

LOS RIOS COMMUNITY COLLEGE DISTRICT

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

FAX: (916) 568-3145

PURCHASE ORDER NO B114672

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

Date 12/12/2013	Revision	Page 1
Payment Terms NET 30	Freight Terms Shipping Point	Ship Via Best Metho
Reference: 738237 HANSEN M POONV		Location / Dept 04ASPH52

Vendor: 0000031740
MCKESSON MEDICAL-SURGICAL INC
8741 LANDMARK RD
RICHMOND VA 23228

Ship To: FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM CA 95630
United States

email:

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	BLANKET PURCHASE ORDER FOR HEALTH SERVICES SUPPLIES 12/1/13 - 6/30/14	1.00	EA	300.00	300.00	05/01/2014

AUTHORIZED PERSONNEL:

MARY HANSEN
BRYON BELL
KIM CARRILLO

FAX PO 916-608-6787
ATTN: BEVERLY BLACK
ENCLOSE CUSTOMER APPLICATION & QUESTIONNAIRE

Sub Total Amount	300.00
Sales Tax Amount	0.00
Total PO Amount	300.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4500	11	FL.VS.HLTH	64400	00000	041A	300.00	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

[Handwritten Signature] 12/18/13

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 1 of 1

Req. No. **738237**

P.O. NO.

Vendor Code
31740

DATE **11-21-13**

Approved

VENDOR **McKesson Medical-Surgical**

Terms

ADDRESS **8741 Landmark Rd., P.O. Box ²⁷⁴⁵²**

F.O.B.

CITY **Richmond** STATE **VA** ZIP **23228**

PHONE **(804) 264-3122** FAX **(804) 264-3122**

DELIVERY INSTRUCTIONS

04 ASPH 52
Location Code

FLC/LRCD **HLTH**
College/District Location Department

STUD SVCS.
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	BPO for 12/1/13 - 6/30/14 for	1	EA		150.
2					300.00
3	FLC Health Services				
4	supplies. Auth Pers: Mary Hansen, Kim Carrillo				Bryon Beck
5	Justification:				
6	Campus Requires BPO under				
7	\$1,000 standard - purchasing				
8	needs smaller.				
9	Dept # Vendor Requires BPO for				
10	quickie order processing.				
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects			Sales Tax
This purchase is in compliance with the requirements of _____			
Program Name			
For grants/special projects			
Program Director/Coordinator Signature	Project/Grant Number	Total	\$300.00 \$150.00
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.

REQUESTED BY: MARY HANSEN TYPED/PRINT DATE 11/21/13

REQUESTED BY: Mary Hansen SIGNATURE DATE 11/21/13

AUTHORIZED: Bryon Beck DEAN OR AUTHORIZED SIGNATURE DATE 12/4/13

APPROVED: Andrew Kupler VICE PRESIDENT, ADMINISTRATION DATE 12/4/13

99999/4500	11	FL.VS.	HLTH	
Bus. Unit	Account *	Fund	Org	
64400/0000	2514	041A		\$ 150.00 \$300.00
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

MCKESSON MEDICAL-SURGICAL

DATE. 11-20-13

Send to: barbara

Regarding: new account app

Office Location:

Fax Number: 916-608-6787

From: Beverly Black

Office Location: Rancho Cordova, CA

Phone Number: 1.800.366.8990 ext 62004

Number of Pages Including Cover:

URGENT

REPLY ASAP

PLEASE COMMENT

PLEASE REVIEW FOR YOUR INFORMATION

PLEASE COMPLETE AND FAX BACK 800-906-5688

Fax cover

McKesson Medical

2701 Prospect Park Drive Ste.100, Rancho Cordova, Ca. 95670

Phone: 800-366-8990 ext. 62004 | Fax: 800-906-5688

e-mail: Beverly.black@mckesson.com | Web site: www.mckesson.com

DO Purchasing -

- Sign / Date

Application & Questionnaire

- Enclose one copy
w/ PO to Vendor

- Return one copy
to FLC BSO

MCKESSON

Empowering Healthcare

McKesson Corporation or an affiliated company ("McKesson")

CUSTOMER APPLICATION

(Please print in block letters)

CD01-M V.11-09

Type of Business: Surgery Center Primary Care Specialty Home Health Extended Long Term Pharmacy Clinical Lab Internet Mail Order Supplier Government Other **Community College**

