

**FOLSOM LAKE COLLEGE**

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

*Closed 12-13*  
 CHECK NO. **FL-00804**

VENDOR NO. **0000003279**

DATE **April 10, 2013**

LOCATION **09**

*to AOPS 4/10/13*

TO **Comstock's Magazine**  
 1006 4th street, 3rd floor  
 sacramento, CA 95814

REQUISITIONED BY  
 Req# 769163 - R. Rosenthal

GENFD	4500	11	FL.CP.OFFC	60100	00000	2013	041A	\$20.00
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
		Subscription to Comstock's Magazine (1 year, 12 issues)		\$20.00
				<i>pd 4-10-13 94-671423 \$20.00</i>
		RECEIVED BY: _____		
		DATE: _____		

<p><b>FOLSOM LAKE COLLEGE</b>                  REVOLVING FUND ACCOUNT                  100 Scholar Way • Folsom, CA 95630</p> <p>Folsom Lake College                  will pay to the order of:</p> <p>*****Comstock's Magazine*****</p> <p><i>Twenty and no/100</i></p>	<p><b>BANK OF AMERICA</b>                  GOVERNMENT BANKING</p> <p>DATE: <i>Apr 11 10, 2013</i></p>	<p>CHECK                  No. <b>FL-00804</b></p> <p>11-35                  1210</p> <p>\$ <b>20.00</b></p> <p>(NOT TO EXCEED \$250.00)                  * THIS CHECK VOID 60 DAYS                  FROM DATE DRAWN</p>
<p><b>COPY NOT NEGOTIABLE</b></p>		
<p>ADMINISTRATIVE SERVICES</p>		



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Please also subscribe me to *Comstock's* e-newsletter.

NAME Rachel Rosenthal TITLE President

COMPANY Folsom Lake College

ADDRESS 10 College Parkway

CITY Folsom STATE CA ZIP 95630

E-MAIL \_\_\_\_\_ PHONE (916) 608-6572

### BUSINESS (please select one)

- |  |   |  |                                      |  |                                      |                                     |                                       |
|--|---|--|--------------------------------------|--|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Accounting        | <input type="checkbox"/> Business Services    | <input type="checkbox"/> Engineering   | <input type="checkbox"/> Healthcare  | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Nonprofit   | <input type="checkbox"/> Recreation | <input type="checkbox"/> Technology   |
| <input type="checkbox"/> Architecture      | <input type="checkbox"/> Construction         | <input type="checkbox"/> Environmental | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Marketing     | <input type="checkbox"/> Politics    | <input type="checkbox"/> Retail     | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Banking / Finance | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Food / Wine   | <input type="checkbox"/> Law         | <input type="checkbox"/> Media         | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Seniors    |                                       |

### COMPANY SIZE (please select one)

- 1 - 10     11 - 49     50 - 99     100 - 499     500 or more

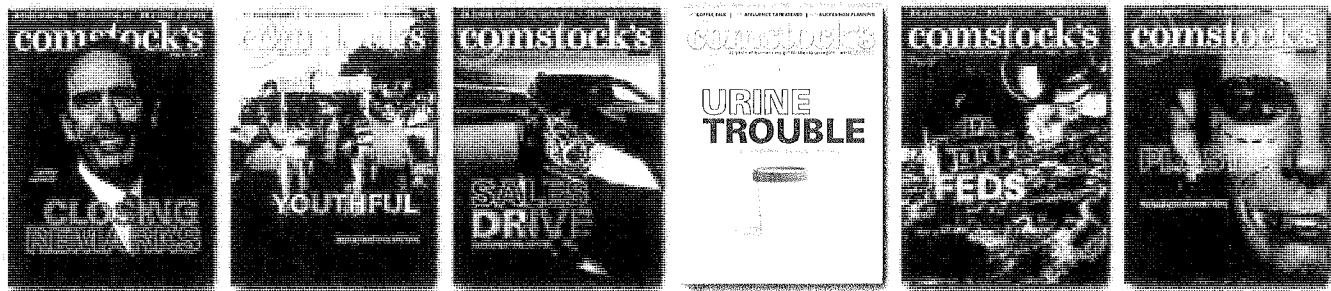
SIGNATURE Rachel Rosenthal DATE 4/10/2013

## Payment Information

credit card     check enclosed     bill me

NAME (how it appears on card) \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_



# Los Rios Community College District

## Requisition

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

Req. No. <b>769163</b>
P.O. NO.

Vendor Code	DATE <u>4-10-2013</u>
Approved	VENDOR <u>Comstock's Magazine</u>
Terms	ADDRESS <u>1006 4th Street, 3rd Floor</u>
F.O.B.	CITY <u>Sacramento</u> STATE <u>CA</u> ZIP <u>95814</u>
PHONE <u>(916)364-1000</u> FAX <u>(916)364-0350</u>	

DELIVERY INSTRUCTIONS	
04ADMN	
Location Code	
FLC	ADMIN
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	Subscription to Comstock's Magazine ( 1 year,				\$20.00
2	12 issues).				
3					
4	REV CLKH FLOOR 804				
5					
6					
7					
8					
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects				SalesTax	
This purchase is in compliance with the requirements of _____				Total	
Program Name _____				\$20.00	
For grants/special projects _____					
Program Director/Coordinator Signature _____					
Project/Grant Number _____					
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>Rachel Rosenthal</u>	TYPED/PRINT	DATE
		<u>04-10-2013</u>
REQUESTED BY: <u>Rachel Rosenthal</u>	SIGNATURE	DATE
		<u>04-10-2013</u>

AUTHORIZED: <u>[Signature]</u>	DEAN OR AUTHORIZED SIGNATURE	DATE
APPROVED: <u>[Signature]</u>	VICE PRESIDENT, ADMINISTRATION	DATE

Instructions on Reverse

GENED	/ 4500	/ 11	/ FL.CP.OFFC	
Bus. Unit	Account*	Fund	Org	
60100	/00000	/ 2013	/ 041A	\$ 20.00
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. _____