

**LOS RIOS COMMUNITY COLLEGE DISTRICT**

**PURCHASE ORDER NO**

**0001081076**

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.

Date	Revision	Page
04/28/2015		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
815612 MCHARGUET GALLARZC	04ASPH36	

**Vendor:** 0000001617  
 DUXBURY SYSTEMS INC  
 270 LITTLETON RD UNIT 6  
 WESTFORD MA 01886-3523

**Phone:** (978) 692-3000  
**Fax:** (978) 692-7912

**email:**

**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	Use Tax Applicable: Y	Quantity	UOM	PO Price	Extended Amt	Due Date
Line-Sch	Item/Description					
1- 1	C14 - DUXBURY BRAILLE TRANSLATOR FOR WINDOWS	1.00	EA	595.00	595.00	05/07/2015
2- 1	SHIPPING	1.00	EA	25.00	25.00	05/07/2015

REFERENCE QUOTE# PF141, DATED 03/19/2015

Sub Total Amount	620.00
Sales Tax Amount	0.00
Total PO Amount	620.00

**PAID**  
 5/13/15

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5601	12	FL.VS.DSPS	64200	00000	428A	620.00	2015

Pre-Pmt 94-716019  
 \$689.50

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

*[Handwritten 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.

# Los Rios Community College District

## Requisition

Page 1 of 1

Req. No. **815612**  
P.O. No. \_\_\_\_\_

**Vendor Code** \_\_\_\_\_

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

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

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

DATE 3/23/15 VENDOR Duxbury Systems

ADDRESS 270 Littleton Road, #6

CITY Westford STATE MA ZIP 01886

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

PHONE (978)-3000 FAX \_\_\_\_\_

**DELIVERY INSTRUCTIONS**

04 ASPN FLI-36  
Building Name

FLC DSPS  
College/District Location Department

SS 4/27/15  
Division Date Required

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, ITEM NUMBER, COLOR & SIZE	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
	<small>*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.</small>				
1	<u>C14 - Duxbury Braille</u>				
2	<u>Translator for windows</u>	<u>1</u>			<u>595.00</u>
3					
4					
5	<u>Pre-Pay Required</u>				
6	<u>Proforma Invoice # PF141</u>				
7	<u>attached</u>				
8					
9					
10	<u>Shipping &amp; Handling</u>				<u>25.00</u>
11	<u>Sales tax 8%</u>				<u>349.60</u>
12					
13					

**Purchases Charged to Categorical Programs, Grants or Special Projects**

This purchase is in compliance with the requirements of \_\_\_\_\_

Program Name DSPS

Project/Grant Number 428A

Program Director/Coordinator Signature J.T. McHugh For grants/special projects \_\_\_\_\_

Program Goal/Objective Number/Explanation Sec. 504 for students with disabilities

Tax \_\_\_\_\_

**Total** 6069.60

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: TIM McHUGH TYPED/PRINT DATE 3-23-15

REQUESTED BY: J.E. McHugh SIGNATURE DATE 3-23-15

AUTHORIZED: Kathleen Kirklin DEAN OR AUTHORIZED SIGNATURE DATE 3/27/15

APPROVED: \_\_\_\_\_ VICE PRESIDENT, ADMINISTRATION DATE \_\_\_\_\_

5601/12 / FL-US. DSPS

Bus. Unit	Account	*Fund	Org	Amount
				\$ <u>6069.60</u>
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 \_\_\_\_\_ Dept. \_\_\_\_\_

Building \_\_\_\_\_ Room No. \_\_\_\_\_

**Instructions on Reverse**

# Quotation/Proforma Invoice

**Duxbury Systems, Inc.**  
 270 Littleton Road, Unit 6  
 Westford, MA 01886

Tel.: +1-978-692-3000

FEIN: 04-2587062

**Quote Valid for 60 Days**

Quote #	PF141
Date	3/19/2015

Bill To
Folsom Lake College Attn: Chris Wilson 10 College Parkway Folsom, CA 95630 Attn: Chris Wilson

Ship To
Folsom Lake College Attn: Chris Wilson 10 College Parkway Folsom, CA 95630 Attn: Chris Wilson

P.O. No.	Terms	Rep
	Net 30	DT

FOB	Cust. Acct. #
	FOLSOM.002

Item	Description	Qty	U/M	Amount
C14	Duxbury Braille Translator™ for Windows Single-user license	1	ea	595.00
S&H	Shipping & Handling			25.00

**BANK INFORMATION: Santander Bank, N.A.**  
 601 Penn Street, Reading PA 19601  
 Routing #: 011075150 SWIFT Code: SVRNUS33  
 Account Name: Duxbury Systems, Inc.  
 Account Number: 10020612353

Subtotal	\$620.00
Sales Tax (0.0%)	\$0.00
<b>Total</b>	<b>\$620.00</b>

**Customer is responsible for all destination charges including brokerage fees, customs duties, VAT, or any import fees or taxes.**

**Please include Quote/Proforma No. with your P.O. or wire payment, check, email or phone order. credit card order.**