

# LOS RIOS COMMUNITY COLLEGE DISTRICT

14/15 COMPL

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

**PURCHASE ORDER NO 0001079928**

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date	Revision	Page
02/02/2015		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
808568 PADASHA GALLARZC	04ASPH	

Open  
2/2

**Vendor:** 0000001055  
 COLLEGE BOARD  
 PO BOX 30171  
 NEW YORK NY 10087-0171

**Phone:** (571) 262-5709  
**Fax:** (703) 935-2170

**email:** cbpayments@collegeboard.com

**Ship To:** FOLSOM LAKE COLLEGE  
 RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630-6798  
 United States

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

Tax Exempt? N *NO REVR REQ'D*

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	POWER FAIDS MAINTENANCE & SUPPORT ANNUAL SUBSCRIPTION RENEWAL, ITEM# 080102517 01/01/2015 - 12/31/2015	1.00	EA	24,907.96	24,907.96	02/02/2015

PAY INVOICE # EA53730036, DATED 08/27/2014

FISCAL YEAR 2016 CODING GENFD-5600-12-FL.VS.FAOF-64600-00000-2015-438A

Sub Total Amount	24,907.96
Sales Tax Amount	0.00
Total PO Amount	24,907.96

INV

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5600	12	FL.VS.FAOF	64600	00000	438A	12,453.98	2015
GENFD	9220	11					12,453.98	2015

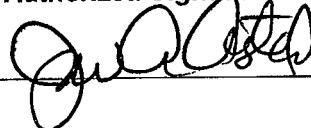
*Paid*  
 94711416  
 2/5/15  
 24,907.96

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

*-rj/cb*  
  
 2/5/15

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

## Requisition

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

ITC BUSINESS SERVICES

Req. No. **808568**

P.O. NO.

2015 JAN 23 P 3:49

Vendor Code

DATE 01/23/2015

Approved by / Date

VENDOR COLLEGE BOARD

Reviewed by / Date

ADDRESS P.O. BOX 30171

Dispatched Method / Date

CITY NEW YORK STATE NY ZIP 10087-0171

PHONE (571)485-3888 FAX \_\_\_\_\_

DELIVERY INSTRUCTIONS

04ASPH

Location Code

FLC FINANCIAL AID

College/District Location Department

SDEM

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. <b>DO NOT USE A SECOND REQUISITION.</b>					
1	POWERFAIDS MAINTENANCE & SUPPORT ANNUAL SUBSCRIPTION RENEWAL 01/01/2015 - 06/30/2015 (50% CURRENT YEAR BUDGET FY 2015)	14	889.57		<del>12,453.98</del> 12,453.98
2	POWERFAIDS MAINTENANCE & SUPPORT ANNUAL SUBSCRIPTION RENEWAL 07/01/2015 - 12/31/2015 (50% PREPAID EXPENSE YEAR BUDGET FY 2016)	14	889.57		12,453.98
3					
4					
5					
6					
7					
8					
9					
10					
11	INVOICE # <u>EA53730036</u>				
12	PY PO # <u>0001073843</u>				
13					

<b>Purchases Charged to Categorical Programs, Grants or Special Projects</b>		Sales Tax
This purchase is in compliance with the requirements of <u>BFAP</u>		
<u>Ali Padash</u> Program Director/Coordinator Signature	For grants/special projects <u>438A</u> Project/Grant Number	<b>Total</b> <u>24,907.96</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: Ali Padash TYPED/PRINT DATE 01/23/2015

REQUESTED BY: Ali Padash SIGNATURE DATE 01/23/2015

AUTHORIZED: Stephen SPP DEAN OR AUTHORIZED SIGNATURE DATE 1/23/15

APPROVED: Matthew Kukler VICE PRESIDENT, ADMINISTRATION DATE 1/23/15

<u>GENFD/5600/12 / FL-VS-FAOF</u>					
Bus. Unit	Account	* Fund	Org		
<u>64600</u>	<u>100000</u>	<u>2015</u>	<u>438A</u>	\$	<u>12,453.98</u>
Program	Sub-Class	BY	Proj/Grnt		Amount
<u>GENFD</u>	<u>19200</u>	<u>11</u>	<u>/</u>		
Bus. Unit	Account	* Fund	Org		
<u>/</u>	<u>/</u>	<u>/</u>	<u>/</u>	\$	<u>12,453.98</u>
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**



# PAST DUE 2nd Notice

Customer Number 50807  
Invoice # EA53730036  
Date 08/27/2014  
Terms NET30  
Order Number 70841435  
PO Number  
Contract Number PF

Bill To
Folsom Lake College 10 College Parkway Folsom, CA 95630 United States  ATTN: Carol Thomas

Ship To
Folsom Lake College 10 College Parkway Folsom, CA 95630 United States  ATTN: Carol Thomas

ITEM	DESCRIPTION	UNIT PRICE	QUANTITY	AMOUNT
080102517	PowerFAIDS Maintenance & Support Annual Subscription	1,779.14	14	24,907.96
<b>SUB-TOTAL</b>				24,907.96
<b>SHIPPING</b>				0.00
<b>TAX</b>				0.00
<b>NET TOTAL</b>				\$24,907.96
<b>CURRENT NET BALANCE</b>				\$24,907.96

**Comments:**  
PowerFAIDS Version 20.x



Institutional Credit Card Payment Form

**\*\*Do not email this form\*\***

Please complete all highlighted fields and fax using our secure fax line to:

**703-787-6702**

Institution Name: \_\_\_\_\_  
Transaction Amount: \_\_\_\_\_  
Credit Card Acct: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ - \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

**"I authorize The College Board to charge my credit card"**

Cardholder Signature \_\_\_\_\_

*This section MUST be completed*

Order Number \_\_\_\_\_ Invoice Number \_\_\_\_\_ Customer Number \_\_\_\_\_

**Name on Card:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Billing Information:**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**For Finance Use Only**

Received By: \_\_\_\_\_ Received Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Process Date: \_\_\_\_\_

Processor Auth Response: \_\_\_\_\_

Auth Code: \_\_\_\_\_

Processor AVS Response: \_\_\_\_\_