

# LOS RIOS COMMUNITY COLLEGE DISTRICT

**PURCHASE ORDER NO 0001079358**

**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>     |
| 12/10/2014                |                        | 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> |                 |
| 808780 ANDERSONJ GALLARZC | 04ADMN                 |                 |

**Vendor:** 0000035839  
 SMARTSHEET.COM INC  
 PO BOX 315  
 BELLEVUE WA 98009-0315

**Phone:** (855) 420-2395  
**Fax:** (425) 324-2398

**email:** finance@smartsheet.com

**Ship To:** FOLSOM LAKE COLLEGE  
 RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630  
 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     | 20 SMARTSHEET LICENSES 1 YEAR<br>SUBSCRIPTION TEAM PLAN NON-PROFIT<br>ON-LINE TO PROJECT & COLLABORATION<br>TOOL<br><br>VALID 12/12/2014 - 12/11/2015 | 1.00 LOT     | 1,912.00 | 1,912.00     | 12/24/2014 |

PRICING QUOTE DATED NOVEMBER 18, 2014

**VENDOR INSTRUCTIONS:**  
 EMAIL ACTIVATION CONFIRMATION AND LICENSE INSTRUCTIONS TO: JAE ANDERSON ANDERSA@FLC.LOSRIOS.EDU  
 PHONE 916-608-6899

EMAIL INVOICE TO BRENDA HANEY AT HANEYB@FLC.LOSRIOS.EDU  
 FLC BUSINESS SERVICES - PHONE 916-608-6635

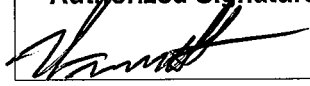
|                         |          |
|-------------------------|----------|
| <b>Sub Total Amount</b> | 1,912.00 |
| <b>Sales Tax Amount</b> | 0.00     |
| <b>Total PO Amount</b>  | 1,912.00 |

| BU    | Acct | Fd | Org        | Prog  | Sub   | Proj | Amount   | BYear |
|-------|------|----|------------|-------|-------|------|----------|-------|
| GENFD | 5890 | 11 | FL.VI.OFFC | 60100 | 00000 | 041A | 1,912.00 | 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**  
  
 12-12-14

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.

## 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.

**From:** [Haney, Brenda](#)  
**To:** ["finance@smartsheet.com"](mailto:finance@smartsheet.com)  
**Cc:** [Anderson, Jae](#)  
**Subject:** PO#\_0001079358\_ Folsom Lake College\_ for 1YR Annual Team-20 NFP License (December 12, 2014 - December 11, 2015) / Revised Invoice Required  
**Date:** Monday, December 15, 2014 4:17:56 PM  
**Attachments:** [0001079358\\_SMARTSHEET.COM.PDF](#)  
[Invoice\\_S7294.pdf](#)

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Smartsheet.com -

Please find attached our Authorized Purchase Order# 0001079358 for Folsom Lake College 1YR Annual Team-20 NFP License from December 12, 2014 - December 11, 2015.

**Please email revised Smartsheet.com Invoice# S7294 to reflect these dates: December 12, 2014 - December 11, 2015 to: [haneyb@flc.losrios.edu](mailto:haneyb@flc.losrios.edu)**

- Upon receipt of revised invoice payment will be scheduled for our next available vendor check run on January 6, 2015 .

Best Regards,

*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)

-----Original Message-----

From: Smartsheet Finance [mailto:message-service@post.xero.com]

Sent: Tuesday, December 09, 2014 10:19 AM

To: Anderson, Jae; Haney, Brenda

Subject: Smartsheet Invoice S7294 for Folsom Lake College

Hello Jae,

Please find Invoice S7294 attached for Folsom Lake College's Smartsheet account, which is active.

For your convenience you may pay by check, bank transfer or credit card using the secure link in the attached invoice.

Can you please reply with confirmation that you have received this invoice?

