

FOLSOM LAKE COLLEGE

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

CHECK NO. **FL-00778**

VENDOR NO. **0000003279**

DATE **October 17, 2012**

LOCATION **09**

TO **HSACCC**
 Health Services Association - Calif. Comm. Colleges
 Debbie Goodman, HSACCC Treasurer
 Shaasta College Student Health Services
 PO Box 496006
 Redding, CA 96049-6006

REQUISITIONED BY
 REQ# 769236 M.Hansen/D. Hill

GENFD	5300	11	FL.VS.HLTH	64400	00000	2013	041A	\$150.00
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	Regular Membership (Voting) for: Mary Hansen College Nurse for Folsom Lake College - 10 College Parkway, Folsom, CA 95630 2012 - 2013 Membership July 1, 2012 - June 30, 2013		\$150.00
		RECEIVED BY: _____		
		DATE: _____		

FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT 100 Scholar Way • Folsom, CA 95630	BANK OF AMERICA GOVERNMENT BANKING	CHECK No. FL-00778 DATE: <u>October 17, 2012</u>
Folsom Lake College will pay to the order of:		150.00
*****HSACCC*****		\$
One hundred and fifty and 00/100		(NOT TO EXCEED \$250.00) *THIS CHECK VOID 60 DAYS FROM DATE DRAWN
		DOLLARS
COPY NOT NEGOTIABLE		
ADMINISTRATIVE SERVICES		

Los Rios Community College District

Requisition

Page 1 of 1

Req. No. **769236**
P.O. NO.

DATE 10/11/12 TREASURER
 VENDOR HSACCC / Debbie Goodman
 ADDRESS Shasta College, Student Health Sves.
11555 Old Oregon Trail, PO Box 490006
 CITY Redding STATE CA ZIP 96006
 PHONE 530-242-7580 FAX 530-225-4968

DELIVERY INSTRUCTIONS
AT STSRVC FLC
 Location Code
FLC Department HLTH
 College/District Location
 Division 10/30/12
 Date Required

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	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	HSACCC Membership dues / Annual	1			150.00
2	for College Nurse				
3					
4					
5	REVC CLK# 778				
6					
7	(due prior to 11/1/12 or late fee will apply)				
8					
9					
10					
11					
12					
13					

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

Sales Tax
Total \$ 150.00

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: MARY HANSEN TYPED/PRINT DATE 10/11/12
 REQUESTED BY: Mary Hansen SIGNATURE DATE 10/11/12
 AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 10/15/12
 APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE 10/17/12

GENFD / 5300 / 11 / FL-VS-HLTH

Bus. Unit	Account*	Fund	Org	Amount
6400	700000	2013	051A	\$ 150.00
Program	Sub-Class	BY	Proj/Grnt	Amount
Bus. Unit	Account*	Fund	Org	Amount
				\$
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



2012-2013 Membership Application

INSTRUCTIONS: 1) Click in shaded areas to type in information; 2) Click to check if "New" or "Renewal" membership and select membership category type and payment amount; 3) Print form when completed; 4) Mail completed form and payment to address below. NOTE: Personal information will NOT be listed on the HSACCC website directory. If you do NOT want your work contact information listed on the website, please check here:

Date Submitted: 10/11/12

Name: Mary Hansen Licensure: N4081013 (CA)

Position: College Nurse College Name: Folsom Lake College

College District: LRCCD Region: Northern Area

Work Address: Folsom Lake College, 10 College Parkway, FL1-52, Folsom, CA 95630

Wk. Phone: (916) 608-6782 Fax: (916) 608-6787

Cell Phone: 916 541 5368 (private, please) Email: hansenm@flc.losrios.edu

Home Address: 960 Patrick Circle, Folsom, CA 95630

NEW Membership RENEWAL Membership

MEMBERSHIP CATEGORY	PAYMENT AMOUNT
<input checked="" type="checkbox"/> Regular Membership (Voting) <i>One Regular Membership per institution is required. Each institution is eligible to cast one vote. Regular Membership: Health Care professionals who are responsible for student health services in a California Community College and meet credential requirements compliant with Title V § 53411, unless applicant was a standing member prior to 2006.</i>	<input checked="" type="checkbox"/> \$150 before Nov.1, 2012 <input type="checkbox"/> \$175 after Nov.1, 2012 <i>(for renewal only)</i>
<input type="checkbox"/> Associate Membership (Non-Voting) <i>Open to health services professionals and other interested persons (Substitutes, Psychological Counselors, Consultants, Student Services Administrators, Part-time employees)</i>	<input type="checkbox"/> \$ 50 before Nov.1, 2012 <input type="checkbox"/> \$ 75 after Nov.1, 2012 <i>(for renewal only)</i>
<input type="checkbox"/> Emeritus (Non-Voting) <i>Granted by HSACCC upon individual's retirement</i>	No dues
<input type="checkbox"/> Honorary (Non-Voting) <i>For distinguished contribution to the aims of the organization. Appointed by Executive Committee and approved by membership.</i>	No dues

Payment Due: July 1, 2012 ~ Dues are Delinquent: November 1, 2012

Sorry, but we cannot accept purchase orders.

Mail Completed Form and Check payable to "HSACCC" to:

Debbie Goodman, RN, HSACCC Treasurer
 Shasta College, Student Health Services
 11555 Old Oregon Trail
 PO Box 496006
 Redding, CA 96049-6006

E-mail questions to: dgoodman@shastacollege.edu

Revised: 05/10/12

FOR OFFICE USE	
_____	Email Receipt Notification
_____	Pres.+Area Rep cc'd on New Members
_____	Added to Email List
_____	Added to Spreadsheet

Last: HANSEN
First: MARY

INVOICE - MEMBERSHIP DUES

Health Services Association, California Community Colleges (HSACCC) Debbie Goodman, HSACCC Treasurer Shasta College Student Health Services P.O. Box 496006 Redding, CA 96049-6006 Phone: (530) 242-7580 or (530) 242-7582	Member Name: MARY HANSEN College: FOLSOM LAKE COLLEGE Address: 10 COLLEGE PARKWAY FL1 52 FOLSOM, CA 95630 FAX 916-608-6787 #: Phone 916-608-6782 #: E-Mail Address: hansem@flc.lasrrios.edu
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DATE	DESCRIPTION	AMOUNT
July 1, 2012	Regular (Voting) Membership Dues 7-1-2012 to 6-30-2013 \$ 150.00	\$ 150.00
	Associate Membership (Non-Voting) Membership Dues 7-1-2012 to 6-30-2013 \$ 50.00	
	Please complete the requested information and type of membership requested. Please complete a separate invoice statement for each applicant.	
	TOTAL MEMBERSHIP PAYMENT	\$ 150.00
	ADD \$25/MEMEBRSHIP FOR LATE DUES IF PAID AFTER NOV 1, 2012	0
	TOTAL DUE	\$ 150.00