

# LOS RIOS COMMUNITY COLLEGE DISTRICT

**PURCHASE ORDER NO**

**0001079232**

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145  
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

<b>Date</b>	<b>Revision</b>	<b>Page</b>
12/17/2014	1 - 12/22/2014	1
<b>Payment Terms</b>	<b>Freight Terms</b>	<b>Ship Via</b>
NET 30	Shipping Point	Best Metho
<b>Reference:</b>	<b>Location / Dept</b>	
814575 CLARK KB POONV	04EDCA104 SCI AH	

**Vendor:** 0000016692  
 OLYMPUS AMERICA, INC.  
 SEG BIOLOGICAL MICROSCOPES  
 3500 CORPORATE PKWY  
 CENTER VALLEY PA 18034

**Phone:** (800) 446-5967  
**Fax:** (484) 896-7177

**email:** melynnda.amato@olympus.com

**Ship To:** EL DORADO CENTER  
 RECEIVING  
 6699 CAMPUS DR  
 PLACERVILLE CA 95667  
 United States

**Bill To:** 1919 Spanos Court  
 Sacramento CA 95825-3981  
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	MICROSCOPE #CX31-106A; CX31RBSFA-6; CX31 KIT BI, 4/10/40/100XOB, EYEP, STG, PWR BULB	5.00 EA	1,710.40	8,552.00	12/19/2014
2- 1	HOLDER, CORD; FOR CH30 STUDENT MICROSCOPE #C-0900	5.00 EA	17.00	85.00	12/19/2014
3- 1	POINTER; EYEPIECE POINTER WITH SHARPENED POINTS FOR CH30 #B-0681	5.00 EA	2.55	12.75	12/19/2014
4- 1	COVER, DUST, HOOD TYPE FOR CX2 MICROSCOPE #COVER015	5.00 EA	9.35	46.75	12/19/2014
5- 1	SHIPPING	1.00 EA	66.00	66.00	12/19/2014

AS PER QUOTE #BIO-09401664 DATED 11/21/14

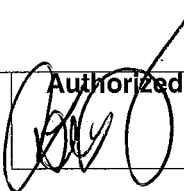
<b>Sub Total Amount</b>	8,762.50
<b>Sales Tax Amount</b>	652.25
<b>Total PO Amount</b>	9,414.75

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	6490	12	ED.VI.SB70	49990	00000	454Y	9,414.75	2015

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

**Authorized Signature**  


Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30  
 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

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## LOS RIOS COMMUNITY COLLEGE DISTRICT

American River College • Cosumnes River College • Folsom Lake College • Sacramento City College

### PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

# Los Rios Community College District

Page \_\_\_\_\_ of \_\_\_\_\_

## FLC BUSINESS SERVICES Requisition

Req. No. **814575**

Vendor Code **16692**

Approved by / Date \_\_\_\_\_

Reviewed by / Date \_\_\_\_\_

Dispatched Method / Date \_\_\_\_\_

DATE **11/20/14** VENDOR **OLYMPUS America Inc**

ADDRESS **3500 Corporate Plaza**

CITY **Central Valley** STATE **PA** ZIP **18834**

E-MAIL \_\_\_\_\_

PHONE **800 446 5967** FAX \_\_\_\_\_

P.O. No. \_\_\_\_\_

DELIVERY INSTRUCTIONS

**04 edc A102**  
Building Name

**EDC** **SB70/Area 3**  
College/District Location Department

**admin/science**  
Division Date Required

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, ITEM NUMBER, COLOR & SIZE	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	CX 31-106A microscopes	5	ea	2138. <sup>00</sup>	10,690. <sup>00</sup>
2	C -0900 cord holder	5	ea	20. <sup>00</sup>	100. <sup>00</sup>
3	B-0681 eyepiece pointer	5	ea	3. <sup>00</sup>	15. <sup>00</sup>
4	cover015 cover for microscope	5	ea	11. <sup>00</sup>	55. <sup>00</sup>
	Mdse subtotal				10,860. <sup>00</sup>
					<del>2715.<sup>00</sup></del>
	(See quote for % ) Discount				<del>2163.<sup>50</sup></del>
11	Per Quote # B10-09401664 Dated 11/21/14				
12	(XRF P4 POS 0001070091# 0001056172)				
13	Estimated Shipping				
					66. <sup>00</sup>
Purchases Charged to Categorical Programs, Grants or Special Projects				Tax	<del>610.<sup>88</sup></del>
This purchase is in compliance with the requirements of _____				7.50%	652. <sup>24</sup>
Program Director/Coordinator Signature _____ For grants/special projects _____				Total	<del>8821.<sup>88</sup></del>
Program Goal/Objective Number/Explanation _____					PAT \$9,414. <sup>74</sup>

