

# FOLSOM LAKE COLLEGE

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

CHECK NO. **FL-00766**

VENDOR NO. **0000003279**

DATE **August 8, 2012**

LOCATION **09**

TO **NCMPR**  
**PO Box 336039**  
**Greeley, CO 80633**

REQUISITIONED BY  
**S. Crow - Req #769150**

GENFD	5890	11	FL.VA.PISO	67100	00000	2013	051C	\$70.00
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
2	ea	2012 District 6 Medallion Entry Fees (Regular) NCMPR Member: Regular (received by Aug 27)  Per invoice no. 6549	\$35.00	\$70.00

RECEIVED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

<b>FOLSOM LAKE COLLEGE</b> REVOLVING FUND ACCOUNT 100 Scholar Way • Folsom, CA 95630	<b>BANK OF AMERICA</b> GOVERNMENT BANKING	CHECK <b>No. FL-00766</b>
Folsom Lake College will pay to the order of: *****NCMPR*****	DATE: <b>August 8, 2012</b>	11-35 1210
\$ <b>70.00</b>	(NOT TO EXCEED \$250.00)	*THIS CHECK VOID 60 DAYS FROM DATE DRAWN
Seventy dollars and no/100	DOLLARS	<b>COPY NOT NEGOTIABLE</b>
ADMINISTRATIVE SERVICES		

# Los Rios Community College District

## Requisition

Page \_\_\_\_\_ of \_\_\_\_\_

Req. No. **769150**

P.O. NO.

Vendor Code	DATE <u>8/7/12</u>
Approved	VENDOR <u>NCMPR (see below)</u>
Terms	ADDRESS <u>1971 Jageron Avenue</u>
F.O.B.	CITY <u>Kingman</u> STATE <u>AZ</u> ZIP <u>86409</u>
	PHONE <u>928-757-0851</u> FAX _____

DELIVERY INSTRUCTIONS	
<u>04ADMN</u>	Location Code
<u>FLC</u>	<u>P150</u>
College/District Location	Department
Division	Date Required

ITEM	DESCRIPTION	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
	*Use additional paper if necessary and please reference requisition number. <b>DO NOT USE A SECOND REQUISITION.</b>				
1	Entry fee, for NCMPR District	2		35.00	70.00
2	6 Medallion Award - 2 entries				
3					
4					
5	<i>* Payment must arrive by 8/27/12</i>				
6					
7	Send payment to:				
8	Charlotte Keller				
9	Mohave Community College				
10	address above				
11					
12					
13					

PAID  
Revolving CL  
FLC 766  
8/8/12

Purchases Charged to Categorical Programs, Grants or Special Projects				Sales Tax
This purchase is in compliance with the requirements of _____				
Program Name		Project/Grant Number		
Program Director/Coordinator Signature		For grants/special projects		<b>Total</b>
				70.00

I 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: Scott Crow TYPED/PRINT DATE 8/7/12

REQUESTED BY: [Signature] SIGNATURE DATE 8/7/12

AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 8/7/12

APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE \_\_\_\_\_

GENFD / 5890 / 11 / FL. VA. P150				
Bus. Unit	Account*	Fund	Org	
67100	00000	2013	051C	\$ 70.00
Program	Sub-Class	BY	Proj/Grnt	Amount
Bus. Unit	Account*	Fund	Org	\$
Program	Sub-Class	BY	Proj/Grnt	Amount

\* Asset Location - For equipment purchases over \$200 (Accounts 6490, 6495 and computers) complete the area below indicating the final location where equipment will be housed.

Location Code \_\_\_\_\_ Dept. \_\_\_\_\_

Building \_\_\_\_\_ Room No. \_\_\_\_\_

Instructions on Reverse

**Crow, Scott**

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**From:** no-reply@ncmpr.org  
**Sent:** Monday, August 06, 2012 12:48 PM  
**To:** Crow, Scott  
**Subject:** NCMPR Invoice

**INVOICE**



PO Box 336039  
Greeley, CO 80633  
970.330.0771  
FEIN #23-7345483

**INVOICE NO:** 6549  
**DATE:** August 6,  
2012

**To:** Alden S Crow  
Folsom Lake College  
10 College Parkway  
Folsom, CA 95630 USA

CONTACT NAME	P.O. NUMBER	DATE SHIPPED	SHIPPED VIA	F.O.B. Point	TERMS
Becky Olson	N/A	N/A	N/A	N/A	Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
2	2012 District 6 Medallion Entry Fees (Regular) : NCMPR Member: Regular (received by Aug. 27)	\$35.00	\$70.00
SUBTOTAL			\$70.00
SHIPPING			\$0.00
PAYMENT			\$0.00
TOTAL DUE			\$70.00

Make all checks payable to: NCMPR  
If you have any questions concerning this invoice, call: Becky Olson at 970.330.0771