



LOS RIOS COMMUNITY COLLEGE DISTRICT
 1919 Spanos Court • Sacramento, CA 95825-3981

P.O. No. F 2573

Date MARCH 25, 2014

LIMITED PURCHASE ORDER
 (Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: ARAMARK FOLSOM LAKE COLLEGE 10 COLLEGE PARKWAY FOLSOM, CA 95630	DELIVERY INSTRUCTIONS: <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call PERIGRENS ROOM (FALCON'S ROOST)
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	DELI SNACKS	12	EA		\$12-	144.00
2	(FOR 4/4/14 ADVISORY MEETING)					
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: EDPS Program Name	SUB-TOTAL	144.00
For grants/special projects: 0475 Project/Grant Number	SALES TAX	11.52
REFRESHMENTS FOR ADVISORY MEETING Program Goal/Objective Number/Explanation	TOTAL (Not to Exceed \$200.00)	155.52

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.

REQUESTED BY: J. FLORES TYPED/PRINT DATE: 3/25/14

REQUESTED BY: [Signature] SIGNATURE DATE: 3/25/14

APPROVED: [Signature] DEAN OR OTHER AUTHORIZED SIGNATURE DATE: 3/25/14

APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE: 4/15/14

Received by	Date
GENFO / 5200 / 11 / FL. VS. EDPS	
Bus. Unit Account Fund Org	
64320 / 0000 / 2014 / 0475	\$ 155.52
Program Sub-Class BY Proj/Grnt	Amount
Bus. Unit Account Fund Org	
	\$
Program Sub-Class BY Proj/Grnt	Amount



Fax 608-6649

FOLSOM LAKE COLLEGE REQUEST FOR CATERING

EVENT INFORMATION		EOPS Deli Buffet	
Department	EOPS	Contact Person	Juan Flores
Address		Event Date	4/4/14
City		Event Day	Friday
State		Event Location	Perigrene room
Zip Code		Set-Up Time	12:30 PM
Phone #/Ext.	6721	Start Time	1:00 PM
Fax Number	floresj@losrios.edu	End Time	

MENU

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
12	Deli Buffet	\$12.00	\$144.00
	Vegetable Crudites		\$0.00
	Assorted Deli Meats and Sliced Cheese		\$0.00
	Condiment Tray		\$0.00
	Assorted Sliced Breads		\$0.00
	Mayo and Mustard Packages		\$0.00
	Cookies		\$0.00
			\$0.00
1	Gal Lemonade		\$0.00
			\$0.00
			\$0.00
	Sub-Total		\$144.00
	Tax		\$11.52
	TOTAL		\$ 155.52
	Non Taxable		\$0.00
	Non Taxable	\$0.00	\$0.00
	Non Tax Total		\$0.00
	TOTAL		\$ 155.52

Type of Service: (Check Items)

China X Paper

SPECIAL INSTRUCTIONS:

PLEASE NOTE:


3/25/14
 Signature of Individual or Organizations Representative Date

PO OR BUDGET NUMBER AND VP SIGNATURE REQUIRED FOR ALL CAMPUS EVENTS
 ORDERS WILL NOT BE PROCESSED UNLESS CATERING HAS THESE ITEMS

I N V O I C E
Campus Services

Terms: Due Upon Presentation
Make checks payable to: "ARAMARK Services, Inc."

MAIL ALL REMITTANCES TO
ARAMARK FLC c/o Sac City Colle
3835 Freeport Boulevard
Sacramento, CA 95822-

TO:
FLC Business Office
10 College Parkway
Folsom, CA 95630-

L J

IMPORTANT
Include INVOICE NUMBER and REMITTANCE COPY

Attention: Brenda Haney

Invoice Number: 1410000848
Invoice Date: 04/08/2014
Amount Due: 155.52

For additional information on this Invoice, please call
FRANK GLEASON (916) 558-2252

Sale Date	Description	Amount
04/08/2014	EOPS Deli Buffet 04/04/14 Juan Flores P.O. # <i>LPO F2573</i> 12 Deli Buffet @ 12.00 = 144.00 Vegetable Crudites Assorted Deli Meats and Sliced Cheese Assorted Sliced Breads Cookies lgal. Lemonade	144.00

PRINTED INVOICE

Sub Total ->	144.00
Sales Tax ->	11.52
Total Amount Due ->	155.52

Tax Exemption Number: _____ Certificate on File Yes No
 Payment made by Cash Check Deposit Date _____
 Check No. _____ Check Date _____
 Amount of Check _____ Number of Invoice(s) Paid _____

Authorized ARAMARK Signature _____ Other Signature _____