If you have any questions, or need anything else, please let us know!

Kind Regards,

Andriana Dul

# Requisition

Req. No. **808780**

Vendor Code

DATE NOVEMBER 26, 2014

P.O. NO.

Approved by / Date

VENDOR SMARTSHEET.COM

FLC BUSINESS SERVICES

DELIVERY INSTRUCTIONS

Reviewed by / Date

ADDRESS P.O. Box 315

2014 DEC -2 P 3: 35

04 FLC ADMIN  
Location Code

Dispatched Method / Date

CITY Bellevue STATE WA ZIP 98009

FLC INSTR  
College/District Location Department

PHONE (855) 824-2221 FAX \_\_\_\_\_

Division 12/8/14  
Date Required

| ITEM | DESCRIPTION<br>GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES  | ORDERED  |      | AMOUNT     |                 |
|------|---|----------|------|------------|-----------------|
|      |   | QUANTITY | UNIT | UNIT PRICE | TOTAL PRICE     |
|      | <b>*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.</b> |          |      |            | <del>1.99</del> |
| 1    | 20 Smartsheet Licenses - 1 year   |          |      |            | 1,912.00        |
| 2    | Team Plan non-profit online   |          |      |            |                 |
| 3    | Subscription to Project &   |          |      |            |                 |
| 4    | Collaboration Tool  |          |      |            |                 |
| 5    | <b>FROM: December 12, 2014 - December 11, 2015</b>  |          |      |            |                 |
| 6    | Email PO to: Sarah Richardson at: sarah.richardson@smartsheets.com  |          |      |            |                 |
| 7    |   |          |      |            |                 |
| 8    | <b>Include the following in PO Comments:</b>  |          |      |            |                 |
| 9    | <b>VENDOR INSTRUCTIONS -</b>  |          |      |            |                 |
| 10   | <b>Email Activation Confirmation and License Instructions to:</b>   |          |      |            |                 |
| 11   | <b>Jae Anderson andersa@flc.losrios.edu Phone: 916.608.6899</b>   |          |      |            |                 |
| 12   | <b>Email Invoice to: Brenda Haney at: haneyb@flc.losrios.edu</b>  |          |      |            |                 |
| 13   | <b>FLC Business Services - Phone: 916.608.6635</b>  |          |      |            |                 |

|  |  |                      |                             |                |  |
|--|--|----------------------|-----------------------------|----------------|--|
| <b>Purchases Charged to Categorical Programs, Grants or Special Projects</b> |  |                      |                             | Sales Tax      |  |
| This purchase is in compliance with the requirements of _____                |  |                      |                             |                |  |
| Program Name   |  |                      | For grants/special projects |                |  |
| Program Director/Coordinator Signature                                       |  | Project/Grant Number |                             | <b>Total</b>   |  |
|  |  | <u>5890</u>          |                             | <u>1912.00</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: Joe A. Anderson TYPED/PRINT DATE 11/26/14

REQUESTED BY: [Signature] SIGNATURE DATE 11/26/14

AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE \_\_\_\_\_

APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE 12/5/14

|  |              |             |             |                   |
|--|--------------|-------------|-------------|-------------------|
| <u>GENED / <del>4500</del> 11 / FL.VI.OFFC</u> |              |             |             |                   |
| Bus. Unit                                      | Account      | * Fund      | Org         |                   |
| <u>60100</u>                                   | <u>00000</u> | <u>2015</u> | <u>041A</u> | \$ <u>1912.00</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**





# smartsheet

## Smartsheet.com Quote

### Vendor

Smartsheet.com  
P.O. Box 315  
Bellevue, WA 98009 USA  
[sales@smartsheet.com](mailto:sales@smartsheet.com)  
+1 (855) 824-2221

### Customer

Company: Folsom Lake College  
Name: Jae Anderson  
Email:  
Date: November 18th, 2014

**Service Description:** Smartsheet is a software as a service for online collaboration and file sharing. It is used broadly to track and manage diverse types of work including: projects and task lists, customer information, sales pipelines, event schedules, and other business processes.