I hereby certify the items/services listed above are to be obtained in accordance with District Policy, Conflict of Interest Code, P-8611 and all other applicable district, state, and federal policies, rules, regulations and laws.

REQUESTED BY: **Shannen Clark** TYPED/PRINT DATE **11/20/14**

REQUESTED BY: **[Signature]** SIGNATURE DATE **11/20/14**

REQUESTED BY: **[Signature]** SIGNATURE DATE **11/21/14**

AUTHORIZED: **[Signature]** DEAN OR AUTHORIZED SIGNATURE DATE **11/24/14**

APPROVED: **[Signature]** VICE PRESIDENT, ADMINISTRATION DATE \_\_\_\_\_

Bus. Unit Account \* Fund Org  
**49990/0000/205/4514**

Program Sub-Class BY Proj/Grnt Amount  
**8821.<sup>88</sup>**

Bus. Unit Account \* Fund Org  
**9,414.<sup>74</sup>**

Program Sub-Class BY Proj/Grnt Amount

\* Asset Location - For equipment purchases over \$200 (Accounts 6480, 6490, 6491, 6493, 6495, and computers) complete the area below indicating the final location where equipment will be housed.

Location Code **Area 3 edc** Dept. **Science**

Building **A** Room No. **A 104**

Instructions on Reverse



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INTEROFFICE MEMORANDUM

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**TO:** LRCCD AND FLC PURCHASING AND BSO  
**FROM:** SHANNON CLARK  
**SUBJECT:** LETTER OF EXPLANATION FOR SOLE SOURCE PURCHASE  
**DATE:** NOVEMBER 20, 2014  
**CC:**

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In an effort to maintain the same model and brand of microscope in the MLT labs at EDC, and to enable students with familiarity of operation and maintenance and that they may utilize all microscopes interchangeably, we are requesting this sole source purchase of microscopes from SEG Biological Microscopes. We purchased several microscopes of this same make and model from SEG last year and this purchase will serve to further our goal of standardization.

*aka Olympus America Inc. VID 16692*

*P4 POs 0001070091, 0001056172*



**Olympus America Inc.**

SEG Biological Microscopes

3500 Corporate Pkwy.

Center Valley, PA 18034

Phone: 484-896-7417

Fax: 484-896-7177

www.olympusamerica.com

Quote # BIO-09401664

CX31 STUDENT MICROSCOPES - 5 each

11/21/2014

Kim Zwerenz  
FOLSOM LAKE COLLEGE  
Biology Dept.  
6699 Campus Drive  
Placerville, CA 95667

Phone: 530-642-5638

Fax:

Email: ZwerenK@flc.losrios.edu

Sales Rep: Bob Cummins

Phone: (916) 320-8786

Email: robert.cummins@olympus.com

Alternate Rep:

Phone:

Email:

Item Number	Description	Qty	List Price	Disc	Extended Price
CX31-106A	CX31RBSFA-6; CX31 KIT BI,4/10/ 40/100XOB,EYEP, STG, PWR BULB	5	2,138.00	20.00%	8,552.00
C-0900	CH3-CH;CORD HOLDER FOR CH30 STUDENT MICROSCOPE	5	20.00	15.00%	85.00
B-0681	POINTER;EYEPIECE POINTER WITH SHARPENED POINTS FOR CH2,CH30	5	3.00	15.00%	12.75
COVER015	COVER015: DUST COVER, HOOD TYPE FOR CX2 MICROSCOPES	5	11.00	15.00%	46.75

TOTAL LIST PRICE

10,860.00

DISCOUNT

2,163.50

LINE ITEM TOTAL

8,696.50

ESTIMATED SHIPPING Ship Via: UPS Standard

66.00

ESTIMATED SALES TAX Not specified. Will be assessed at time of sale, if applicable.

