATURE DATE

Bus. Unit Account Fund Org

*[Signature]* *5/21/13*  
 APPROVED: VICE PRESIDENT, ADMINISTRATION DATE

Program Sub-Class BY Proj/Grnt Amount