



# Sales Order

Cliawaived, Inc.  
 11578 Sorrento Valley Rd  
 Suite 26  
 San Diego CA 92121  
 United States

**Date** 4/6/2015  
**Order #** 3108  
**Payment Method** VISA  
**Terms**  
**PO #** B115717  
**Shipping Method** Ground  
**Ship Date** 4/6/2015  
**Tracking #**  
**Credit Card #** \*\*\*\*\*7076

**Bill To**  
 Accounts Payable  
 Los Rios Community College District  
 1919 Spanos Court  
 Sacramento CA 95825  
 United States

**Ship To**  
 Receiving  
 Folsom Lake College  
 10 College Pkwy  
 Folsom CA 95630  
 United States

Item	Quantity	Description	Inventory Detail	Rate	Amount	Tax R...
CHEK-1710	4	Lipid Panel TC,HDL, Tirc, Calc, LDL (15 tests)	P438(4)	158.12	632.48	8.0%
CHEK-1749	2	Cardiochek Capillary Plungers (25 per tube)	1124(2)	3.06	6.12	8.0%
CHEK-1745	2	40uL Capillary Tube (25 per tube)	1974(2)	7.04	14.08	8.0%
CHEK-721	1	Quality Control	MC18(1)	45.00	45.00	8.0%
Freight	1	UPS GROUND		11.95	11.95	
CUSTOMER HAS REQUESTED RELEASE ON APRIL 6TH FOR DELIVERY ON APRIL 8TH						

Thank you!

**Subtotal** 709.63  
**Tax Total** 55.81  
**Total** \$765.44





Cliawaived, Inc.  
 11578 Sorrento Valley Rd  
 Suite 26  
 San Diego CA 92121  
 United States

# Cash Sale

**Date** 4/6/2015  
**Sale #** 1802  
**Payment Method** VISA  
**Subsidiary** Parent Company  
**Check #** B115717  
**Project**  
**Start Date**  
**End Date**  
**Credit Card #** \*\*\*\*\*7076

**Bill To**

Accounts Payable  
 Los Rios Community College District  
 1919 Spanos Court  
 Sacramento CA 95825  
 United States

Item	Quantity	Inventory Detail	Description	Rate	Options	Amount	Tax Rate
CHEK-1710	4	P438,WS1(4)	Lipid Panel TC,HDL, Tirc, Calc, LDL (15 tests)	158.12		632.48	8.0%
CHEK-1749	2	1044,Blue-Bins(1)	Cardiochek Capillary Plungers (25 per tube)	3.06		6.12	8.0%
CHEK-1745	2	2374,Blue-Bins(1)	40uL Capillary Tube (25 per tube)	7.04		14.08	8.0%
CHEK-721	1	1974,Blue-Bins(2)	Quality Control	45.00		45.00	8.0%
Freight	1	MC18,WS1(1)	UPS GROUND	11.95		11.95	
			CUSTOMER HAS REQUESTED RELEASE ON APRIL 6TH FOR DELIVERY ON APRIL 8TH				

Thank you for your business.

**Subtotal** 709.63  
**Tax Total** 55.81  
**Total** \$765.44



**From:** [Haney, Brenda](#)  
**To:** [Thiessen, Levi](#)  
**Cc:** [Raines, Christopher](#)  
**Subject:** PO\_B115717 VISA PURCHASE FOR \_ CLIAWAIVED ORDER# 3108\_REQ#\_767767 AREA 3 BIOLOGY  
**Date:** Thursday, April 02, 2015 10:22:25 AM  
**Attachments:** [PO\\_B115717 VISA PURCHASE FOR CLIAWAIVED ORDER# 3108\\_REQ#\\_767767 AREA 3 BIOL.pdf](#)  
**Importance:** High

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Hi Levi –

**PO\_B115717 US BANK - Online VISA Card - Order#\_3108 from CliaWaived Inc.**

**Upon Delivery of Shipment –**

- Notate Packing List (or copy of this email if no packing list) with:
  - PO#\_B115717 US BANK , Date Received, Your Signature (or Initials)....note any variances if applicable.
- Deliver items to Linda Meroux – Area 3 Biology and have Requestor (Linda M) sign the packing list (required).
- Forward completed/signed Packing List to BSO.

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)

# Los Rios Community College District

## Requisition

Page 1 of 1

Req. No. **767767**  
P.O. NO.

Vendor Code
Approved
Terms
F.O.B.

DATE 3-25-15  
 VENDOR Cla waived, Inc  
 ADDRESS 11578 Sorrento Valley Rd. Suite 26  
 CITY San Diego STATE CA ZIP 92121  
 PHONE 888-882-7739 FAX

DELIVERY INSTRUCTIONS	
<u>04-CYPH-112</u>	Location Code
<u>FLC</u>	College/District Location
<u>Science</u>	Department
<u>Life Sciences</u>	Division
<u>4-8-15</u>	Date Required

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES <i>*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.</i>	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
1					
2	<i>See attached "Estimate" # 81 price quote</i>				
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

<b>Purchases Charged to Categorical Programs, Grants or Special Projects</b>		Sales Tax	765,44
This purchase is in compliance with the requirements of <u>Lottery</u>			
Program Director/Coordinator Signature	Program Name	Total	
<i>[Signature]</i>	<u>700P</u>		
Program Goal/Objective Number/Explanation	Project/Grant Number		
<u>Eligible Instructional Supplies</u>			

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: Linda Meroux TYPED/PRINT DATE 3-25-15  
 REQUESTED BY: *[Signature]* SIGNATURE DATE 3-25-15  
 AUTHORIZED: *[Signature]* DEAN OR AUTHORIZED SIGNATURE DATE 3/26/15  
 APPROVED: \_\_\_\_\_ VICE PRESIDENT, ADMINISTRATION DATE

<u>Gen Ed / 4300 / 12 / FL VI, AR 03</u>				
Bus. Unit	Account*	Fund	Org	
<u>01000</u>	<u>00000</u>	<u>2015</u>	<u>700P</u>	\$ <u>765,44</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**

**Commercial Invoice**

*CLIAwaived Inc.*

Cliawaived, Inc.  
 11578 Sorrento Valley Rd  
 Suite 26  
 San Diego CA 92121  
 United States

Date 3/25/2015  
 Estimate # 81  
 Expires 4/24/2015  
 Exp. Close 3/25/2015  
 Subsidiary Parent Company

**Bill To**

Accounts Payable  
 Los Rios Community College District  
 1919 Spanos Court  
 Sacramento CA 95825  
 United States

*pre-payment Required by Vendor  
 before they will ship.*

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