0.00

Shipping/tax amounts are estimates only and are not official or binding. Final charges will be assessed after receipt of order.

GRAND TOTAL

8,762.50

Quote valid for 30 days.

Payment Terms Net 30

Pricing Condition: FOB Origin

To order these services or equipment, call 484-896-7417, fax 484-896-7177, or email seg.orders@olympus.com.

**Terms and Conditions**

This is an official price quotation for the products which you have shown an interest to purchase. The prices listed in this quotation as well as any package pricing, apply to the entire quote as presented. Changes, additions or deletions from this quotation may result in pricing adjustments. Catalog numbers may change from time to time.

Olympus America Inc. Warranty ([http://www.olympusamerica.com/seg\\_section/seg\\_service.asp?fl=3](http://www.olympusamerica.com/seg_section/seg_service.asp?fl=3))

\* Standard products: 5 years for mechanical and optical defects; 1 year for electrical, electronic, and wear-related components.

\* Fluoview Systems: 1 year for mechanical and optical defects; 1 year for electrical, electronic, and wear-related components.

\* MIC-D Digital Microscope: 1 year for defects in materials and workmanship.

# OLYMPUS®

## Olympus America Inc.

SEG Biological Microscopes  
3500 Corporate Pkwy.  
Center Valley, PA 18034  
Phone: 484-896-7417 Fax: 484-896-7177  
www.olympusamerica.com

VOID

Quote # **BIO-06202814**      **CX31 STUDENT MICROSCOPES - 5 each**      **11/19/2014**

\*\*\* This is not an official Quotation and may not be used as the basis for any purchase of goods or services. \*\*\*

Kim Zwerenz  
FOLSOM LAKE COLLEGE  
Biology Dept.  
6699 Campus Drive  
Placerville, CA 95667

Phone: 530-642-5638

Fax:

Email: ZwerenK@flc.losrios.edu

Sales Rep: Bob Cummins  
Phone: (916) 320-8786  
Email: robert.cummins@olympus.com

Alternate Rep:

Phone:

Email:

Item Number	Description	Qty	List Price	Disc	Extended Price
CX31-106A	CX31RBSFA-6; CX31 KIT BI,4/10/ 40/100XOB,EYEP, STG, PWR BULB	5	2,138.00	25.00%	8,017.50
C-0900	CH3-CH;CORD HOLDER FOR CH30 STUDENT MICROSCOPE	5	20.00	25.00%	75.00
B-0681	POINTER;EYEPIECE POINTER WITH SHARPENED POINTS FOR CH2,CH30	5	3.00	25.00%	11.25
COVER015	COVER015: DUST COVER, HOOD TYPE FOR CX2 MICROSCOPES	5	11.00	25.00%	41.25

**TOTAL LIST PRICE** 10,860.00  
**DISCOUNT** 2,715.00  
**LINE ITEM TOTAL** 8,145.00

**ESTIMATED SHIPPING** Ship Via: UPS Standard 66.00  
**ESTIMATED SALES TAX** Not specified. Will be assessed at time of sale, if applicable. 0.00

Shipping/tax amounts are estimates only and are not official or binding. Final charges will be assessed after receipt of order.

**GRAND TOTAL** 8,211.00

Quote valid for 30 days.

Payment Terms Net 30

Pricing Condition: FOB Origin

To order these services or equipment, call 484-896-7417, fax 484-896-7177, or email seg.orders@olympus.com.

### Terms and Conditions

This is an official price quotation for the products which you have shown an interest to purchase. The prices listed in this quotation as well as any package pricing, apply to the entire quote as presented. Changes, additions or deletions from this quotation may result in pricing adjustments. Catalog numbers may change from time to time.

Olympus America Inc. Warranty ([http://www.olympusamerica.com/seg\\_section/seg\\_service.asp?fl=3](http://www.olympusamerica.com/seg_section/seg_service.asp?fl=3))

\* Standard products: 5 years for mechanical and optical defects; 1 year for electrical, electronic, and wear-related components.

