

FOLSOM LAKE COLLEGE

100 SCHOLAR WAY • FOLSOM, CA 95630
 TELEPHONE (916) 608-6549

CHECK NO. **FL- 00833**

VENDOR NO. **0000003279**

DATE September 11, 2013

LOCATION **09**

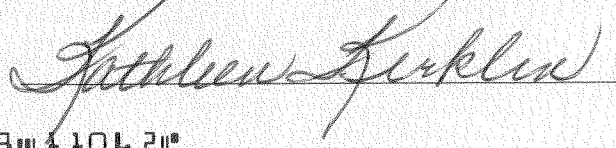
TO CA Internship & Work Experience Association
 PO Box 1466
 Brea, CA 92822

REQUISITIONED BY
 Req# 767980 - J. Collier

GENFD	5300	12	FL.VI.VTEA	49320	00000	2014	316C	\$75.00
BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EST. TOTAL AMOUNT
		CIWEA Membership for <i>Folsom Lake College</i> Institutional Membership Contact: Julie Collier, <i>Work Experience Coordinator</i>		\$75.00
		RECEIVED BY: _____		
		DATE: _____		

FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT 100 Scholar Way • Folsom, CA 95630	BANK OF AMERICA GOVERNMENT BANKING	CHECK No. FL- 00833
Folsom Lake College will pay to the order of:	DATE: <u>September 11, 2013</u>	11-35 1210
*****CIWEA*****		\$ 75.00
-----Seventy Five and no/100-----		(NOT TO EXCEED \$250.00) *THIS CHECK VOID 60 DAYS FROM DATE DRAWN
		DOLLARS
		
⑈000833⑈ ⑆121000358⑆ 14993⑈ 11042⑈		

Los Rios Community College District

Page 1 of 1

Requisition

Req. No. 767980
P.O. NO.

Vendor Code
Approved
Terms
F.O.B.

DATE 9/6/13 2013 AUG -0 P 4: 16
 VENDOR CA Internship + Work Exp. Association
 ADDRESS P.O. Box 1466
 CITY Brea STATE CA ZIP 92822
 PHONE (714) 928-2330 FAX (714) 459-7274

DELIVERY INSTRUCTIONS	
FILED <u>N/A</u>	Location Code
<u>FLC</u>	<u>WKEXP</u>
College/District Location	Department
<u>AROS</u>	<u>9/25/13</u>
Division	Date Required

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	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	<u>CIWEA Membership - Individual</u>	1		75 ⁰⁰	75.00
2	<u>For FLC (Work Experience)</u>				
3	<u>Institutional Membership</u>				
4	<u>Contact: Julie Collier</u>				
5					
6					
7	<u>REVL CLK# FL00833</u>				
8					
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects		<u>VTEA</u>	Sales Tax	—
This purchase is in compliance with the requirements of _____		Program Name	Total	75 ⁰⁰
Program Director/Coordinator Signature	For grants/special projects	<u>316C</u>		
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: Julie Collier TYPED/PRINT DATE 9/6/13

REQUESTED BY: Julie Collier SIGNATURE DATE 9/6/13

AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 9/9/13

APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE 9/11/13

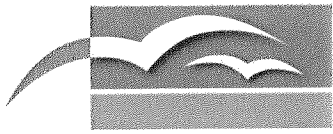
<u>GENEX 5300/12</u>	<u>FL.VI.VTEA</u>
Bus. Unit	Account* Fund Org
<u>49320 0000</u>	<u>2014 316C</u>
Program	Sub-Class BY Proj/Grnt Amount
Bus. Unit	Account* Fund Org
Program	Sub-Class BY Proj/Grnt Amount

* 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



2013-2014
CIWEA MEMBERSHIP APPLICATION FORM
Membership Year: July 1, 2013 – June 30, 2014

Membership Agreement

- SINGLE MEMBERSHIP**
\$75.00
1 person (list to the right)
- INSTITUTIONAL MEMBERSHIP**
\$200.00
Up to 3 persons (list to the right)

Note: \$45.00 for each additional member over 3,
(Complete a second form with just additional names &
information)

Check one:

- 2-Year Community College
- 4-Year Public College/University
- 4-Year Private College/University
- Employer
- Other

SPECIAL NOTE: By payment of annual membership fees, the individuals noted herein agree to receive and send information electronically, including but not limited to, meeting notices, ballots, and other information regarding the California Internship & Work Experience Association, via internet/email.

Payment Method:

Check: (Make out to CIWEA)

Check #:	Date:
Credit Card: (Visa or Mastercard only)	
Visa: <input type="checkbox"/>	Mastercard: <input type="checkbox"/>
Card#:	
Expiration Date:	(Mo & Year)
Name on card:	

For Association membership questions contact:
Sally Cardenas
CIWEA Administrative Office
Email: Sally.a.cardenas@gmail.com
Phone: 714-928-2330
Fax: 714-459-7274

Member 1:		Check one: <input checked="" type="checkbox"/> Renewing <input type="checkbox"/> New	
Name:	Julie Collier		
Title:	Faculty Program Coordinator		
Office/Dept:	Work Experience		
College/Company:	Folsom Lake College		
Address:	10 College Parkway		
City:	Folsom	State:	CA
		Zip:	95630
Phone:	916 608-6552	Email:	collier@flc.losrios.edu
<input checked="" type="checkbox"/> I would like to get involved with CIWEA by serving on a committee			

Member 2:		Check one: <input type="checkbox"/> Renewing <input type="checkbox"/> New	
Name:			
Title:			
Office/Dept:			
College/Company:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
<input type="checkbox"/> I would like to get involved with CIWEA by serving on a committee			

Member 3:		Check one: <input type="checkbox"/> Renewing <input type="checkbox"/> New	
Name:			
Title:			
Office/Dept:			
College/Company:			
Address:			
City:	State:	Zip:	
Phone:	Email:		
<input type="checkbox"/> I would like to get involved with CIWEA by serving on a committee			

Mail, fax or email completed Membership Application Form with **credit card information** or mail with **check made out to CIWEA:**

FAX: 714-459-7274
EMAIL: sally.a.cardenas@gmail.com
MAIL: CIWEA P.O. Box 1466, Brea, CA 92822-1466