### **Plan:** Team Plan Non-Profit

- 20
- 1000 Sheets
- 300 GB File Storage
- Unlimited Free Collaborators
- Priority Support
- [Reports](#)
- [Recurring Backups](#)
- [Groups](#)
- [User Management](#)
- [Resource Management](#)

Subscription Price: \$1,912 per year

Smartsheet.com  
10500 NE 8<sup>th</sup> St, Suite 2000  
Bellevue, WA 98004

Pricing information within this document is confidential, proprietary, and valid for 30 days from the date of issue.

# SVB Silicon Valley Bank

A Member of SVB Financial Group

May 8, 2014

To Whom It May Concern:

**Re: Smartsheet.com Inc.**

**Smartsheet.com Inc.**, is a client of Silicon Valley Bank and they have asked me to forward you this reference letter for business purposes. I am writing you to confirm their Banking information as the following:

**Smartsheet.com Inc.  
Account Number 3301001766 (Checking)  
Silicon Valley Bank  
ABA Routing 121140399**

The information in this letter is provided as an accommodation to your inquiry. This letter and any information provided in connection herewith are furnished on the condition that they are strictly confidential, that no liability or responsibility whatsoever in connection herewith shall attach to Silicon Valley Bank or any of its affiliates, respective officers, employees, and/or agents, that this letter makes no representations regarding the general condition of the Company, its management or its future ability to meet its obligation, and that any information provided is subject to change without notice.

Sincerely,



Silicon Valley Bank  
Mikayla Jayne / Client Service Advisor / 1-800-774-7390/ [clientsupport@svb.com](mailto:clientsupport@svb.com)



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  - [Contact Us](#)
- [Pricing](#)

## Smartsheet Pricing

### Pricing & Signup

[Try Smartsheet for Free](#)

Smartsheet provides easy, scalable work management for businesses of all sizes.

US Dollar - USD ▼

#### Basic

**\$14**/mo  
when paid annually

For individuals coordinating a project or tracking information, people, or tasks.

- Unlimited Collaborators
- Gantt Charts
- Mobile Access

[Compare All Features](#)

#### Advanced

**\$25**/mo  
when paid annually

For individuals managing multiple projects, people or tasks. Adds these features:

- Reporting
- More Storage
- More Sheets


[Compare All Features](#)

#### Team

Best Deal

**\$39**/mo  
when paid annually

For a team with 3 to 50 people coordinating work of all kinds. Adds these features;

- Starts at \$13/user 
- Multiple Creators
- User Management

[Compare All Features](#)

#### Enterprise

[Contact Us for Pricing](#)  
or call [+1 \(855\)-824-2221](tel:+18558242221)

For Enterprises from dozens to thousands, managing work of all kinds. Adds these features:

- Single Sign-On
- Automated Provisioning
- Dedicated Account Manager

[Learn More](#)

by the sheet Creator. Creators require a Smartsheet license. Collaborators have free access.

#### **Sheets: What are they?**

Sheets store the information and files you collaborate on, track, and manage. You can set up sheets for managing projects, processes, contacts, checklists - quite literally anything.

## **Payments**

#### **Do you accept payments in my currency?**

We can accept payments in USD, AUD, CAD, EUR, GBP, or JPY. We also accept payments via Paypal.

#### **Can I be billed instead of paying by credit card?**

Yes. For annual Team 5+ and Enterprise subscriptions, we can send you an invoice payable by check, wire transfer, or ACH. Please [contact us](#) to arrange.

## **Plans**

#### **Can I change my plan at anytime?**

Yes. You can add Creators, upgrade, downgrade, or cancel your subscription at any time.

#### **Monthly Plans: Are they available?**

Yes, monthly terms are available for Basic, Advanced, and Team. You will have the chance to select annual or monthly frequency for these plans during the purchase process. Choose an annual term to receive our best pricing.