\* Fluoview Systems: 1 year for mechanical and optical defects; 1 year for electrical, electronic, and wear-related components.

\* MIC-D Digital Microscope: 1 year for defects in materials and workmanship.

**From:** [Haney, Brenda](#)  
**To:** [Harman, Joany](#)  
**Cc:** [Melton, Karen](#); [van Dam, Dale](#); [Shane, Vonnie](#)  
**Subject:** RE: REFUND CK# 686209 / OLYMPUS PO\_0001079232  
**Date:** Tuesday, October 27, 2015 1:53:05 PM  
**Attachments:** [DOC102015.pdf](#)  
[refund.11.02.msg](#)

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Hi Joany –

I phoned Olympus today for information re: refund. It was requested by Rae Gorrell on 8/21/15 for PO\_0001079232 – vendor has supplied attached email with seven page PDF of all detail.

Olympus POs History for EDC/FLC:

FY2011	0001056172	04/23/2010	GENFD 6490 12 FL.VI.VTEA 09580 00000 2011 316C
FY2014	0001070091	01/18/2013	GENFD 6490 12 ED.VI.SB70 49990 00000 2014 454X
<b>FY2015</b>	<b>0001079232</b>	<b>12/02/2014</b>	<b>GENFD 6490 12 ED.VI.SB70 49990 00000 2015 454Y</b>
FY2016	0001083494	09/22/2015	GENFD 6492 12 FL.VI.CTEF 12050 00000 2016 482F

Thank you,

*Brenda Haney*

Business Services

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

☎ 916.608.6635 | ✉ [haneyb@flc.losrios.edu](mailto:haneyb@flc.losrios.edu)

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**From:** Harman, Joany  
**Sent:** Tuesday, October 27, 2015 10:31 AM  
**To:** Haney, Brenda <[haneyb@flc.losrios.edu](mailto:haneyb@flc.losrios.edu)>; van Dam, Dale <[VanDamD@flc.losrios.edu](mailto:VanDamD@flc.losrios.edu)>; Shane, Vonnie <[ShaneY@flc.losrios.edu](mailto:ShaneY@flc.losrios.edu)>  
**Cc:** Melton, Karen <[meltonk@losrios.edu](mailto:meltonk@losrios.edu)>  
**Subject:** FW: REFUND

Does anyone know what this refund is for? It is from SB70?

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**From:** Schwimley, Victoria  
**Sent:** Tuesday, October 20, 2015 3:59 PM  
**To:** Harman, Joany  
**Subject:** REFUND

Hi, Joany:

The budget provided for the attached refund is a budget from 2015. Do you want me to have fiscal set it up, or would you like it placed someplace else?

GENFD 6490 12 ED.VI.SB70 49990 00000 454Y

Thanks,



**OLYMPUS**

3500 CORPORATE PARKWAY  
P.O. BOX 610  
CENTER VALLEY, PA 18034-0610

Check No. - 686209  
Check Date - 09/03/15  
Stub 1 of 1

DETACH STATEMENT BEFORE DEPOSITING

INVOICE NUMBER	DATE	DESCRIPTION	GROSS AMOUNT	DEDUCTIONS	AMOUNT PAID
410998	08/24/15	16400656RM	11.02		11.02
			11.02		11.02

*I 19  
10-20-15*

*P.O. 1079232*

*Genfd 6490 12 ED.V. SB70  
49990 00000 4544*

*LRCCD  
SEP 08 2015  
ACCTG OPS*





RE: Past-Due Balance  
Gorrell, Raelean  
to:  
Maria.Rosado@Olympus.com  
08/21/2015 06:30 PM  
Hide Details  
From: "Gorrell, Raelean" <GorrelR@losrios.edu>

To: "Maria.Rosado@Olympus.com" <Maria.Rosado@Olympus.com>

Maria,

Please apply the large credit for <11545.20> to clear the two invoices for 2298.02 & 9236.16; after that there will be a credit of <11.02> and **please send us a refund check for that 11.02.** This should clear this account to a zero balance. This should have been done a long long time ago so we would not have been receiving all of your letters.

