

# LOS RIOS COMMUNITY COLLEGE DISTRICT

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

FAX: (916) 568-3145

**PURCHASE ORDER NO  
CANCELED PO**

**B114212**

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

Date	Revision	Page
07/05/2013	1 - 08/01/2013	1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference: 767420 A ANDREWS POONV		

**Vendor:** 0000002554  
HOME DEPOT  
600 PLACERVILLE DR  
PLACERVILLE CA 95667

email:

**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

**DO NOT SEND TO VENDOR**

Tax Exempt? N		Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
		1- 1	BLANKET PURCHASE ORDER FOR MAINTENANCE SUPPLIES FOR EL DORADO CENTER 7/1/13 - 6/30/14	1.00	EA	350.00	0.00	CANCEL

**AUTHORIZED PERSONNEL:**

DONALD JACKSON  
VONNIE SHANE  
ADRIENNE ANDREWS  
DALE VAN DAM

8/1/13 CANCEL PO PER J HARMAN. VP

DO NOT SEND CHANGE ORDER TO VENDOR

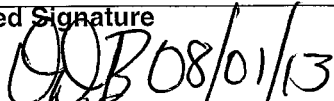
Sub Total Amount	0.00
Sales Tax Amount	0.00
Total PO Amount	0.00

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>	<u>BYear</u>
							0.00	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.

## Change Order Request

PO # B114212

Request Date: 7/29/13

College/Dept: FLC

Vendor Name HOME DEPOT  
(one PO per request)

Vendor #0000002554

Cancel Purchase Order (a purchase order can only be cancelled if there is no receiver or voucher against it)

DO NOT SEND CHANGE ORDER TO VENDOR

New PO Total = \$0.00

Comments to be added: Requested by FLC/BSO.

OTHER:

Completed should be forwarded via e-mail by an **authorized signer** to the **DO – Purchasing** mailbox.

Line #1 ENC on CW/BPO - PO# Pending.

# Los Rios Community College District

## Requisition

13/14

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

Req. No. **767420**  
P.O. NO. \_\_\_\_\_

Vendor Code  
**2554**

Approved \_\_\_\_\_

Terms \_\_\_\_\_

F.O.B. \_\_\_\_\_

DATE April 25, 2013

VENDOR Home Depot

ADDRESS 600 Placerville Drive

CITY Placerville STATE CA ZIP 95667

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

DELIVERY INSTRUCTIONS

**04EDCB** Location Code

**El Dorado Ctr. - Administration** College/District Location Department

**Operations** Division Date Required

ITEM	DESCRIPTION	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
*Use additional paper if necessary and please reference requisition number. <b>DO NOT USE A SECOND REQUISITION.</b>					
1	Blanket purchase order for maintenance supplies for	1	ea		<b>350.00</b>
2	the El Dorado Center from 07/01/13 through 06/30/14.				
3	2012/2013 BPO# B113300A				
4					
5					
6	Authorized personnel:				
7	Donald Jackson				
	Vonnie Shane				
8	Dale van Dam				
9	Adrienne Andrews				
10					
11					
12					
13					

**Purchases Charged to Categorical Programs, Grants or Special Projects**

This purchase is in compliance with the requirements of \_\_\_\_\_

Sales Tax

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Program Name \_\_\_\_\_

For grants/special projects \_\_\_\_\_

Program Director/Coordinator Signature \_\_\_\_\_ Project/Grant Number \_\_\_\_\_

**Total 350.00**

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.

Adrienne Andrews

REQUESTED BY: \_\_\_\_\_ TYPED/PRINT \_\_\_\_\_ DATE \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE 4/25/13

AUTHORIZED: DEAN OR AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED: VICE PRESIDENT ADMINISTRATION \_\_\_\_\_ DATE 5/7/13

GENFD / 4500 / 11 / FL.VA.ELDO
Bus. Unit Account* Fund Org
65100 / 00000 / 2014 / 041A \$ <b>350.00</b> <i>WA</i>
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