## **Pricing**

#### **Non-profit pricing is available**

Non-profits and schools receive preferred rates on annual plans: Basic \$139(USD)/yr, Advanced \$249(USD)/yr, Team \$399(USD)/yr (additional Creators \$89(USD)/yr).

[Contact us](#) for non-profit Enterprise pricing.

#### Company

- [About Us](#)
- [Customers](#)
- [Partners](#)
- [Management](#)
- [Newsroom](#)
- [Blog](#)
- [Careers](#)
- [Contact Us](#)
- [Privacy Policy](#)

#### Product

- [Collaboration](#)
- [File Sharing](#)
- [Gantt Charts](#)
- [Alerts & Reminders](#)
- [Calendars](#)
- [Google Apps](#)
- [Mobile](#)
- [Web Forms](#)
- [Resource Management](#)



**From:** [Sarah Richardson](#)  
**To:** [Anderson, Jae](#)  
**Cc:** [Haney, Brenda](#)  
**Subject:** Re: Vendor forms complete  
**Date:** Saturday, December 06, 2014 4:49:18 PM

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No problem Jae.

The Team Plan does not come with a Customer Success Manager like the Enterprise Platform, but you will receive priority support from our Support Team via [support@smartsheet.com](mailto:support@smartsheet.com). With the Team Plans, you can purchase a package of 4 hours of training for \$500. Please let me know if you are interested in this option as well.

We accept payment with a PO, which you can send to me directly to process with our Finance team. In addition to the PO, please provide me with the following:

**Account/Company Name**  
**Billing Contact**  
**Billing Contact Email Address**  
**Billing Address**  
**Billing Phone Number**

Once we have received this information (can be before the PO is sent over), we will activate the Team-20 Plan on our end. You will receive a confirmation email once the activation is complete, as well as instructions on how to add the other licensed users to your account.

The Finance team will email your billing contact within 2-3 business days of receiving the PO with the invoice for your plan.

Please let me know if you have any other questions about this.

Kind Regards,

**Sarah Richardson | Smartsheet**  
Business Sales Specialist  
d 425-324-2285  
[sarah.richardson@smartsheet.com](mailto:sarah.richardson@smartsheet.com)

Winner : Best 100 Companies to Work For 2014  
[www.smartsheet.com](http://www.smartsheet.com)

On Fri, Dec 5, 2014 at 2:56 PM, Anderson, Jae <[AndersJ2@flc.losrios.edu](mailto:AndersJ2@flc.losrios.edu)> wrote:

Hi Sarah

I thought we were almost done, but we have some more questions:

Is there a customer or account assigned to us, or will we get one?

Do we have to pay online with a credit card or is it possible bill to a PO? If yes, can we email the P.O. to someone over there?

How is the subscription activated? Is there a key that will be emailed to me?

Thanks for your help,



**Jae A. Anderson** | Assistant to the Vice President of Instruction

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

p. [916.608.6899](tel:916.608.6899) | [jae.anderson@flc.losrios.edu](mailto:jae.anderson@flc.losrios.edu) | <http://www.flc.losrios.edu>

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**From:** Sarah Richardson via Smartsheet [mailto:[user@smartsheet.com](mailto:user@smartsheet.com)]

**Sent:** Tuesday, November 25, 2014 11:00 AM

**To:** Anderson, Jae

**Subject:** Vendor forms complete




Jae,

Please see the vendor forms completed in the attachments icon. What are the remaining steps for you and your team in the evaluation process?