*Thank you,*

*Rae Gorrell  
Accts Payable – ph 916.568.3181 fax 916.286.3636  
Email: gorrelr@losrios.edu*

**From:** Maria.Rosado@Olympus.com [<mailto:Maria.Rosado@Olympus.com>]  
**Sent:** Friday, August 21, 2015 10:51 AM  
**To:** Gorrell, Raelean  
**Subject:** RE: Past-Due Balance

Here are the copies of the invoices and the credit. The account was updated so that any new invoice is emailed to your email address. After applying the credit to the invoice the balance on the account will be (11.02). Please let me know if there is any other concerns.

“If you want to live a happy life, tie it to a goal, not to people or things.” – Albert Einstein

Best Regards,

Maria Rosado  
Senior Retail Credit Administrator

032002 Customer Ledger Inquiry Date From \_\_\_\_\_  
 Customer Number . . . 1082399 LOS RIOS COMMUNITY C Thru \_\_\_\_\_  
 Parent Number . . . \_\_\_\_\_ Seq \_\_\_\_\_ A  
 Invoice Number . . . \_\_\_\_\_ Thru \_\_\_\_\_ Paid \_\_\_\_\_ 0  
 Recpt/Item Number . . . \_\_\_\_\_ Co \_\_\_\_\_  
 Statement Number . . . \_\_\_\_\_ PayIns \_\_\_\_\_ \*  
 Skip To Page . . . \_\_\_\_\_ Cur \_\_\_\_\_ USD

O	P	Ty	Number	Itm	Date	Net Due/ Rcpt Dat	Gross Amount	Open Amount	P Recpt/ I Item	P P C S
—	RI	16304039	001	02/23/15	03/25/15		11,701.26	2,298.02		D A
—	RI	16352590	001	05/11/15	06/10/15		9,236.16	9,236.16		D A
—	RM	16400656	001	07/30/15	07/30/15		11,545.20-	11,545.20-		D A
				USD	Total		9,392.22	11.02-		

Opt.: . 1=Inv . 2=JE . 5=Dt1 . F2=Formats . F9=NS . F16=Age&Sts . F21=Prt . F24=More

# INVOICE

<b>NUMBER</b>
<b>16304039 RI</b>

MAIL ALL CORRESPONDENCE TO:

**OLYMPUS AMERICA INC.**  
 3500 CORPORATE PARKWAY  
 P.O. BOX 610  
 CENTER VALLEY, PA 18034-0610  
 TEL (484) 896-5000

YOUR CREDIT REPRESENTATIVE IS: Maria Rosado PH 484-896-5515 FX 484-896-7164 maria.rosado@olympus.com
--

MAIL REMITTANCE TO:
---------------------------

**OLYMPUS AMERICA INC.**  
 Box 200160  
 Pittsburgh, PA 15251-0160

**SOLD TO:** 1082399  
 LOS RIOS COMMUNITY COLLEGE DISTRICT  
 ATTN: ACCOUNTS PAYABLE  
 1919 SPANOS COURT  
 SACRAMENTO CA 95825

**SHIP TO:** 1174769  
 LOS RIOS COMMUNITY COLLEGE DISTRICT  
 EL DORADO CENTER  
 ATTN: RECEIVING PO #0001079232  
 6699 CAMPUS DRIVE  
 ROBERT.CUMMINS@OLYMPUS.COM  
 PLACERVILLE CA 95667

**\*\*\* To receive your invoices electronically, please contact your Credit Representative.\*\*\***

Tax ID: \_\_\_\_\_ Tax Cert: \_\_\_\_\_ PAGE: 1

CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
0001079232		01/07/15		400	<b>14709621 S4</b>	02/23/15

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
		CUSTOMER CONTACT: KIM ZWERENZ TEL#: 530-642-5638 SALES REP: BOB CUMMINS TEL#: 916-320-8786 CUSTOMER SERVICE REPRESENTATIVE TEL#: 800-446-5967 OPT 6 QUOTE#: BIO-09401664		
C-0900	5	CH3-CH;CORD HOLDER FOR CH30 STUDENT MICROSCOPE	17.00	85.00
B-0681	5	POINTER;EYEPIECE POINTER WITH SHARPENED POINTS FOR CH2,CH30	2.55	12.75
COVER015	5	COVER015: DUST COVER, HOOD TYPE FOR CX2 MICROSCOPES	9.35	46.75
CX31-107A	5	CX31RBSFA-1-7;CX31-BI,4/10/40/100X,EYE,STG,PWR, BULB, NO OIL	2,138.00	10,690.00
		KIT CONSISTS OF THE FOLLOWING: CX31-107 UYCP-11 ***** CREDITED ON 14948159 K4 REBILLED ON 14948164 N4 *****		

