

**PURCHASE ORDER NO 0001080951  
DUPLICATE**

<b>Date</b>	<b>Revision</b>	<b>Page</b>
04/15/2015	1 - 04/15/2015	1
<b>Payment Terms</b>	<b>Freight Terms</b>	<b>Ship Via</b>
NET 30	Shipping Point	Best Metho
<b>Reference:</b>		
808474 AGUILARJ GALLARZC		

**Supplier:** 0000030015  
CAMP RICHARDSON RESORT, INC  
P O BOX 9028  
SOUTH LAKE TAHOE CA 96158

**Phone:** (530) 541-1801  
**Fax:** (530) 541-1802

**email:**

**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	FKCE EDUCATIONAL WEEKEND TRAINING TO BE HELD AT THE RICHARDSON HOUSE AT CAMP RICHARDSON IN SOUTH LAKE TAHOE, CA, MAY 1-3, 2015 (2 NIGHTS X \$650.00).	1.00 EA	1,300.00	1,300.00	04/15/2015
2- 1	<b>LODGING TAX RATE 10%</b>	1.00 EA	130.00	130.00	04/15/2015

PREPAY REQUIRED FOR FACILITY RENTAL (FLAT RATE). J. AGUILAR TO HAND DELIVER PAYMENT AT TIME OF CHECK-IN.

<b>Sub Total Amount</b>	1,430.00
<b>Sales Tax Amount</b>	0.00
<b>Total PO Amount</b>	1,430.00

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>	<u>BYear</u>
GENFD	5200	12	FL.VS.FCPG	64900	00000	471C	1,430.00	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.

**Unauthorized**

**AGREEMENT/CONTRACT APPROVAL AND ROUTING SHEET**

(Except for Grants & Categorical Contracts)

ARC  CRC  DO   FLC  FM  SCC  OTHER \_\_\_\_\_

Agreement/Contract With: Camp Richardson

State the business terms of agreement: Annual Foster Care (FKCE) Educational Weekend Training

This agreement consists of the following documents: Rental Agreement

REQ# 808474

Funding Source: Foster & Kinship Care Amount \$ 1430<sup>00</sup>

I have read and agree with the terms of this agreement:

By: Juline Aguilar  
Area Manager/Supervisor

Date: 4/13/15

(Print Name)

**College VPA, DO, FM, Director**

*I approve as to Substance*

By: Kathleen Gurkin

Date: 4/13/15

(Print Name)

**General Services**

By: \_\_\_\_\_  
Director, General Services

Date: \_\_\_\_\_

**General Counsel** (When necessary)

- Changes necessary as specified on the document or on the attached memorandum.
- Approved as to form.

By: \_\_\_\_\_  
General Counsel

Date: \_\_\_\_\_

**Los Rios Community College District**

By: \_\_\_\_\_  
 Deputy Chancellor  Vice Chancellor, Ed & Tech.

Date: \_\_\_\_\_



# Los Rios Community College District

## Requisition

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

F.L.C. BUSINESS SERVICES

Req. No. <b>808474</b>
P.O. NO.

Vendor Code	DATE <u>04/13/15</u>
Approved by / Date	VENDOR <u>CAMP RICHARDSON</u>
Reviewed by / Date	ADDRESS <u>PO BOX 9028</u>
Dispatched Method / Date	CITY <u>SOUTH LAKE TAHOE</u> STATE <u>CA</u> ZIP <u>96158</u>
	PHONE <u>(530) 541-1802</u> FAX _____

Pre-PAY

DELIVERY INSTRUCTIONS	
- <u>CHADWIN</u>	Location Code <u>Requester</u>
WILL HAND CARRY CHECK	College/District Location
<u>FKCE</u>	Department <u>05/01/15</u>
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. DO NOT USE A SECOND REQUISITION.				
1					
2	<u>FKCE EDUCATIONAL WEEKEND TRAINING</u>				
3	<u>TO BE HELD AT THE RICHARDSON</u>				
4	<u>HOUSE AT CAMP RICHARDSON IN</u>				
5	<u>SOUTH LAKE TAHOE, CA, MAY 1-3,</u>				
6	<u>2015.</u>				
7					
8	<u>FLAT RATE FOR FACULTY RENTAL</u>	<u>650/nt.</u>	<u>2 nts</u>		<u>1300.00</u>
9	<u>IS</u>				
10					
11	<u>* Prepay - payment due upon</u>				
12	<u>check-in</u>				
13					

Purchases Charged to Categorical Programs, Grants or Special Projects			Sales Tax	<u>130.00</u>
This purchase is in compliance with the requirements of <u>FOSTER + KINSHIP CARE ED</u>			Total	\$ <u>1,430.00</u>
<u>Julie Aguilar</u> <small>Program Director/Coordinator Signature</small>	For grants/special projects <u>471c</u> <small>Project/Grant Number</small>			
<u>OBJ. 2 TRAINING</u> <small>Program Goal/Objective Number/Explanation</small>				

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.

