

LOS RIOS COMMUNITY COLLEGE DISTRICT

AGREEMENT/CONTRACT APPROVAL AND ROUTING SHEET
(Except for Grants & Categorical Contracts)

ARC CRC DO FLC FM SCC OTHER _____

Agreement/Contract With: Neumann Enterprises

State the business terms of agreement: Personnel Chauffeured Van Rental for FLC Foundation "One Night" Fund Raising Event on 10/18/13

This agreement consists of the following documents: ① FLC/PO# CBF 14045, ② FLC PER# CB 33174, ③ Vendor Inv/contract # 22843 and 22849

Funding Source: FLC Foundation Amount \$ 936.00

BANPL 5601 83 FLC.FOUN 70903 0000 6405

I have read and agree with the terms of this agreement:

By: Sally Howard
Area Manager/Supervisor

Date: 9/24/13

Sally Howard
(Print Name)

College VPA, DO, FM, Director

I approve as to Substance

By: Kathleen Kurklin

Date: 9/25/13

Kathleen Kurklin
(Print Name)

General Services

By: _____
Director, General Services

Date: _____

General Counsel (When necessary)

- Changes necessary as specified on the document or on the attached memorandum.
- Approved as to form.

By: _____
General Counsel

Date: _____

Los Rios Community College District

By: _____

Date: _____

- Deputy Chancellor
- Vice Chancellor, Ed & Tech
- Vice Chancellor of Resource & Economic Development

FOLSOM LAKE COLLEGE
EL DORADO CENTER | RANCHO CORDOVA CENTER

10 College Parkway
Folsom, CA 95630

PURCHASE ORDER NO. CBF14045

FLC FOUNDATION "ONE NIGHT" EVENT

PO Date: Sep 24, 2013

Date Required: Oct 18, 2013

Ordered By: SALLY HOWARD

Requisition #: 33174

VENDOR: NEUMANN ENTERPRISES
2676 ALBATROSS WAY
SACRAMENTO CA 95815
EMAIL: neumannlimo@sbcglobal.net

SHIP TO:
FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM, CA 95630

BILL TO:
FOLSOM LAKE COLLEGE
ATTN: BUSINESS SERVICES
10 COLLEGE PARKWAY
FOLSOM, CA 95630

PH: 916.922.5466 FAX: 916.921.5466

Line #	Item/Description	QTY	UOM	PO Price	Extended Amount
1	CHAUFFEURED VAN RENTAL _ RESERVATION# 22843	6.00	HR	\$65.000	\$390.00
2	20% GRATITUDE _ RESERVATION# 22843	1.00	EA	\$78.000	\$78.00
3	CHAUFFEURED VAN RENTAL _ RESERVATION# 22849	6.00	HR	\$65.000	\$390.00
4	20% GRATITUDE _ RESERVATION# 22849	1.00	EA	\$78.000	\$78.00
5	NON-REFUNDABLE_ BOOKING FEE / \$100/EA PER RESERVATION FOR: RESERVATIONS - 22843 AND 22849 PRE-PAID _ CHECK# 671	2.00	EA	\$-100.000	\$-200.00
	NON-REFUNDABLE _ BALANCE OF \$736.00 DUE BY 10/15/13 (72 HOURS PRIOR TO EVENT DATE OF 10/18/13)				
	Shipping/Handling (taxable)				

INSTRUCTIONS:

Sub Total

State Tax %

State Tax

Shipping

Total PO Amount

EMAIL INVOICE TO:
Brenda Haney 916.608.6635
haneyb@flc.losrios.edu

All shipments, invoices, and correspondence must be identified with our Purchase Order Number
Direct all deliveries and delivery documents to the SHIP TO address.
Direct all correspondence and invoices to the BILL TO address.
NO PAYMENT will be made without an invoice.

Payment Terms: NET 30

AUTHORIZED SIGNATURE AND DATE

Sally Howard 9/25/13

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.