Tax Rate	Sales Tax	Net Due Date	INVOICE TOTAL
			<b>PAY THIS AMOUNT</b>
			<b>USD</b>

Trade-in Credit will be issued under a separate document after Olympus receives the trade-in equipment. The trade-in credit may reflect a discount, reduction in price or participation in a discount program. Any such discount or reduction in price is fully and accurately reported herein in accordance with Sec. 1128B(b) (3) of the Social Security Act, 42 U.S.C. Sec. 1320a-7b(b) (3) and applicable regulations (42 C.F.R. Sec. 1002.952 (h)). Further, you may be obligated to properly disclose the discount or other reduction in price in costs claimed by you to the Medicare or state healthcare program.

The terms and conditions contained on the reverse side hereof represent the total understanding between the parties governing the sale of the goods described herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

# INVOICE

<b>NUMBER</b>
<b>16304039 RI</b>

MAIL ALL CORRESPONDENCE TO:

**OLYMPUS AMERICA INC.**  
 3500 CORPORATE PARKWAY  
 P.O. BOX 610  
 CENTER VALLEY, PA 18034-0610  
 TEL (484) 896-5000

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MAIL REMITTANCE TO:
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**OLYMPUS AMERICA INC.**  
 Box 200160  
 Pittsburgh, PA 15251-0160

**SOLD TO:** 1082399  
 LOS RIOS COMMUNITY COLLEGE DISTRICT  
 ATTN: ACCOUNTS PAYABLE  
 1919 SPANOS COURT  
 SACRAMENTO CA 95825

**SHIP TO:** 1174769  
 LOS RIOS COMMUNITY COLLEGE DISTRICT  
 EL DORADO CENTER  
 ATTN: RECEIVING PO #0001079232  
 6699 CAMPUS DRIVE  
 ROBERT.CUMMINS@OLYMPUS.COM  
 PLACERVILLE CA 95667

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Tax ID: \_\_\_\_\_ Tax Cert: \_\_\_\_\_ PAGE: 2

CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
0001079232	Net 30 Days	01/07/15		400	14709621 S4	02/23/15

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
		INVOICE #16352586 RM CREDITED ON #14990356 K4 INVOICE #16304039 RI CREDITED ON #14990366 K4 THANK YOU FOR YOUR ORDER		

<b>Tax Rate</b>	<b>Sales Tax</b>	<b>Net Due Date</b>	<b>INVOICE TOTAL</b>
<b>8.000</b>	<b>866.76</b>	<b>03/25/15</b>	<b>PAY THIS AMOUNT USD 11,701.26</b>

Trade-in Credit will be issued under a separate document after Olympus receives the trade-in equipment. The trade-in credit may reflect a discount, reduction in price or participation in a discount program. Any such discount or reduction in price is fully and accurately reported herein in accordance with Sec. 1128B(b) (3) of the Social Security Act, 42 U.S.C. Sec. 1320a-7b(b) (3) and applicable regulations (42 C.F.R. Sec. 1002.952 (h)). Further, you may be obligated to properly disclose the discount or other reduction in price in costs claimed by you to the Medicare or state healthcare program.

