



**FLC BUS LIMITED SERVICES PURCHASE ORDER**  
(Not to Exceed \$200.00)

2013 NOV 12 A 11:00

VENDOR NAME AND ADDRESS: <b>MARY HANSEN, RN</b> FLC College Nurse Folsom Lake College 10 College Pkwy, FL1-52 Folsom, CA 95630	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Reimbursement For HSACCC (Health Svcs. Assoc. of CA Community Colleges) annual Membership 7/1/13 - 6/30/14 for FLC College Nurse (PAID 10/31/13 by credit card)	1			150.00	150.00
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Purchases Charged to Categorical Programs, Grants or Special Projects**  
This purchased is in compliance with the requirements of:

Program Name \_\_\_\_\_  
For grants/special projects \_\_\_\_\_  
Program Director/Coord. Signature \_\_\_\_\_ Project/Grant Number \_\_\_\_\_  
Program Goal/Objective Number/Explanation \_\_\_\_\_

SUB-TOTAL	150.00	150.00
SALES TAX	—	—
<b>TOTAL</b> (Not to Exceed \$200.00)	150.00	150.00

**VENDOR:** Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$200.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

I/WE 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.

Received by \_\_\_\_\_ Date \_\_\_\_\_

REQUESTED BY: MARY HANSEN TYPED/PRINT DATE: 11/7/13

Bus. Unit Account Fund Org: GENFD/5300 / 11 / FL.NS. HLTH

REQUESTED BY: Mary Hansen SIGNATURE DATE: 11/7/13

Program Sub-Class BY Proj/Grnt Amount: GA400/00000/2014/041A \$150.00

APPROVED: [Signature] DEAN OR OTHER AUTHORIZED SIGNATURE DATE: 11/2/13

Bus. Unit Account Fund Org: \_\_\_\_\_

APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE: 11/3/13

Program Sub-Class BY Proj/Grnt Amount: \$ \_\_\_\_\_

## 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.

# INVOICE - MEMBERSHIP DUES

Health Services Association, California Community Colleges (HSACCC)  Alex Bell RN, HSACCC Corresponding Secretary Allan Hancock Community College 800 S. College Drive Santa Maria, CA 93454  abell@hancockcollege.edu	Member Name: M. HANSEN, RN College: FOLSOM LAKE COLLEGE Address: 10 COLLEGE PKWY, FL1-52 FOLSOM, CA 95630  <hr/> FAX #: 916-608-6787 <hr/> Phone #: 916-608-6782 <hr/> E-Mail Address: hansenm@plc.lasrrios.edu
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DATE	DESCRIPTION	AMOUNT
July 1, 2013	Regular (Voting) Membership Dues 7-1-2013 to 6-30-2014 \$ 150.00 ← PayPal before Nov-1 \$155  Associate Membership (Non-Voting) Membership Dues 7-1-2013 to 6-30-2014 \$ 50.00 PayPal before Nov-1 \$52  Please complete the requested information and type of membership	
	TOTAL MEMBERSHIP PAYMENT	\$155
	ADD \$25/MEMEBRSHIP FOR LATE DUES IF PAID AFTER NOV 1, 2013	
	TOTAL DUE	\$155.00



## 2013-2014 Membership Application

**INSTRUCTIONS:** 1) Click in shaded areas to type in information; 2) Click to check if "New" or "Renewal" membership and select membership category type and payment amount; 3) Print form when completed; 4) Mail completed form and payment to address below. NOTE: Personal information will NOT be listed on the HSACCC website directory. If you do NOT want your work contact information listed on the website, please check here:

Date Submitted: 10/31/13  
 FIRST Name: MARY LAST Name: HANSEN License: N508400  
 Position: COLLEGE NURSE College Name: FOLSOM LAKE COLLEGE  
 College District: LRCCD Region: \_\_\_\_\_  
 Work Address: 10 COLLEGE PARKWAY, FLI-52, FOLSOM, CA 95630  
 Wk. Phone: 916-608-6782 Fax: 916-608-6787  
 Cell Phone: 916-541-5368 Email: hansenm@flc.laspias.edu  
 Home Address: 960 PATRICK CIR, FOLSOM, CA 95630