Rows

| Task | Column2 | Name | Notes | Start Date | Due Date | Modified | Progress |
|------|---------|------|-------|------------|----------|----------|----------|
|------|---------|------|-------|------------|----------|----------|----------|

|   |                   |  |  |  |  |  |                   |   |
|---|-------------------|--|--|--|--|--|-------------------|---|
| 2 | New Vendor Packet |  |  |  |  |  | 11/24/14 10:52 AM |  |
|---|-------------------|--|--|--|--|--|-------------------|---|

## Attachments

-  [Los Rios Community College.pdf \(130k\)](#) (Row 2)
-  [SVB Receivables Account Letter.pdf \(40k\)](#) (Row 2)
-  [New Vendor application SmartSheet.pdf \(272k\)](#) (Row 2)
-  [Smartsheet W-9.pdf \(118k\)](#) (Row 2)

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Sent using [Smartsheet](#), the online tool that helps coordinate anything with anyone.

Sent by [sarah.richardson@smartsheet.com](mailto:sarah.richardson@smartsheet.com)

File links in this email will be active until December 25, 2014

© 2014 Smartsheet.com, Inc. | [Contact](#) | [Privacy Policy](#)



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

# VENDOR PACKET

## Vendor Packet Check List

### 1. REVIEW/INFORMATION ONLY:

Purchase Order Terms and Conditions

Insurance Requirements for vendors providing onsite or contract services

### 2. COMPLETE AND RETURN:

Vendor Application

W-9

CA Tax Form(s) - 590, 587, 588, 589 as applicable

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VENDOR NAME: SmartSheet.com, Inc

Return the following via email, mail or fax:

Application  W-9  CA Tax Form(s)

Email – [lrcddpurchase@losrios.edu](mailto:lrcddpurchase@losrios.edu)

Mail – 1919 Spanos Court, Sacramento, CA 95825

Fax – (916) 568-3145





**LOS RIOS**  
**COMMUNITY COLLEGE DISTRICT**  
 1919 Spanos Court ■ Sacramento, CA 95825  
 PURCHASING DEPARTMENT (916) 568-3071  
 Fax (916)568-3145 ■ lrccdpurchase@losrios.edu

# VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: Smartsheet.com, Inc.

|  |                       |  |                               |
|--|-----------------------|--|-------------------------------|
| <b>NAME OF FIRM</b><br>Smartsheet.com, Inc.                    |                       | <b>FEDERAL ID# OR SOCIAL SECURITY #</b><br><u>20 2954357 1</u>         |                               |
| <b>MAILING ADDRESS</b><br>P.O. Box 315 Bellevue, WA 98009-0315 |                       | <b>REMIT ADDRESS</b><br>Dept. 3421 PO Box 123421 Dallas, TX 75312-3421 |                               |
| <b>PHONE</b>   | <u>(855) 420-2395</u> | <b>FAX</b>   | <u>(425) 324-2398</u>         |
|  |                       | <b>EMAIL</b>   | <u>finance@smartsheet.com</u> |

|   |                   |                               |   |                               |
|---|-------------------|-------------------------------|---|-------------------------------|
| <b>WEBSITE</b><br><u>www.smartsheet.com</u> |                   |                               | <b>ORGANIZATION CLASSIFICATION</b><br>(Check all that apply)                        |                               |
|   |                   |                               | <input type="checkbox"/> Individual   | <input type="checkbox"/> MBE  |
| <b>AUTHORIZED COMPANY REPRESENTATIVES</b>   |                   |                               | <input type="checkbox"/> Partnership  | <input type="checkbox"/> WBE  |
| Name  | Title/Capacity    | Email                         | <input type="checkbox"/> Non Profit   | <input type="checkbox"/> DVBE |
| <u>Dean Tibbetts</u>                        | <u>Controller</u> | <u>finance@smartsheet.com</u> | <input checked="" type="checkbox"/> <b>WA</b> Corporation (List State Incorporated) |                               |
|   |                   |                               | Contractor's License # _____  |                               |
|   |                   |                               | Collect CA Tax (circle one) <u>Yes</u> No   |                               |

| PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT |  |  |
|--|--|--|
| <u>Software as a Service (SaaS)</u>  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |                                   |                                  |                  |
|--|-----------------------------------|----------------------------------|------------------|
| <b>VENDOR CERTIFICATION</b><br>I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios, nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer.<br><u>ZDB</u> INITIALS | <b>OTHER BUSINESS INFORMATION</b> |                                  |                  |
|  | Payment Terms<br><u>Net-30</u>    | Discounts Extended<br><u>N/A</u> |                  |
|  | Refund/Returns<br><u>N/A</u>      |                                  |                  |
|  | <u>Yuh J. Ba</u><br>SIGNATURE     | Finance & Ops<br>TITLE           | 11/24/14<br>DATE |





## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

|   |  |
|---|--|
| Name (as shown on your income tax return)<br><b>Smartsheet.com, Inc.</b>  |  |
| Business name/disregarded entity name, if different from above  |  |
| Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><br><input type="checkbox"/> Other (see instructions) ▶ _____ | Exemptions (see instructions):<br><br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____ |
| Address (number, street, and apt. or suite no.)<br><b>P.O. Box 315</b>  | Requester's name and address (optional)  |
| City, state, and ZIP code<br><b>Bellevue, WA 98009-0315</b>   |  |
| List account number(s) here (optional)  |  |

### Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| Social security number |  |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|
|                        |  |  |  |  |  |  |  |  |

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Employer identification number |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|
| 2                              | 0 | - | 2 | 9 | 5 | 4 | 3 | 5 |

### Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

|                  |                            |                         |
|------------------|----------------------------|-------------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ <b>2/25/2014</b> |
|------------------|----------------------------|-------------------------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



# INVOICE

Folsom Lake College  
Attention: Brenda Haney  
10 College Parkway  
FOLSOM CA 95630

**Invoice Date**  
Dec 8, 2014

**Invoice Number**  
S7294

Smartsheet.com, Inc.  
Dept 3421  
PO BOX 123421  
Dallas, TX 75312-3421  
1-855-420-2395  
finance@smartsheet.com

| Description  | Tax              | Amount USD      |
|--|------------------|-----------------|
| Annual Team-20 NFP License (December 8, 2014 - December 7, 2015) | Tax Exempt       | 1,912.00        |
|  | Subtotal         | 1,912.00        |
|  | TOTAL TAX        | 0.00            |
|  | <b>TOTAL USD</b> | <b>1,912.00</b> |

**Due Date: Jan 7, 2015**

Payment for this invoice is due thirty (30) days from the invoice date unless otherwise agreed upon in writing.

When paying by check, please note your invoice number and remit to the address above. If electronic payment is preferred, please utilize our bank information below and note your customer name and invoice number in the payment details.

Federal Tax ID: 20-2954357  
Bank Detail: Silicon Valley Bank  
3003 Tasman Drive, Santa Clara, CA 95954, USA  
Transit #: 121140399  
Account #: 3301001766  
SWIFT Code: SVBKUS6S

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[Pay online now](#) (you will be taken to the online invoice)



## PAYMENT ADVICE

To: Smartsheet.com, Inc.  
Dept 3421  
PO BOX 123421  
Dallas, TX 75312-3421  
1-855-420-2395  
finance@smartsheet.com

**Customer** Folsom Lake College  
**Invoice Number** S7294

**Amount Due** **1,912.00**  
**Due Date** Jan 7, 2015

**Amount Enclosed**

Enter the amount you are paying above





# INVOICE

Folsom Lake College  
Attention: Brenda Haney  
10 College Parkway  
FOLSOM CA 95630

**Invoice Date**  
Dec 8, 2014  
**Invoice Number**  
S7294  
**Reference**  
Purchase order number:  
0001079358  
Smartsheet.com, Inc.  
Dept 3421  
PO BOX 123421  
Dallas, TX 75312-3421  
1-855-420-2395  
finance@smartsheet.com

| Description  | Tax              | Amount USD      |
|--|------------------|-----------------|
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