

FOLSOM LAKE COLLEGE

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

CHECK NO. **FL- 00837**

VENDOR NO. **0000003279**

DATE **September 25, 2013**

LOCATION **09**

NOT TO EXCEED \$250.00

TO **Light Bulbs Plus**
2689 Citrus Road
Rancho Cordova, CA 95742
(916) 635-1127

REQUISITIONED BY

REQ# 767833 - T. Miller/C. Raines

GENFD	4500	11	FL.VA.CUST	65100	00000	2014	041A	
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
		<p>Medium Base Lamp Socket Extensions</p> <p><i>NTE \$250.00</i></p> <p><i>[Signature]</i></p>		
RECEIVED BY: _____				
DATE: _____				

FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT

100 Scholar Way • Folsom, CA 95630

BANK OF AMERICA
 GOVERNMENT BANKING

CHECK
 No. **FL- 00837**

DATE: **September 25, 2013**

11-35
 1210

Folsom Lake College
 will pay to the order of:

*****Light Bulbs Plus*****

\$ **51.58**

(NOT TO EXCEED \$250.00)

*THIS CHECK VOID 60 DAYS
 FROM DATE DRAWN.

Fifty one & 58/100

DOLLARS

COPY NOT NEGOTIABLE

Los Rios Community College District

Page _____ of _____

Requisition

FLC BUSINESS SERVICES

Req. No. **767833**

P.O. NO. _____

Vendor Code 3024
Approved _____
Terms _____
F.O.B. _____

DATE 9-24-13 2013 SEP 24 A 9:52

VENDOR LIGHT BULBS PLUS

ADDRESS 2689 CITRUS Rd.

CITY RANCHO CORDOVA STATE CA ZIP 95742

PHONE (916) 635-1127 FAX _____

DELIVERY INSTRUCTIONS	
Location Code _____	
College/District Location _____	Department _____
Division _____	Date Required _____

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES <small>*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.</small>	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1	<u>Maint Supplies</u>				<u>51.76</u>
2	<u>MEDIUM BASE LAMP SOCKET EXTENSIONS</u>				
3	<u>(FOR THE VAPA BLDG)</u>				
4					
5	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <u>INSTANT CASH CHECK</u> <u>NOT TO EXCEED \$250.</u> </div>				
6					
7					
8					
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects			Sales Tax	<u>382</u>
This purchase is in compliance with the requirements of _____			Total <u>51.58</u>	
Program Name _____		For grants/special projects _____		
Program Director/Coordinator Signature _____	Project/Grant Number _____			
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: TRAVIS J. MILLER TYPED/PRINT DATE 9-24-13

REQUESTED BY: Travis J. Miller SIGNATURE DATE 9-24-13

AUTHORIZED: Chris Reavis DEAN OR AUTHORIZED SIGNATURE DATE 9-24-13

APPROVED: Matthew Kudler VICE PRESIDENT, ADMINISTRATION DATE 9/25/13

GENFO/4500 / 11 / FL VA ^{cust} 51.58

Bus. Unit	Account*	Fund	Org	
<u>65100</u>	<u>00000</u>	<u>2014</u>	<u>041A</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

FLO0837

PAID
#00837

30/2013 10:00AM 01
00001#5305 MARIANNE

	24 @ \$1.99
PARTS	T1 \$47.76
MDSE ST	\$47.76
TAX1	\$3.82

ITEMS	240
***TOTAL	\$51.58
CHECK	\$51.58
CHANGE	\$0.00

LIMITED 7 DAY RETURNS.
OVER \$25 & CREDIT CARD
REFUNDS BY CHECK ONLY.