

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASING: (916) 568-3071 ACCOUNTING: (916) 568-3065

FAX: (916) 568-3145

PURCHASE ORDER NO

0001073601

PLEASE SEE REVERSE SIDE FOR SPECIAL INSTRUCTIONS, TERMS AND CONDITIONS.

Date	Revision	Page
10/01/2013	1 - 10/02/2013	1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
767247 CLARKS POONV	04EDCB	

Vendor: 0000034505
 COLLEGE OF AMERICAN PATHOLOGISTS
 325 WAUKEGAN ROAD
 NORTHFIELD IL 60093-2750

Phone: (800) 323-4040
Fax: (847) 823-8168

email: CDM@CAP.ORG

Ship To: EL DORADO CENTER
 RECEIVING
 6699 CAMPUS DRIVE
 PLACERVILLE CA 95667
 United States

Bill To: 1919 Spanos Court
 Sacramento CA 95825-3981
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	TOTAL COMPETENCY ASSESSMENT PROGRAM + SAFETY & COMPLIANCE COURSES FOR MCT PROGRAM PRODUCT CODE: XCA0050	1.00	EA	960.00	960.00	10/11/2013

LICENSE FEE, NO SALES TAX

FAX PO
 ENCLOSE ENROLL FORM

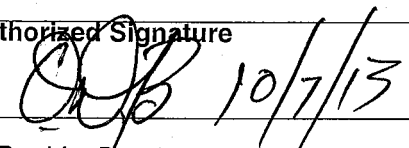
Sub Total Amount	960.00
Sales Tax Amount	0.00
Total PO Amount	960.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4300	12	ED.VI.SB70	49990	00000	454W	960.00	2014

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature


Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

LOS RIOS COMMUNITY COLLEGE DISTRICT

American River College • Cosumnes River College • Folsom Lake College • Sacramento City College

PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

Los Rios Community College District

Requisition

Page _____ of _____

FLC BUSINESS SERVICES

Req. No. 767247
P.O. NO.

Vendor Code
Approved
Terms
F.O.B.

DATE 8/12/13
 VENDOR College of American Pathologists
 ADDRESS 325 Waukegan Rd
 CITY Northfield STATE IL ZIP 60093
 PHONE 800 323 4040 FAX 847 832 8168

2013 AUG 15 A 8:05

DELIVERY INSTRUCTIONS
04edcb
 Location Code
 College/District Location edc Department SB70/cte
 Division admin Date Required 9/1/13

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES <small>*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.</small>	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1	Competency Assessment Program	1	ea	960.-	960.-
2	& Safety Compliance course				
3	for MLT Program.				
4	product code: XCA0050				
5					
6	Please fax order to: 847 832 8168				
7					
8	Related to Revord 5 SB70 grant.				
9					
10	Contact: Jason Pedro - MLT coordinator				
11	530-642-5639				
12					
13	W9 & Vendor Appr enclosed w/REQ				
Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of <u>CR/SB 10 - 454 w - rd 5</u>				SalesTax	
Program Name <u>454w</u> Program Director/Coordinator Signature <u>[Signature]</u> For grants/special projects Project/Grant Number _____				Total	960.00
Program Goal/Objective Number/Explanation <u>qualifying grant expenditure</u>					

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: Shannon Clark TYPED/PRINT DATE 8/12/13
 REQUESTED BY: [Signature] SIGNATURE DATE 8/12/13
 AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 8/23/13
 APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE _____

genfd 4200 / 12 / ed. vi. SB70
 Bus. Unit Account* Fund Org
49990/00000/2014 / 454w \$ 960.00
 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. _____

Instructions on Reverse

How to Order

Your laboratory's license for Competency Assessment Program is based on the number of individuals who will be using Competency Assessment Program—that is, the number of people for whom you will be assessing competency, not the number of employees in your laboratory. Safety & Compliance courses are an addition to your Competency Assessment Program order. The same employees enrolled in Competency Assessment Program have access to Safety & Compliance courses if the additional fee is paid.

Mail or fax completed order form to:

College of American Pathologists
CDM (CA)
325 Waukegan Road
Northfield, IL 60093

Phone: 800-323-4040 or 847-832-7000 option 1
Fax: 847-832-8168

Enroll for 2013 today!

