



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

Date 2-27-14
F.L.C. BUSINESS SERVICES

VENDOR NAME AND ADDRESS: <i>Ashley Rome</i> <i>5869 Travis Creek Rd.</i> <i>Garden Valley, CA 95633</i> <i>Student ID# : 1124281</i>	DELIVERY INSTRUCTIONS: <u>2014 MAR 11 A 7:17</u> <input checked="" type="checkbox"/> Deliver to Address Below <input type="checkbox"/> Will Call <i>Please deliver to EDC Admin</i> <i>for pick-up</i>
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	<i>Safeway</i>					<i>9.29</i>
2	<i>Reimbursement to student Sam's Club</i>					<i>17.26</i>
3	<i>for</i>					
4						
5	<i>Food for SAC CARES</i>					
6	<i>Eskaton Program</i>					
7	<i>Movie Night</i>					
8	<i>Sunday, Feb 23, 2014</i>					
9						
10	<i>Safeway & Sams</i>					<i>26.55</i>

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

EDC, SAC CARES Foundation Grant
 Program Name
Sally Howard For grants/special projects
 Program Director/Coord. Signature
6916A
 Project/Grant Number

Program Goal/Objective Number/Explanation

SUB-TOTAL	
SALES TAX	
TOTAL (Not to Exceed \$200.00)	<i>26.55</i>

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: *Deanne Repetto* TYPED/PRINT DATE: *2-27-14*

Requested by: *[Signature]* SIGNATURE DATE: *2-27-14*

Approved: *[Signature]* DEAN OR OTHER AUTHORIZED SIGNATURE DATE: *3/10/14*

Approved: *[Signature]* VICE PRESIDENT, ADMINISTRATION DATE: *3/4/14*

Received by _____ Date _____

Bus. Unit Account Fund Org
GENFD / 5200 / 12 / FL.VS. LIFE

Program Sub-Class BY Proj/Grnt Amount
67100 / 00000 / 2014 / 6916A \$ 26.55

Bus. Unit Account Fund Org
 Program Sub-Class BY Proj/Grnt Amount

SAC CARES



STORE MGR 530-295-2972
THANK YOU FOR SHOPPING WITH US!

GROCERY

HRSHY YORK CDY CLS	4.29 F
2 QTY ALPN SPC CIDER MIX	5.00 F
Reg Price	6.98
Card Savings	1.98-
**** TAX .00 BAL	9.29
VF DEBIT CARD	9.29
CHANGE	.00
2/19/14 12:39 1724 53 0053 8853	

YOUR CASHIER TODAY WAS SELF

BJ ROME 1787

Your Savings

Card Savings	1.98
Total	1.98
Total Savings Value	18%

HOW WAS YOUR SHOPPING EXPERIENCE?
PLEASE SHARE YOUR THOUGHTS ONLINE:
WWW.SAFEGWAYSURVEY.NET
ENTER TO WIN A \$100 GIFT CARD

GAS POINTS EARNED TODAY

Base Points	9
TOTAL	9

Points Towards Next Reward 51 of 100

100 Gas Points = 1 Gas Reward
1 Gas Reward = 10 cent per gal Rewards

Gas Rewards can be used within 30 minutes at Safeway stations up to \$1 per Gal in Rewards per trip, and 4 hours after earned at participating Chevron & Texaco stations up to \$0.20 per Gal in Rewards per trip. See full terms and conditions at our website or in-store.

EDC SAC CARES



CLUB MANAGER FATIMA KASCHT

(916) 817-8965

02/19/14 10:52 1714 6620 006 2970

ROME VALLEY VINEYARDS
5869 TRAVERSE CREEK RD
GARDEN VALLEY, CA 95633

E 837016 MARS VTY MIF	9.98 N
E 567374 ACT II F	7.28 N
	SUBTOTAL 17.26
	TOTAL 17.26
	DEBIT TEND 17.26
	CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
17.26 TOTAL PURCHASE
ACCOUNT # **** * 3902 S
NETWORK ID. 0056 APPR CODE 240234
TERMINAL # MX123700

Visit samsclub.com to see your savings

ITEMS SOLD 2

TC# 4978 7721 9799 4088 0010



Please tell us about your shopping experience
<http://www.survey.samsclub.com>

IN RETURN FOR YOUR TIME YOU COULD RECEIVE ONE OF FIVE \$1,000 SAM'S CLUB SHOPPING CARDS Must be 18 or older and a legal resident of the 50 US or DC to enter. No purchase necessary to enter or win. To enter without purchase and for official rules visit: www.entry.survey.samsclub.com

Sweepstakes period ends on the date shown in the official rules. Survey must be taken within TWO weeks of today.

Esta encuesta también se encuentra en español en la página de Internet.

Haney, Brenda

F413

AOB instructions
for last Reimb on
this Grant.

From: Wong, Barbara
Sent: Tuesday, October 29, 2013 2:15 PM
To: Haney, Brenda
Subject: RE: Student Reimbursement

Thanks for the information. Reimbursement should be submitted via LPO/PO. Please provide student ID number on LPO/PO. Purchase was made for on behalf of a District sponsored/supported activity. If the reimbursement is for a direct cost to the student via a grant, i.e. nursing program where we reimburse the student for purchase of insurance, books, etc., this would be on the check request. Hope this makes sense.

Barbara

From: Haney, Brenda
Sent: Tuesday, October 29, 2013 1:39 PM
To: Wong, Barbara
Subject: RE: Student reimbursement

Hi Barbara – Please see responses below. Please let me know how you want us to proceed.

Thank you,

Brenda Haney

Business Services

Folsom Lake College | 10 College Parkway | Folsom, CA 95630

☎ 916.608.6635 | ✉ haneyb@flc.losrios.edu

From: Wong, Barbara
Sent: Monday, October 28, 2013 2:42 PM
To: Haney, Brenda
Subject: Student reimbursement
Importance: High

Is the student an employee, i.e. student help? [Haney, Brenda] No.

If not, is the student in the class and the instructor requested the student to purchase the items? No, not related to a class.

[Haney, Brenda]

- 1) The SAC CARES program is a Community Service Project for Eskaton Elder Facilit(ies) in Sacramento - supported by the EDC Student Activities Club (SAC).
- 2) The EDC SAC Faculty Advisor requested student to purchase food and picnic items for a BBQ to kick-off the Eskaton Program.
- 3) Funding is from a FLC Mini Grant, therefore it is set-up in: GENFD 5200 12 FL.VS.LIFE 67100 00000 2014 696A.
- 4) They filled out an LPO requesting reimbursement, (which is what we do for employee's).
- 5) However, as this is a student (non-employee) – I am asking if this should be submitted on a Check Request form instead?