<u>JULIE AGUILAR</u> <small>REQUESTED BY: TYPED/PRINT</small>	<u>04/13/15</u> <small>DATE</small>
<u>Julie Aguilar</u> <small>REQUESTED BY: SIGNATURE</small>	<u>04/13/15</u> <small>DATE</small>
<u>Stephen Kuklen</u> <small>AUTHORIZED: DEAN OR AUTHORIZED SIGNATURE</small>	<u>4/14/15</u> <small>DATE</small>
<u>Stephen Kuklen</u> <small>APPROVED: VICE PRESIDENT ADMINISTRATION</small>	<small>DATE</small>

<u>GEN ED / 5200 / 12 / FL.VS.FCPG</u>				
Bus. Unit	Account	* Fund	Org	
<u>64900</u>	<u>00000</u>	<u>15</u>	<u>471c</u>	\$ <u>1,430.00</u>
Program	Sub-Class	BY	Proj/Grnt	Amount
	<u>/</u>	<u>/</u>	<u>/</u>	
Bus. Unit	Account	* Fund	Org	
	<u>/</u>	<u>/</u>	<u>/</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



LETTER OF AGREEMENT  
Los Rios Community College District  
1919 Spanos Court  
Sacramento, CA 95825  
530.642.5659

Contact: [juline.aguilar@flc.losrios.edu](mailto:juline.aguilar@flc.losrios.edu)

Event: Los Rios/Folsom Lake College – Foster Care Education

Arrival: **Friday, May 1<sup>st</sup>, 2015**  
***Lodging Check in begins at 3:00pm.***

Departure: **Sunday, May 3<sup>rd</sup>, 2015**  
***Lodging Check out is no later than 10:00am.***

**\*\*\*Check In and Check out times are non-negotiable during summer months. Please adhere to times above.**

**\*\*Groups may NOT deliver any coolers, food, baggage or additional items to the house prior to check in. Please make other arrangements for your supplies until you are welcome to check in.**

Accommodations

Block and Rates: See confirmation email

Occupancy: The house has sleeping arrangements for 20 persons. Occupancy by more than 20 persons or the use of additional beds (cots, mats, etc.) is a violation of existing codes and will result in eviction of all guests and retention of all deposits and payments.

Food and Beverage: ~~To be determined. Catered events may be scheduled at any time in advance with a deposit, provided a conflicting event has not been previously scheduled. The deadline for submitting menu selections and guaranteed head counts for catered events is June 1, 2015.~~

Activities: NA

Deposit: \* **We will require the payment in full due upon check in.**

Payments: **We will require the payment in full due upon check in.**

An amount equal to all other estimated charges (i.e., food and beverage, meeting room fees) is due on arrival.

Cancellation: **If you cancel within 90 days of your check in date we will retain the entire deposit. If you cancel before the 90 days your deposit will be refunded to you in full.**

Final Payment: Final Payment is due upon arrival.

Damages: **Group accepts responsibility for damage to resort property by group guests. Any damages found at time of check in must be reported to the front desk immediately or group will be held responsible for payment to replace broken or damaged items. Please note that not all damages may be repaired or replaced during visit due to ordering and shipping requests of items. We will do our best to fix any damage so your stay remains as comfortable as possible.**

**Pet & Smoking Policy:**

Pets are not allowed at Camp Richardson Resort. There is a \$250 fee for harboring pets and or smoking in any of Camp Richardson accommodations.

**Indemnification:** Los Rios Community College District and all members of this group shall indemnify, defend, and hold Camp Richardson Resort, its officers, directors, employees, agents, and parent, subsidiary and affiliated companies, harmless from and against all claims and actions, and all expenses incidental to such claims or actions, based upon or arising out of damage to property or injury to persons during their stay at Camp Richardson Resort. This hold harmless agreement shall not be applicable to any liability based upon the sole negligence of Camp Richardson Resort.

The performance of this agreement by either party is subject to acts of nature, war, government regulations, disaster, strikes, civil disorder, or other emergency making it illegal or impossible to provide the facilities or to hold the meeting. It is agreed that this agreement may be terminated for any or more of such reasons by written notice from one party to the other given within three (3) days of the occurrence of such events.

Signature Page

Contact: **Juline Aguilar**

Company Name: **Los Rios/Folsom Lake College – Foster Care Ed.I**

Contract Date: **Friday, April 10, 2015**

**Contract Due: UPON ARRIVAL**

**Deposit Amount Due: UPON ARRIVAL**

**Signer acknowledges and agrees that:**

\*I have received a copy of the Camp Richardson Resort Inc. contract

\*I have read, understood, and agreed to each and every term of the contract, any and all provisions of which cannot be altered without the express written consent of contract signer and Camp Richardson Resort Inc.

\*Signer understands that they are responsible for all charges authorized by him/her, even if not outlined in this agreement.

\*The contract will not be in effect until such time as Camp Richardson Resort Inc. executes this agreement. Both the signed contract and deposit are required in for Camp Richardson Resort Inc. to countersign the agreement. If either party uses a fax or electronic means of transmittal, then the fax or other electronic copy shall serve as the original.

Signer Name:	CRR Inc.
Signature:	Signature:
Date:	Date:

Vanessa Santora  
Sales Manager  
Camp Richardson Group Sales & Events  
530/542-6587  
Fax: 530.541.1802  
sales@camprichardson.com

Camp Richardson Resort, Inc.  
1900 Jameson Beach Road  
South Lake Tahoe, CA 96150

**Group Folio**

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**Los Rios College - Foster Care Ed.**  
Juline Aguilar  
1919 Spanos Ct.  
Sacramento, CA 95825

**Group Code** RH1518  
**Check In** 05/01/2015  
**Check Out** 05/03/2015

<u>Date</u>	<u>Guest Name</u>	<u>Room</u>	<u>Status</u>	<u>Type</u>	<u>Deposit</u>	<u>Total Room</u>	<u>Total Tax</u>	<u>Total</u>
05/01 - 05/03	Los Rios College, Group	(RICH)	Reserved	RICH		1,300.00	130.00	1,430.00
<b>Group Balance:</b>	<b>1,430.00</b>	Room Nights: 2				1,300.00	130.00	1,430.00