To: Howard, Sally

Subject: Conf# 22843 For Sally Howard [10/18/2013-17:30]



2676 Albatross Way
Sacramento, CA 95815
Telephone: (916) 922-5466
Fax: (916) 922-5466
TCP 10013P

Pick-up Date: 10/18/2013 - Friday
Pick-up Time: 17:30
Drop-off Time: 23:30
Reservation# 22843

Bill To:
Sally Howard (Acct# 30744)
Folsom Lake College *Foundation*
10 College Pkwy
Folsom, CA
Wk: (916) 608-6643 Mb: (916) 417-1733

Primary Passenger:
Sally Howard
10 College Pkwy
Folsom, CA
Wk: (916) 608-6643 Mb: (916) 417-1733

Booked On: 09/20/2013 10:51
Arr. By: Not Specified
PO/Client #: N/A

# of Pax	Vehicle Type	Car(s)	Driver(s)
1	Van (N15)	Van (N15 NEUMN15)	Unassigned

Passenger & Routing Information
Passenger: Sally Howard Phone: (916) 417-1733
PU: -- : Folsom Lake College - Cafeteria 10 College Pkwy Folsom, CA
DO: -- : Performing Arts Theater 10 College Parkway Folsom, CA

Pmt Type	Status
Not Specified	Unpaid

Charges & Fees	
Per Hour (6 x 65.00)	390.00
Std Grat (20.00%)	78.00
Total Due (USD):	468.00
Payments/Deposits (USD):	0.00
Total Outstanding (USD):	468.00

Notes/Comments
Trip Notes: Continuously shuttling between the cafeteria and the theater
Special Requests:

General Rental Agreement
Customer accepts full responsibility for vehicle damage or special cleaning fees of up to \$1000.00 and authorizes company to charge for the expenses regardless and in addition to any prior understandings and agreements; customers agrees that any of his/her activities or behavior is deemed by the chauffeur to be illegal and perilous will result in immediate termination of the job with no refund. The company's decision is final. \$100.00 non-refundable booking fee due at completion of booking, within 72 hours of reservation, full amount due and is non-refundable. \$200.00 non-refundable booking fee due for all SUV's.

Signature: _____

Date: _____

Haney, Brenda

Subject:

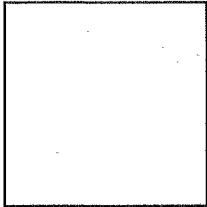
FW: Conf# 22849 For Sally Howard [10/18/2013-17:30]

From: Neumannlimo [mailto:neumannlimo@sbcglobal.net]

Sent: Friday, September 20, 2013 1:59 PM

To: Howard, Sally

Subject: Conf# 22849 For Sally Howard [10/18/2013-17:30]



Pick-up Date: 10/18/2013 - Friday
Pick-up Time: 17:30
Drop-off Time: 23:30
Reservation# 22849 0

Bill To:

Sally Howard (Acct# 30744)
Folsom Lake College *Foundation*
10 College Pkwy
Folsom, CA
Wk: (916) 608-6643 Mb: (916) 417-1733

Primary Passenger:

Sally Howard
10 College Pkwy
Folsom, CA
Wk: (916) 608-6643 Mb: (916) 417-1733

Booked On: 09/20/2013 13:55

Arr. By: Not Specified

PO/Client #: N/A

# of Pax	Vehicle Type	Car(s)	Driver(s)
1	Van (N5)	Van (N5 NEUMN5)	Unassigned

Passenger & Routing Information

Passenger: Sally Howard
Phone: (916) 417-1733

PU: -- : Folsom Lake College - Cafeteria 10 College Pkwy Folsom, CA

DO: -- : Performing Arts Theater 10 College Parkway Folsom, CA

Pmt Type	Status
Not Specified	Unpaid

Charges & Fees	
Per Hour (6 x 65.00)	390.00
Std Grat (20.00%)	78.00
Total Due ():	468.00
Payments/Deposits ():	0.00
Total Outstanding ():	468.00

Notes/Comments

Special Requests:

General Rental Agreement

Customer accepts full responsibility for vehicle damage or special cleaning fees of up to \$1000.00 and authorizes company to charge for the expenses regardless and in addition to any prior understandings and agreements; customers agrees that any of his/her activities or behavior is deemed by the chauffeur to be illegal and perilous will result in immediate termination of the job with no refund. The company's decision is final. \$100.00 non-refundable booking fee due at completion of booking, within 72 hours of reservation, full amount due and is non-refundable. \$200.00 non-refundable booking fee due for all SUV's.