Legal Company Name: **Los Rios Comm College District** Website Address: **www.losrios.edu** Federal Tax ID: _____

Legal Address (Main Office): **1919 SPANOS CT.** City: **SACRAMENTO** State: **CA** Zip: **95825**

Contact Name we may call for questions regarding this application: **Mary Hansen** Title: **College Nurse** Phone: **(916) 608-6782**

Billing / Statement Address (if different than Main Office): **Barbara Wong** City: **Folsom** State: **CA** Zip: _____

Accounts Payable Contact Person: **Barbara Wong** Accounts Payable Telephone: **916.568.3038** Accounts Payable Fax: **916.568.3065** Accounts Payable Email: **wongbe@losrios.edu**

Shipping Information: If more than 1 ship to, please attach multiple ship to information

DBA or Business Trade Name of Account: **Folsom Lake College** Estimated Monthly Purchases: **3754745** Initial Order: **95630** Existing McKesson Acct#: _____

Ship to Address: **10 College Pkwy** City: **Folsom** State: **CA** Zip: _____

Ship to Contact Person: **Mary Hansen** Ship to Telephone: **916-608-6782** Ship to Fax: **916-608-6787** Ship to Email: **hansenm@flc.losrios.edu**

Community College

Has applicant, applicant's parent or affiliates ever filed for bankruptcy? No Yes, attach explanation

Years in Business: _____ State Org/Charter ID/License#: _____ Name of State: _____

Ownership Type: Proprietorship Partnership Limited Partnership LLC (S) Corp (C) Corp Professional Corp Non-Profit Corp

Principal Owner(s) or Stockholder(s)	% Ownership(s)	Social Security Number(s)

NAME OF CONTROLLING ENTITY (if any): _____ Applicant's relationship to controlling entity: _____ Phone: _____

Address of Controlling Entity: _____ City: _____ State: _____ Zip: _____

n/a

REFERENCES:

Primary Bank/Financial Institution	Account Number	Contact Name	Phone
Primary Supply Provider	Account Number	Contact Name	Phone
Primary Technology Provider	Account Number	Contact Name	Phone

n/a

Additional Information Required (if applicable, please attach these documents to this application):

Copy of Resale/Tax Exemption Certificate

Copy of DEA Registration, State Pharmacy License, or Medical License

Copies of 3 most recent and consecutive primary supplier statements

Annual Financial Statements for the past 2 years (including balance sheet, income statement, and cash flow statements)

DEA#: **B P 7018028** HIN#: _____ Medical License# & Name of State: **A70304 CA**

McKesson Account Manager: _____ Territory ID: _____

This section applies to all accounts with MCKESSON CORPORATION and its affiliated companies ("McKesson").

Customer agrees to abide by (i) standard terms of sale provided or made available by McKesson and/or shown on McKesson's invoices or statements and (ii) any written agreement or terms of sale with McKesson governing Customer's account. Customer agrees to pay for all purchases, fees and other charges incurred by Customer or an authorized user on any account of Customer, including service charges on past due amounts at the highest rate permitted by law (including purchases shipped and/or billed to a third-party agent on behalf of Customer). Any payment made after the net due date shall result in the loss of any prompt cash payment discount specified on the related invoice or statement and Customer shall pay the gross amount plus any applicable service charges. Without limiting McKesson's other legal rights, McKesson may exercise a right of set-off against amounts due Customer from McKesson Corporation or any of its affiliates. McKesson reserves the right, in its sole discretion, to change a payment term (including imposing cash payment upon delivery), to limit total credit and/or to suspend or discontinue the shipment of any orders to Customer if McKesson concludes that (i) there has been a material adverse change in the Customer's financial condition or payment performance or (ii) Customer has ceased or is likely to cease to meet McKesson's credit requirements.

Customer represents that it is entitled to discounted prices from manufacturers as it has notified McKesson ("Contract Prices"). In consideration of McKesson allowing Customer to purchase products at Contract Prices, Customer represents that McKesson will be paid by the appropriate manufacturer the difference between McKesson's acquisition price and the Contract Price ("Chargeback") and Customer will be liable to McKesson for any unpaid Chargeback if any manufacturer (i) denies a Chargeback for any reason, (ii) makes an assignment for the benefit of creditors, files a petition in bankruptcy, is adjudicated insolvent or bankrupt, or if a receiver or trustee is appointed with respect to a substantial part of its property or a proceeding is begun which will substantially impair its ability to pay Chargebacks or (iii) fails to pay McKesson Chargebacks for any reason other than McKesson's gross negligence.

