

FOLSOM LAKE COLLEGE

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

CHECK NO. FL- 00768

VENDOR NO. 0000003279

DATE September 10, 2012

LOCATION 09

TO CIWEA
 CA INTERNSHIP & WORK EXERIENCE ASSOC.
 PO BOX 1466
 BREAA, CA 92822 - 1466

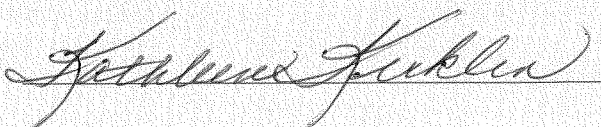
REQUISITIONED BY
 REQ# 760184 Julie Collier

GENFD	5300	12	FL.VI.VTEA	49320	00000	2013	316C	50.00
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
1	EA	MEMBERSHIP FOR: Folsom Lake Delegate - JULIE COLLIER ONE YEAR _ JULY 1, 2012 - JUNE 30, 2013	50.00	50.00

RECEIVED BY: _____
 DATE: _____

FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT 100 Scholar Way • Folsom, CA 95630 Folsom Lake College will pay to the order of:	BANK OF AMERICA GOVERNMENT BANKING	CHECK No. FL- 00768 DATE: <u>September 10, 2012</u>	11-35 1210
***** CIWEA ***** \$ 50.00		(NOT TO EXCEED \$250.00) * THIS CHECK VOID 60 DAYS FROM DATE DRAWN	
Fifty and 00/100-----DOLLARS			
@000768@ 121000358 14993 11042			

Los Rios Community College District

Page 1 of 1

Requisition

Req. No. 760184
P.O. NO.

Vendor Code	DATE <u>8/31/12</u>
Approved	VENDOR <u>CA Internship & Work Exp. Assoc.</u>
Terms	ADDRESS <u>P.O. Box 1466</u>
F.O.B.	CITY <u>Brea</u> STATE <u>CA</u> ZIP <u>92822</u>
PHONE <u>714 928-2330</u> FAX <u>714 459-7274</u>	

DELIVERY INSTRUCTIONS	
04FALR/15	
Location Code	<u>FLC</u> <u>CTE</u>
College/District Location	Department
<u>AR 05</u>	<u>9/15/12</u>
Division	Date Required

ITEM	DESCRIPTION	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.					
1	(1) CIWEA mbrshp. for FLC	1			50.00
2	FLC delegate - Julie Collier				
3	One year mbrshp. July 1 - June 30				
4					
5	This is an institutional				
6	membership for FLC.				
7					
8	REN CL# FLO07108				
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects <u>316C</u> This purchase is in compliance with the requirements of _____ Program Name _____ For grants/special projects _____ Project/Grant Number _____	Sales Tax Total 50.00
Program Director/Coordinator Signature _____ Program Goal/Objective Number/Explanation _____	

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: <u>Julie Collier</u> 8/31/12 TYPED/PRINT DATE	<u>6000/5300/12/FLC VI. VTEA</u> Bus. Unit Account * Fund Org <u>49320 00000 203 316C</u> \$ <u>50</u>
REQUESTED BY: <u>Julie Collier</u> 8/31/12 SIGNATURE DATE	Program Sub-Class BY Proj/Grnt Amount
AUTHORIZED: <u>Kathleen Fenker</u> 9/10/12 DEAN OR AUTHORIZED SIGNATURE DATE	Bus. Unit Account * Fund Org Program Sub-Class BY Proj/Grnt Amount
APPROVED: _____ 9/10/12 VICE PRESIDENT, ADMINISTRATION DATE	* 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



2012-2013 CIWEA MEMBERSHIP APPLICATION FORM

Membership Year: July 1, 2012 – June 30, 2013

Membership Agreement

Check one:

- Single Membership @ \$50.00
1 person (list to the right)
- Multiple Memberships @ \$150.00
Up to 4 persons (list to the right)

Note: \$35.00 for each additional member over 4, (copy form in order to accommodate additional names & information)

Check one:

- 2-Year Community College
- 4-Year Public College/University
- 4-Year Private College/University
- Employer
- Other

By payment of annual membership fees, the individuals noted herein agree to receive and send information electronically, including but not limited to, meeting notices, ballots, and other information regarding the California Internship & Work Experience Association, via internet/email.

Payment Method:

Check: (Make out to CIWEA)

Check #: _____ Date: _____

Credit Card: (Visa or MasterCard only)

Visa: _____ MasterCard: _____

Card#: _____

Expiration Date: ____/____ (Mo & Year)

Name on card:

Member 1: Check one: Renewing _____ new

Name: Julie Collier/Folsom Lake

Title: Work Exp. and Internship Coording College

Office/Dept: Cooperative Work Experience + Internship Program

College/Company: Folsom Lake College

Address: 10 College Parkway

City: Folsom State: CA Zip: 95630

Phone: (916) 608-6552 Email: collej@flc.folsom.edu

Member 2 Check one: Renewing _____ new _____

Name: _____

Title: _____

Office/Dept: _____

College/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Member 3: Check one: Renewing _____ new _____

Name: _____

Title: _____

Office/Dept: _____

College/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Member 4: Check one: Renewing _____ new _____

Name: _____

Title: _____

Office/Dept: _____

College/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Sally Cardenas, Assn. Admin.
P: 714-928-2330
Email: Sally.a.cardenas@gmail.com
Fax: 714-459-7274

Mail or fax completed Membership Application Form with credit card information or mail with check made out to CIWEA:

MAIL: CIWEA P.O. Box 1466
Brea, CA 92822-1466
FAX: 714-459-7274