Signature: _____

Date: _____

Invoice

NEUMANN

2676 ALBATROSS WAY, SACRAMENTO, CA 95815
 A VALET PARKING AND LIMOUSINE COMPANY
 neumannlimo.com / 916 922 5466

Date	Invoice #
9/30/2013	9689

Bill To
Folsom Lake College 10 College Parkway Folsom, CA 95630 Attn: Business Services

P.O. No.	Terms

Quantity/Hours	Service Description	Rate	Service Date	Amount
6	Reservation #22843-Van Service	65.00	10/18/2013	390.00
	Gratuity Charge	20.00%		78.00
6	Reservation #22849-Van Service	65.00	10/18/2013	390.00
	Gratuity Charge	20.00%		78.00
1	Booking Fee Applied	-200.00		-200.00
			Total	\$736.00

LOS RIOS COMMUNITY COLLEGE DISTRICT
SERVICE AGREEMENT

(Information on the purchase order and the back of this form are part of this Agreement. Please read this important information.)

No. 45047

Attachment to Purchase Order No. CBP14045

This Agreement entered this 24th day of Sept, 2013 by and between the Los Rios Community College District (District) and (CONTRACTOR), NEUMANN ENTERPRISES CONTRACTOR No. _____ Social Security No. _____
Business Name (if different) _____ FIN No. _____
Check One: Sole Proprietorship _____ Partnership _____ Corporation Check One: U.S. Citizen Resident Alien _____ Non-resident Alien _____
Telephone No. 916.922.5466 (SSN or FIN No. must be provided for payment)
Address 2676 ALBATROSS WAY City and State Zip SACRAMENTO, CA 95815
Are you now or have you been an employee of the District? Yes _____ No If yes, Date _____ Location _____
Are you related to an employee of the District? Yes _____ No If yes, who _____

GENERAL CONDITIONS:

1. **Scope of Work.** CONTRACTOR shall perform specific services as set forth below (attach separate schedule if necessary, and reference the attachment). The term of this Agreement is from (date) 10/18/13 to (date) 10/18/13. CONTRACTOR shall perform its services hereunder in accordance with the professional standard of care, skill and diligence customarily followed by consultants performing similar professional services on projects of comparable scope and quality.

Provide continuous shuttling between the cafeteria and the theater (Harris Center)- One Night Event.

2. **Compensation.** For its services hereunder, CONTRACTOR shall be paid a sum of money not to exceed \$ 936.00 during the term of this Agreement. Payment of this amount shall be made in accordance with established District payment schedules, and is contingent upon the CONTRACTOR submitting an invoice to the District Accounts Payable Office, and upon receipt of verification of services satisfactorily rendered (received) by the appropriate College/District Administrator. Payment terms are: Total contract balance due Payment will be mailed to address on purchase order. CONTRACTOR agrees that none of the terms and conditions associated with its acceptance of this Agreement shall apply to, modify, or be incorporated into this Agreement, and the DISTRICT's acceptance of CONTRACTOR's goods, materials, equipment, services and/or labor or other items covered by or delivered under this Agreement shall not constitute acceptance of any additional or different terms and conditions on behalf of CONTRACTOR.

3. **Termination.** The DISTRICT shall have the right to terminate this Agreement with or without cause. The District may terminate the Agreement for convenience at any time and for any reason by giving thirty (30) days written notice of such termination to CONTRACTOR. In the event of termination for convenience, CONTRACTOR shall immediately cease rendering services and promptly deliver to the DISTRICT copies of all prepared work product, and CONTRACTOR shall only be entitled to payment for hours actually worked and direct costs incurred, plus a 10% mark-up on direct costs incurred, or the pro-rata share of the contract price, whichever is less. The DISTRICT may terminate the Agreement for cause which shall be effective immediately upon written notice. In the event of a termination for cause, CONTRACTOR shall not be entitled to any further payment, if any becomes due, until the Project is completed. The DISTRICT may proceed with the work in any manner deemed proper by DISTRICT, and all the DISTRICT's costs incurred by the District shall be deducted from any sum otherwise due CONTRACTOR under this Agreement and the balance, if any, shall be paid to CONTRACTOR upon completion of the work. The DISTRICT reserves all rights, including all rights to recover damages, inclusive of attorneys' fees, from CONTRACTOR, in the event of a termination for cause.

