

# FOLSOM LAKE COLLEGE

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

CHECK NO. FL- 00771

VENDOR NO. 0000003279

DATE October 3, 2012  
~~CCCCSAA~~  
~~XXXXXXXXXXXXXXXXXXXX~~

LOCATION 09

TO  
 CCCSAA  
 Carlos A. Maldonado  
 c/o COLLEGE OF THE DESERT  
 43-500 MONTEREY AVE.  
 PALM DESERT, CA 92260


REQUISITIONED BY  
 REQ# 767121 / G. Siwabessy/ Hill

GENFD	5300	11	FL.VS.LIFE	69600	00000	2013	041A	\$75.00
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 Genevieve Siwabessy, Student Life Supervisor - Folsom Lake College. FROM: July 1, 2012 - June 30, 2012	75.00	75.00

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 No. <b>FL-00771</b>
Folsom Lake College will pay to the order of:	DATE: <u>October 3, 2012</u>	11-35 1210
***** CCCSAA *****		\$ 75.00
SEVENTY-FIVE AND 00/100		(NOT TO EXCEED \$250.00) *THIS CHECK VOID 60 DAYS FROM DATE DRAWN
		DOLLARS
		
@000771 121000358 14993 110420		

# Los Rios Community College District

## Requisition

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

Req. No. <b>767121</b>
P.O. NO.

Vendor Code	DATE <b>9/13/12</b>
Approved	VENDOR <b>CCCSFA c/o Carlos Maldonado</b>
Terms	ADDRESS <b>43500 Monterey Ave.</b>
F.O.B.	CITY <b>Palm Desert</b> STATE <b>CA</b> ZIP <b>92260</b>
PHONE <b>(650) 574-6349</b> FAX <b>(650) 574-6167</b>	

**FLO BUSINESS SERVICES**  
**946**  
**711 946 711**

DELIVERY INSTRUCTIONS	
Location Code	
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. DO NOT USE A SECOND REQUISITION.				
1					
2	CCCSFA membership	1	ea	75.00	\$75.
3	- check information attached				
4					
5	REVL Ck# FLO0771				
6	10/3/12				
7					
8					
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects		Sales Tax
This purchase is in compliance with the requirements of _____		
Program Director/Coordinator Signature _____	Program Name _____ For grants/special projects _____ Project/Grant Number _____	Total <b>\$75.</b>
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: Genevieve Sincobassy DATE: 9/13/12

REQUESTED BY: [Signature] DATE: 9/13/12

AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE: 9/26/12

APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE: 10/3/12

Bus. Unit	Account*	Fund	Org			
GENAD/5300	/ 11	/ EL.VS.LIFE				
Program	Sub-Class	BY	Proj/Grnt	Amount		
				\$ 75.00		

\* 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



# Membership Application for 2012/13

July 1, 2012 through June 30, 2013

Please fill out completely and PRINT your information.

Name Genevieve Siwabessy

College Folsom Lake College

Position/  
Title Student Life Supervisor

### Type of Membership (check one):

- Active** (\$75.00/year) -- currently employed in Student Affairs Administration at a California Community College
- Associate** (\$30.00/year) -- not currently working in Community College Student Affairs in California
- Graduate Student** (\$30.00/year) -- Graduate students pursuing a Masters' degree or higher in Education, Student Development or Counseling who are not currently employed in the Administration of Student Affairs Programs or Services
- Affiliate** (\$25.00/year) -- professional organizations or companies interested in Community College Student Affairs

Please complete the following information to help the Association better know the needs of its members.

Your position is (check all that apply):

- Full-time     Part-time     Classified     Management     Faculty

College Address 10 College Parkway

City Folsom    Zip Code 95630

Phone (916),608-6603    Fax (916),608-6746

E-mail siwabeg@flc.losrios.edu

CCCSAA Region # 2    College Enrollment 9000

ASB Phone (916),608-6591    ASB Budget \_\_\_\_\_

Areas of Responsibility Student Life (Associated Students, Clubs, Activities, Leadership Development)

To whom do you report? (title/position) Vice President, Student Development    Is your college/campus a single-college district or multi-college district? Multi-College District

How much staffing is in your area?    Managerial/Supervisory 1    Faculty .2    Classified 0    Student 1

If your college charges any of the following fees, please indicate how much each is and how frequently each is charged (i.e. per semester, per quarter)

Student Activity/Body \_\_\_\_\_    Student Rep. \$1 / semester    Student Union/Center \_\_\_\_\_

Please return this form and a check (personal or institutional) payable to "CCCSAA" to:  
 Carlos A. Maldonado - c/o College of the Desert- 43-500 Monterey Ave – Palm Desert, CA 92260