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# INVOICE

<b>NUMBER</b>
<b>16400656 RM</b>

MAIL ALL CORRESPONDENCE TO:

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 3500 CORPORATE PARKWAY  
 P.O. BOX 610  
 CENTER VALLEY, PA 18034-0610  
 TEL (484) 896-5000

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MAIL REMITTANCE TO:
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**OLYMPUS AMERICA INC.**  
 Box 200160  
 Pittsburgh, PA 15251-0160

**SOLD TO:** 1082399  
 LOS RIOS COMMUNITY COLLEGE DISTRICT  
 ATTN: ACCOUNTS PAYABLE  
 1919 SPANOS COURT  
 SACRAMENTO CA 95825

**SHIP TO:** 1174769  
 LOS RIOS COMMUNITY COLLEGE DISTRICT  
 EL DORADO CENTER  
 ATTN: RECEIVING PO #0001079232  
 6699 CAMPUS DRIVE  
 PLACERVILLE CA 95667

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Tax ID: \_\_\_\_\_ Tax Cert: \_\_\_\_\_ PAGE: 1

CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
0001079232	Net 30 Days	07/27/15		400	<b>14990366 K4</b>	07/30/15

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
CX31-107A	5-	ORDER# 14990366 K4 VS. INVOICE #16304039 RI ORIGINAL ORD#: 14709621 S4 REASON: ERROR OCCURRED DURING PROCESSING CREDIT TO ACCOUNT REBILL WO#: 14948164 N4 ADJUSTMENT ENTERED BY CSSR: BIANNEY CX31RBSFA-1-7;CX31-BI,4/10/40/100X,EYE,STG,PWR, BULB, NO OIL KIT CONSISTS OF THE FOLLOWING: CX31-107 UYCP-11	2,138.00	10,690.00-

Tax Rate	Sales Tax	Net Due Date	INVOICE TOTAL
<b>8.000</b>	<b>855.20-</b>	<b>08/29/15</b>	<b>PAY THIS AMOUNT USD 11,545.20-</b>

Trade-in Credit will be issued under a separate document after Olympus receives the trade-in equipment. The trade-in credit may reflect a discount, reduction in price or participation in a discount program. Any such discount or reduction in price is fully and accurately reported herein in accordance with Sec. 1128B(b) (3) of the Social Security Act, 42 U.S.C. Sec. 1320a-7b(b) (3) and applicable regulations (42 C.F.R. Sec. 1002.952 (h)). Further, you may be obligated to properly disclose the discount or other reduction in price in costs claimed by you to the Medicare or state healthcare program.

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# INVOICE

<b>NUMBER</b>
<b>16352590 RI</b>

MAIL ALL CORRESPONDENCE TO:

**OLYMPUS AMERICA INC.**  
 3500 CORPORATE PARKWAY  
 P.O. BOX 610  
 CENTER VALLEY, PA 18034-0610  
 TEL (484) 896-5000

YOUR CREDIT REPRESENTATIVE IS: Maria Rosado PH 484-896-5515 FX 484-896-7164 maria.rosado@olympus.com
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MAIL REMITTANCE TO:
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**OLYMPUS AMERICA INC.**  
 Box 200160  
 Pittsburgh, PA 15251-0160

**SOLD TO:** 1082399  
 LOS RIOS COMMUNITY COLLEGE DISTRICT  
 ATTN: ACCOUNTS PAYABLE  
 1919 SPANOS COURT  
 SACRAMENTO CA 95825

**SHIP TO:** 1174769  
 LOS RIOS COMMUNITY COLLEGE DISTRICT  
 EL DORADO CENTER  
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 PLACERVILLE CA 95667

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CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
0001079232	Net 30 Days	05/07/15		400	14948164 N4	05/11/15

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
CX31-107A	5	ORDER# 14948164 N4 ORIGINAL ORD#:14709621 S4 REPLACING INVOICE#16304039 RI REASON: ITEM SHOULD HAVE BEEN ENTERED AT QUOTED PRICE CREDIT WO#:14948159 K4 ADJUSTMENT ENTERED BY CSSR: B.JANNEY  CX31RBSFA-1-7;CX31-BI,4/10/40/100X,EYE,STG,PWR, BULB, NO OIL  KIT CONSISTS OF THE FOLLOWING: CX31-107 UYCP-117 THANK YOU FOR YOUR ORDER	1,710.40	8,552.00

<b>Tax Rate</b>	<b>Sales Tax</b>	<b>Net Due Date</b>	<b>INVOICE TOTAL</b>
<b>8.000</b>	<b>684.16</b>	<b>06/10/15</b>	<b>PAY THIS AMOUNT USD 9,236.16</b>

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