Competency Assessment Program runs on the calendar year from January 1 through December 31, 2013. However, you can enroll at any time. All new courses become available January 1 and July 1. Compliance & Safety courses do not change every six months. These courses will be updated when regulations or good practices change. When customized for your laboratory, the program helps satisfy all six elements of competency assessment in Laboratory General Checklist question GEN.55500 and the CLIA regulations.

The College of American Pathologists designates these educational activities for a maximum of the stated number of credits of continuing education. Participants should only claim credit commensurate with the extent of their participation in the activity.

The American Society for Clinical Pathology (ASCP) Board of Certification (BOC) Certification Maintenance Program (CMP) accepts this activity to meet the continuing education requirements. The states of California and Florida also approve these activities for continuing education credit.

Choose One

Number of users*	Competency Assessment Program only 2013 fee	Competency Assessment Program product code	Safety & Compliance courses 2013 fee**	Safety & Compliance courses product code	Total Competency Assessment Program + Safety & Compliance courses
Up to 50	<input type="radio"/> \$695	CA0050	\$265	XCA0050	<input checked="" type="radio"/> \$960
51 to 250	<input type="radio"/> \$1,550	CA0250	\$575	XCA0250	<input type="radio"/> \$2,125

*More than 250 users: Call 800-323-4040 or 847-832-7000 option 1

**Safety & Compliance course package must be purchased in conjunction with Competency Assessment Program subscription. Not available for purchase separately.



_____ CAP Number (Seven digits)	Folsom Lake College Institution Name
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Payment Method

- Check, payable to College of American Pathologists
 VISA MasterCard AMEX P.O.

Cardholder Name (Please print)

Credit Card or Purchase Order Number

Cardholder Signature

Expiration Date



Contact Information (required)	Billing Information, if different (required)
Name <u>Jason Pedro</u>	Name _____
Address <u>6699 Campus Drive</u>	Address _____
City <u>Placerville</u> State <u>CA</u> ZIP <u>95667</u>	City _____ State _____ ZIP _____
Phone <u>530-842-5639</u>	Phone _____
Email <u>Pedro@fjc.lacros.edu</u>	Email _____

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your Income tax return) College of American Pathologists	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Other (see instructions) ▶ Not-For-Profit Corporation [501(c)(6)]	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) 325 Waukegan Road City, state, and ZIP code Northfield, IL 60093	
List account number(s) here (optional)		
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				
Employer identification number								
3	6	-	2	1	1	8	3	2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>Mary Catherine M. Aden</i>	Date ▶ 3-11-2013
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

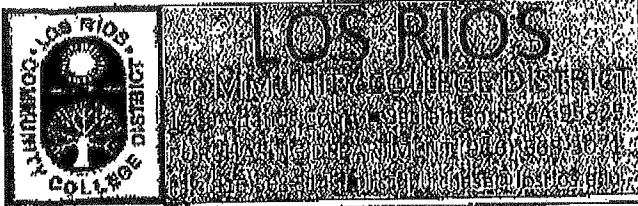
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

American River College ■ Cosumnes River College ■ Folsom Lake College ■ Sacramento City College



VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: _____

FEDERAL ECONOMIC SECURITY	
COLLEGE OF AMERICAN PATHOLOGISTS	36-2118323 1
325 WAUKEGAN RD. NORTHFIELD, IL 60093	PO BOX 71698 CHICAGO, IL 60694
800-323-4040	847-832-8168
	edm@cap.org

WWW.CAP.ORG			ORGANIZATION CLASSIFICATION (Check all that apply)	
			<input type="checkbox"/> Individual	<input type="checkbox"/> MBE
			<input type="checkbox"/> Partnership	<input type="checkbox"/> WBE
			<input checked="" type="checkbox"/> Non Profit	<input type="checkbox"/> DVBE
			<input type="checkbox"/> Corporation (List State Incorporated)	
			Contractor's License # _____	

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES AND/OR SERVICES AVAILABLE TO THE DISTRICT		
PROFICIENCY TESTING SERVICES		