4. **Integration, Amendments.** This Agreement (front & back) and the purchase order constitute the entire Agreement by the parties. No other representations, whether oral or written are part of this Agreement except that the following document(s) are part of this Agreement: Rental Agreement Reservation 22843. All amendments to this Agreement must be in writing and signed by authorized representatives of both parties. 22849

5. **Independent CONTRACTOR not Agent.**

- CONTRACTOR, and its agents and employees, in the performance of this Agreement, shall be independent contractor(s) and no relationship of employer-employee exists between these parties and the DISTRICT.
- CONTRACTOR shall be responsible for determining the means, methods, or sequence used to complete the work required under this Agreement. CONTRACTOR shall be responsible for and accountable to the DISTRICT for the final product or service to be provided.
- If, in the performance of this Agreement, any third persons are employed by CONTRACTOR, such persons shall be entirely and exclusively under the direction, supervision, and control of CONTRACTOR. Except as may be specifically provided elsewhere in this Agreement, all terms of employment, including hours, wages, working conditions, discipline, hiring, and discharging, or any other terms of employment or requirements of law, shall be determined by CONTRACTOR. It is further understood and agreed that CONTRACTOR shall issue W-2 or 1099 Forms for income and employment tax purposes, for all of CONTRACTOR's employees, assigned personnel and subcontractors.
- Except as otherwise provided in this Agreement, CONTRACTOR is qualified to accomplish the work required in this Agreement and the DISTRICT will provide no training to CONTRACTOR.
- Except as otherwise provided in this Agreement, CONTRACTOR's ability to market or provide services to any other client shall not be limited by the DISTRICT.
- Except as otherwise provided in this Agreement, CONTRACTOR is to provide all necessary tools and materials.
- Prior to DISTRICT's acceptance of this Agreement, CONTRACTOR shall (a) identify their status as a sole proprietorship, partnership, or corporation, and (b) provide the DISTRICT with a copy of IRS Form W-9, Request for Certification of Federal Taxpayer Identification Number.
- CONTRACTOR agrees that, upon request, CONTRACTOR shall provide any documentation requested by the DISTRICT as evidence that appropriate taxes have been paid. If CONTRACTOR fails to pay appropriate taxes or to provide requested documentation, CONTRACTOR hereby agrees to indemnify the DISTRICT against any penalties and taxes levied against the DISTRICT by a taxing agency, and to reimburse the DISTRICT for such penalties and taxes.

Signature below by CONTRACTOR indicates that all parts of this Agreement have been read, understood and accepted.

Name of CONTRACTOR (Printed): JOHN A. NEUMANN

Signature of CONTRACTOR: John Neumann Date 10/3/13 Requisition # _____

DISTRIBUTION: White: CONTRACTOR Green: Purchasing Canary: Accounting Pink: Business Office Goldenrod: Originator



CERTIFICATE OF LIABILITY INSURANCE

OP ID: MB

DATE (MM/DD/YYYY)

10/01/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Jack Gilbert Insurance Agency 2051 Junction Ave. Suite 115 San Jose, CA 95131 Jack Gilbert Insurance Agency	Phone: 408-432-0600 Fax: 408-432-0601	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: NEUMA-1	FAX (A/C, No):
	INSURED Neumann Enterprises Limousine & Capitol Limousine John Anthony Neumann 2676 Albatross Way Sacramento, CA 95815		INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Insurance INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
		NAIC # 18058	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		PHPK1037440	09/01/2013	09/01/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY	X		PHPK1037440	09/01/2013	09/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Transportation Services
 Los Rios Community College District, its trustees, officers, employees, agents, inspectors, project managers, consultants, sub consultants, their employees and each of them are named as additional insured, but only in respects to their interest in the operations of the named insured.

