

# FOLSOM LAKE COLLEGE

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

COPY  
CHECK NO. **FL-00781**

VENDOR NO. **0000003279**

DATE **November 14, 2012**

*11/16  
to AOPS*

LOCATION **09**

TO **Folsom Chamber of Commerce  
200 Wool Street  
Folsom, CA 95630**

**P A I D**  
*CHK # 94-658338  
11/29/12*

REQUISITIONED BY  
**PO# P2202 / Haas K.**

GENFD	5300	11	FL.CP.COAD	67100	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
		Membership Renewal		\$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-00781</b>
Folsom Lake College will pay to the order of:	DATE: <b>November 14, 2012</b>	11-35 1210
<b>Folsom Chamber of Commerce*****</b>	\$ <b>75.00</b>	(NOT TO EXCEED \$250.00)
<b>Seventy-Five and no/100</b>	DOLLARS	* THIS CHECK VOID 60 DAYS FROM DATE DRAWN
<b>COPY NOT NEGOTIABLE</b>		
ADMINISTRATIVE SERVICES		

**FOLSOM CHAMBER OF COMMERCE**

200 Wool Street  
 Folsom, CA 95630

**Invoice**

Date	Invoice #
11/5/2012	8259

Bill To
Scott Crow Folsom Lake College 10 College Way Folsom, CA 95630

Rep
AM

Description	Qty	Rate	Amount
Membership Renewal Dues, Clubs & Organizations	1	75.00	75.00
We appreciate your membership. Thank you.			
			<b>Payments/Credits</b> \$0.00
			<b>Balance Due</b> \$75.00

Phone #	Fax #	E-mail	Web Site
916/985-2698	916/985-4117	dmonez@folsomchamber.com	www.folsomchamber.com



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

<b>VENDOR NAME AND ADDRESS:</b> Folsom Chamber of Commerce 200 Wool Street Folsom, CA 95630	<b>DELIVERY INSTRUCTIONS:</b> <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call  CK# FLOO781
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Membership Renewal					75.00
2						
3						
4						
5						
6						
7						
8						
9						
10						

<b>Purchases Charged to Categorical Programs, Grants or Special Projects</b> This purchased is in compliance with the requirements of:	SUB-TOTAL	SALES TAX	TOTAL (Not to Exceed \$200.00)
Program Name _____ For grants/special projects _____ Program Director/Coord. Signature _____ Project/Grant Number _____ Program Goal/Objective Number/Explanation _____			75.00

**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.

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.

REQUESTED BY: Justin How DATE: 11/5/12  
 REQUESTED BY: Sally Howard DATE: 11/6/12

Received by \_\_\_\_\_ Date \_\_\_\_\_  
 GENFD / 5300 / 11 / FL CP. COAD  
 Bus. Unit Account Fund Org  
 67100 / 0000 / 2013 / 041A \$ 75.00  
 Program Sub-Class BY Proj/Grnt Amount

APPROVED: \_\_\_\_\_ DATE: 11/14/12  
 APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

Bus. Unit Account Fund Org  
 Program Sub-Class BY Proj/Grnt Amount