VENDOR CERTIFICATION		OTHER BUSINESS INFORMATION	
<p>I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios, nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I certify this firm is an equal opportunity employer.</p>		Payment Terms <u>NET 30</u>	Discounts Extended _____
		Refund/Returns _____	
		<i>Marco Cozzone</i>	Sr. Mgr.
		INITIALS	DATE 9/16/13
		SIGNATURE	TITLE



325 Waukegan Road
 Northfield Illinois 60093-2750
 800-323-4040 option1
 847-832-7000 option1
 Fax: 847-832-8168

PLEASE REMIT TO:

C COLLEGE OF AMERICAN PATHOLOGISTS(CAP)
 PO Box 71698
 Chicago IL 60694-1698
 FEDERAL TAX ID: 36-2118323

INVOICE

INVOICE 1901117	INVOICE DATE 03-OCT-13
ACCOUNT# 875701301	SITE ID 605796
PURCHASE ORDER 0001073601	SALES ORDER 1012126
TERMS NET 30 DAYS	CAP# 875701301
DUE DATE 02-NOV-13	PAGE 1 of 1

ITEM	DESCRIPTION	QTY INV	TAX	UNIT PRICE		EXTENDED AMOUNT
				LIST PRICE	FUEL SURCHARGE (U.S customers only)	
CA0050	COMP ASMT PRGM UP TO 50 USERS	1	N	520.00		520.00
XCA0050	COMP ASMT PRGM-COMPLIANCE CSE UP TO 50	1	N	200.00		200.00

Donald J...
 NOV. 5, 2013
 Rec'd 0001062977

IMPORTANT INFORMATION

Orders not paid within specific terms are subject to cancellation. Discrepancies must be reported within 25 days of receipt of invoice. For any questions regarding this invoice, please contact CAP Customer Service at 1-800-323-4040 Option 1

ITEM TOTAL	720.00
TAX TOTAL	0.00
PAYMENTS AND CREDITS	0.00

TOTAL INVOICE **\$720.00**
 Please pay in US Dollars

Please return a copy of last page with your payment... THANK YOU

BILL TO:

SHIP TO:

Folsom Lake College
 6699 Campus Dr
 Placerville CA 95667

Jason Pedro
 Folsom Lake College
 6699 Campus Dr
 Placerville CA 95667

JP
 10/31/13

COMPL (PAID)

Los Rios PeopleSoft Information System

PO Transaction History: 0001073601

PO ID	LINE	VENDOR	OPEN ENC	EXPENDED TOTAL
0001073601	1	COLLEGE OF AMERICAN PATHOLOGISTS	0	720

Account String	PO ID	LINE#	DESCRIPTION	VENDOR	Jrnl	VOUCHER	INVOICE	POSTED	Check# / Pymnt Status	ENC	EXPS	CHECK#
GENFD 4300 12 ED.VI.SB70 49990 00000 2014 454W	0001073601	1	TOTAL COMPETENCY ASSESSMENT PROGRAM + SAFETY & COMPLIANCE COURSES FOR MCT PROGRAM PRODUCT CODE: XCA0050	COLLEGE OF AMERICAN PATHOLOGISTS			0	10/01/13		0	0	0
GENFD 4300 12 ED.VI.SB70 49990 00000 2014 454W	0001073601	1	TOTAL COMPETENCY ASSESSMENT PROGRAM + SAFETY & COMPLIANCE COURSES FOR MCT PROGRAM PRODUCT CODE: XCA0050	COLLEGE OF AMERICAN PATHOLOGISTS			0	10/01/13		0	0	0
GENFD 4300 12 ED.VI.SB70 49990 00000 2014 454W	0001073601	1	TOTAL COMPETENCY ASSESSMENT PR	COLLEGE OF AMERICAN PATHOLOGISTS	AP02014882	00387855	1901117	11/05/13		0	720	0094689941
GENFD 4300 12 ED.VI.SB70 49990 00000 2014 454W	0001073601	1	TOTAL COMPETENCY ASSESSMENT PROGRAM + SAFETY & COMPLIANCE COURSES FOR MCT PROGRAM PRODUCT CODE: XCA0050	COLLEGE OF AMERICAN PATHOLOGISTS		00387855	1901117	11/05/13		0	0	0

[First Prev Page 1 of 1 Next Last] | [Show All Records]

[New Query] [Main Page]

Data Last Updated: 5/14/2015 6:16:15 AM