NEW Membership

RENEWAL Membership

MEMBERSHIP CATEGORY	PAYMENT AMOUNT - check one
<input checked="" type="checkbox"/> <b>Regular Membership (Voting)</b> <i>One Regular Membership per institution is required. Each institution is eligible to cast one vote. Regular Membership: Health Care professionals who are responsible for student health services in a California Community College and meet credential requirements compliant with Title V § 53411, unless applicant was a standing member prior to 2006.</i>	<input checked="" type="checkbox"/> \$150 before Nov.1, 2013 <input checked="" type="checkbox"/> \$155 PayPal before Nov.1, 2013* <input type="checkbox"/> \$175 after Nov.1, 2013 (for renewal only) <input type="checkbox"/> \$181 PayPal after Nov.1, 2013* (for renewal only)
<input type="checkbox"/> <b>Associate Membership (Non-Voting)</b> <i>Open to health services professionals and other interested persons. (Substitutes, Psychological Counselors, Consultants, Student Services Administrators, Part-time employees)</i>	<input type="checkbox"/> \$ 50 before Nov.1, 2013 <input type="checkbox"/> \$ 52 PayPal before Nov.1, 2013* <input type="checkbox"/> \$ 75 after Nov.1, 2013 (for renewal only) <input type="checkbox"/> \$ 78 PayPal after Nov.1, 2013* (for renewal only)
<input type="checkbox"/> <b>Emeritus (Non-Voting)</b> <i>Granted by HSACCC upon individual's retirement</i>	No dues
<input type="checkbox"/> <b>Honorary (Non-Voting)</b> <i>For distinguished contribution to the aims of the organization. Appointed by Executive Committee and approved by membership.</i>	No dues

\* Attach copy of PayPal receipt to this application when submitting

**Payment Due: July 1, 2013 ~ Dues are Delinquent: after November 1, 2013**

Sorry, but we cannot accept purchase orders.

Mail Completed Form and PayPal receipt or Check payable to "HSACCC" to:

Alex Bell RN, HSACCC Corresponding Secretary  
 Allan Hancock Community College  
 800 S. College Drive  
 Santa Maria, CA 93454

E-mail questions to: [abell@hancockcollege.edu](mailto:abell@hancockcollege.edu)

Revision approved 5/16/13

FOR OFFICE USE	
_____	Email Receipt Notification
_____	Pres.+Area Rep cc'd on New Members
_____	Added to Email List
_____	Added to Spreadsheet

Payment Receipt - PayPal

## Health Services Association California Community Colleges

### Payment Receipt

**Receipt ID**

5162-0444-7454-8691

**Total**

\$155.00 USD

We'll send a confirmation email to farnat115@aol.com. This transaction will appear on your statement as PayPal  
\*HEALTHSERVI.

**Paid to**

Health Services Association California Community Colleges  
dgoodman@shastacollege.edu

**Shipped to**

Mary Hansen  
960 Patrick Circle  
Folsom, CA 95630  
United States

### Your shopping cart

Description	Price	Quantity	Amount
Membership membership	\$155.00	1	\$155.00
		<b>Item total</b>	<b>\$155.00</b>
		Tax	\$0.00
		<b>Total</b>	<b>\$155.00 USD</b>

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER



LOS RIOS COMMUNITY COLLEGE DISTRICT  
1919 Spanos Court • Sacramento, CA 95825-3981  
(916) 568-3065

Wells Fargo Bank, N.A.  
115 Hospital Drive  
Van Wert, OH 45891

Date Nov/14/2013 No 0094- 690032

56-382  
412

Pay Amount \$150.00\*\*\*

THE TREASURER OF SACRAMENTO COUNTY WILL PAY

\*\*\*\*ONE HUNDRED FIFTY AND XX / 100 DOLLAR\*\*\*\*

VOID SIX MONTHS FROM DATE DRAWN

To The  
Order of

HANSEN MARY  
FOLSOM LAKE COLLEGE  
10 COLLEGE PKWY  
FOLSOM, CA 95630

SACRAMENTO COUNTY SUPERINTENDENT OF SCHOOLS  
SACRAMENTO COUNTY AUDITOR-CONTROLLER

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈0094690032⑈ ⑆041203824⑆ 9600060041⑈

THIS WARRANT IS ISSUED FOR PAYMENT IN FULL ON ALL ITEMS SHOWN HEREON AND BY ENDORSEMENT PAYEE ACCEPTS PAYMENT IN FULL.

Warrant Date:	GENERAL FUND				Warrant No.:	690032	
Description	Invoice No.	Invoice Date	Voucher ID	Invoice Amount	Discount	Paid Amount	
REIMBURSEMENT		Nov/07/2013	F2447	150.00	0.00	150.00	

Vendor Number	Vendor Name	Total Amount	Total Discounts	Total Paid Amount
0000024545	HANSEN MARY	\$150.00	\$0.00	\$150.00
Warrant Number	Date	Total Amount	Discounts Taken	Total Paid Amount
690032	Nov/14/2013	\$150.00	\$0.00	\$150.00