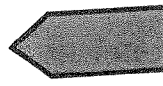
The Federal Equal Credit Opportunity Act prohibits creditors from discriminating due to race, color, religion, national origin, sex, marital status, age, or because all or part of the Customer's income is from any public assistance program; or the Customer, in good faith, exercises any right under the Consumer Credit Protection Act. The Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580 administers compliance with this law. Customer represents and warrants that Customer has read and understands this form and has reviewed the information provided in its entirety, including responses completed for Customer by a McKesson representative, and that all information is complete and correct. Customer agrees that McKesson will be relying on such information and will notify McKesson of any material changes to such information.

Customer agrees to provide McKesson with financial statements upon request. Customer authorizes McKesson, its employees, representatives, and agents to (i) investigate information provided and Customer's credit, financial and banking records, (ii) obtain Customer's credit bureau report and (iii) share with its affiliates experiential and transactional information regarding Customer and Customer's account. McKesson is authorized to retain information obtained as part of the application process whether or not the requested account and/or credit is granted. Customer agrees to pay all reasonable attorney fees and expenses or cost incurred by McKesson in enforcing its rights to collect amounts due from Customer. This form and any account opened in favor of Customer are subject to credit approval by McKesson.

By signing below, the undersigned authorized McKesson to order a consumer report related to the business principal(s) to determine credit eligibility.

Authorized Signature: _____ Print Name: _____ Title: _____ Date: _____

(This form must be signed by a Corporate Officer, Partner, Owner or Authorized Agent)



McKesson Medical-Surgical Customer Questionnaire and Declaration

Customer Name: (LRCCD) Los Rios Community College District

Address (city & state): 1919 Spanos Ct. Sacramento CA 95825

Customer Number: 375 4745

DEA Number: BP7018028

Today's Date: 11/21/13

1. What activities listed below does your facility engage in with respect to controlled substances provided by McKesson? (Please check either "Yes" or "No")

Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Dispense: Write and fill prescriptions from your office.
Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Prescribe: Write prescriptions to be filled by a pharmacist.
Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Administer: Provide application of prescription drugs at your location or provide minimum doses of the drug until the prescription can be filled.

2. Do you resell products to other medical providers?
 Yes No

3. Customer declares and attests that it fully complies with all federal and state laws and regulations on the dispensing of controlled substances including but not limited to dispensing to patients only pursuant to a legitimate prescription issued in the course of an established doctor-patient relationship (e.g., pursuant to a physical examination) and only for a legitimate medical purpose.

4. Customer will not knowingly dispense controlled substances for prescriptions that have been received via the internet, mail-order, or other non-walk-in customer where it has reason to believe that the prescription was issued without a legitimate medical purpose.

5. Customer states that its requirements for purchases of controlled substances from McKesson are necessary for the following reasons: [please describe the reason for purchasing these drugs in the quantities requested including information about the prescriber and the general purposes for which the drugs are being prescribed.]

n/a

6. Customer certifies that it has made sufficient inquiry to be able to make this declaration truthfully, accurately and without material omissions. Customer affirms by signing this declaration that the above is true and correct to the best of its knowledge and belief.

McKesson Medical-Surgical Customer Questionnaire and Declaration

Signature

Printed Name of Signer

_____ Date
_____ Title

Return this document via fax, e-mail, mail, or through your local account representative/customer service agent to the Regulatory License Team Manager.

McKesson Medical-Surgical
Regulatory License Team Manager
8741 Landmark Road, P.O. Box 27452
Richmond, VA 23228
(804) 264-3122 Fax
MMS.License@McKesson.com

McKesson Review/Signoff: _____



The Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815



PHYSICIAN AND SURGEON
CERTIFICATE NO. A70304 EXPIRATION 05/31/2015

EVELYN GRACE FAINSZTEIN
1730 PRAIRIE CITY ROAD
FOLSOM CA 95630

ORIGINAL
ISSUANCE DATE
11/19/1999

RECEIPT NO.
09400001