CERTIFICATE HOLDER Los Rios Community College District 1919 Spanos Ct. Sacramento, CA 95825	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Jack Gilbert Insurance Agency <i>Jack E. Millie</i>

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person(s) or Organization(s):

Los Rios Community College District, its trustees, officers, employees, agents, inspectors, project managers, consultants, sub consultants, their employees and each of them are named as additional insured, but only in respects to their interest in the operations of the named insured.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

**Request for Taxpayer
 Identification Number and Certification**

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

Name (as shown on your income tax return)

Business name, if different from above
Neumann Ltd

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
2676 Albatross Way
 City, state, and ZIP code
Sacramento, CA 95815

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 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

or

Employer identification number
2015137063

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 ▶ *John He* Date ▶ **1/24/13**

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.



LOS RIOS
 COMMUNITY COLLEGE DISTRICT
 1919 Spanos Court ■ Sacramento, CA 95825
 PURCHASING DEPARTMENT (916) 568-3071
 Fax (916) 568-3145 ■ lrccd@purchase@losrios.edu

VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: _____

NAME OF FIRM Neumann LTD	FEDERAL ID# OR SOCIAL SECURITY # 20-5137063,
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MAILING ADDRESS 2676 Albatross Way Sacramento CA 95815	REMIT ADDRESS 2676 Albatross Way Sacto CA 95815
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PHONE 916-922-5466	FAX 916-921-5466	EMAIL neumannlmoes@eglobe.net
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WEBSITE neumannlmo.com	ORGANIZATION CLASSIFICATION (Check all that apply)
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AUTHORIZED COMPANY REPRESENTATIVES			<input type="checkbox"/> Individual	<input type="checkbox"/> MBE
Name	Title/Capacity	Email	<input type="checkbox"/> Partnership	<input type="checkbox"/> WBE
John A. Neumann	President	same	<input type="checkbox"/> Non Profit	<input type="checkbox"/> DVBE
			<input checked="" type="checkbox"/> S Corporation (List State Incorporated)	
			Contractor's License # _____	
			Collect CA Tax (circle one) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		

VENDOR CERTIFICATION	OTHER BUSINESS INFORMATION	
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 further certify this firm is an equal opportunity employer. JTN INITIALS	Payment Terms	Discounts Extended
	Refund/Returns	_____
	SIGNATURE	TITLE

LOS RIOS PURCHASING ONLY:
 www.losrios.edu





FOLSOM LAKE COLLEGE
EL DORADO CENTER-RANCHO CORDOVA CENTER

CAMPUS-BASED REQUISITION

DATE 9/24/13
 VENDOR Neumann Enterprises REQ. # CBF 33174
 ADDRESS 2676 Albatross Way P.O. # CBF 14045
 CITY Sacramento DATE REQUIRED _____
 STATE CA ZIP 95815

ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1	Reservation # 22843 Booking	1	EA	100 ⁰⁰	100 ⁰⁰
2	Reservation # 22849 Fees	1	EA	100 ⁰⁰	100 ⁰⁰
3					
4	Deposit for Shuttle Van				
5	Rental for One Night				
6	FLC Foundation Event 10/18/13				
7					
8	Total Rental/Service Cost \$936 ⁰⁰				
9	less Deposit/Booking Fee <200 ⁰⁰ >				
10	BAL Due by 10/15/13 736 ⁰⁰				

Check Distribution

Call Student, Hold for pick up # _____
 Call _____, Hold for pick up # _____
 Forward to _____
 Inter-Campus mail to _____
 USPS mail _____
 Other _____

Sub-Total	200 ⁰⁰
Sales Tax	0
Freight	0
TOTAL	200 ⁰⁰

Total 936⁰⁰
 Deposit 200⁰⁰
 Bal 736⁰⁰

Account Name	Bus Unit	Account	Fund	Department	Program	Class	Project	Amount
<u>FLC Foundation BANFL</u>	<u>15601</u>	<u>183</u>	<u>FLCP.FOUN</u>	<u>70903</u>	<u>0000</u>	<u>6405</u>		\$ <u>200⁰⁰</u>
Account Name	Bus Unit	Account	Fund	Department	Program	Class	Project	Amount
								\$ <u>736⁰⁰</u>

AUTHORIZED _____
 Club Officer/Requestor

APPROVED _____
 Faculty Advisor/Administrator

Business Services Use Only

Budget Checked _____ Vendor ID _____

Voucher # _____ Date _____

Warrant # _____ Date _____