



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: MOUNTAIN DEMOCRAT 2889 RAY LAWYER DR. PO BOX 1088 PLACERVILLE, CA 95667	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call REVV CR# FL00849
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	1 YEAR SUBSCRIPTION					162.00
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:	SUB-TOTAL	SALES TAX	TOTAL (Not to Exceed \$200.00)
Program Name _____ For grants/special projects _____ Program Director/Coord. Signature _____ Project/Grant Number _____ Program Goal/Objective Number/Explanation _____			162.00

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: <u>TANYA GEORGE</u> DATE: <u>11/14/13</u>	Bus. Unit: <u>GENF/6300</u> Account: <u>11</u> Fund: <u>FLVI</u> Org: <u>LIBR</u>
REQUESTED BY: <u>[Signature]</u> DATE: <u>11/14/13</u>	Program: <u>6200</u> Sub-Class: <u>00000</u> BY: <u>2014</u> Proj/Grnt: <u>0411</u> Amount: <u>\$162.00</u>
APPROVED: <u>[Signature]</u> DEAN OR OTHER AUTHORIZED SIGNATURE DATE: <u>11/14/13</u>	Bus. Unit: _____ Account: _____ Fund: _____ Org: _____
APPROVED: <u>[Signature]</u> VICE PRESIDENT, ADMINISTRATION DATE: <u>11/19/13</u>	Program: _____ Sub-Class: _____ BY: _____ Proj/Grnt: _____ Amount: \$ _____

FOLSOM LAKE COLLEGE

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

CHECK NO. **FL- 00849**

VENDOR NO. **0000003279**

DATE November 19, 2013

LOCATION **09**

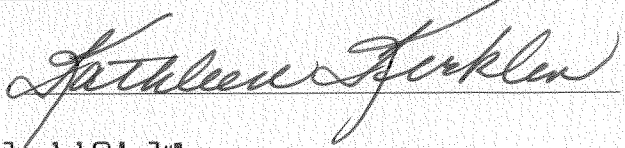
TO Mountain Democrat
 2889 Ray Lawyer Drive
 PO Box 1088
 Placerville, CA 95667

REQUISITIONED BY
 LPO# F2448 - T. George & G. Hartley

GENFD	6300	11	FL.VI.LIBR	61200	00000	2014	041X	\$162.00
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
		1 year Subscription		\$162.00
		RECEIVED BY: _____		
		DATE: _____		

FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT 100 Scholar Way • Folsom, CA 95630	BANK OF AMERICA GOVERNMENT BANKING	CHECK No. FL- 00849 DATE: November 19, 2013
Folsom Lake College will pay to the order of:		11-35 1210
*****Mountain Democrat*****		\$ 162.00
-----One Hundred Sixty Two and no/100-----		(NOT TO EXCEED \$250.00) *THIS CHECK VOID 60 DAYS FROM DATE DRAWN*
		
@000849@ : 121000358: 14993 110421@		

Mountain Democrat

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Placerville, CA 95667 · (530)344-5000

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FOLSOM LAKE COLLEGE
10 COLLEGE PKWY
FOLSOM CA 95630-6798



Account: 63612 Rate Code: R6CC Expiration Date: 10/30/2013

	Term	Monthly Rate	TOTAL
Premium Rate	2 YR at	\$11.58/month	\$278.00
Excellent Rate	1 YR at	\$13.50/month	\$162.00
Better Rate	6 MO at	\$16.83/month	\$101.00
Good Rate	3 MO at	\$22.33/month	\$67.00

Per Title 18, CCR, Reg. 1628, the amount of new activity charges attributable to transportation are: \$6.00 for 3 months, \$12.05 for 6 months, \$24.10 for 1 year and \$48.15 for 2 years

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Delivery Address: 10 College Pkwy
Folsom Ca 95630

Make checks payable to the Mountain Democrat

Account: 63612

Route:
Renew Date: 10/30/2013

2 YR	\$278.00
1 YR	\$162.00
6 MO	\$101.00
3 MO	\$67.00

Subscription				
Carrier Tip				
Newspapers In Education Donation (see back)				
TOTAL				

Payment Method:

- Check # _____ Please write your account number on your check.
- Credit Card Please fill out the information below.

Carrier Tip: If you would like to reward your carrier with a voluntary gratuity, simply add the amount you wish to give your carrier on the return portion of your payment next to the line marked "Carrier Tip". Your carrier will be notified after each payment is processed.

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Expires

**FOLSOM LAKE COLLEGE
10 COLLEGE PKWY
FOLSOM, CA 95630**

Signature: _____