



10 College Parkway
Folsom, CA 95630

PURCHASE ORDER NO. CBF15049

FLC FOUNDATION for HARRIS CENTER

PO Date: Dec 2, 2014

Date Required:

Ordered By: Sally Howard

Requisition #: 37759/60

VENDOR: Auburn Printers, Inc._dba API Marketing
13020 Earhart Avenue
Auburn CA 95602
Email: merrillk@api-marketing.com

SHIP TO:
FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM, CA 95630

BILL TO:
FOLSOM LAKE COLLEGE
ATTN: BUSINESS SERVICES
10 COLLEGE PARKWAY
FOLSOM, CA 95630

PH: 530.885.9674 FAX: 530.885.6517

Line #	Item/Description	QTY	UOM	PO Price	Extended Amount
	PRINTING and MAILING SERVICES FOR: FLC Foundation End of Year Donation Appeal for Harris Center				
1	LETTER - 25,000	1.00	LOT	\$2,593.690	\$2,593.69
2	#10 WINDOW ENVELOPE - 26,000	1.00		\$1,316.980	\$1,316.98
3	REMITTANCE ENVELOPE - 26,000	1.00	LOT	\$2,079.180	\$2,079.18
4	INSERT, SORT, READY FOR MAIL AND DELIVER TO POST OFFICE	1.00	LOT	\$1,116.630	\$1,116.63
5	POSTAGE - 24,421 (0.15/EA) - DROP OFFICE AUBURN POST OFFICE PRE PAID INVOICE# 29855 _ CK#_845 12/02/14 API MARKETING WILL REFUND EXCESS POSTAGE FUND OVERPAID	1.00	LOT	\$3,495.000	\$3,495.00
	PO BALANCE DUE \$7,106.48 - VENDOR TO INVOICE UPON COMPLETION OF JOB				
	Shipping/Handling (taxable)				

INSTRUCTIONS:

PO TOTAL \$10,601.48

State Tax % State Tax \$0.00

EMAIL INVOICE TO:
Brenda Haney 916.608.6635
haneyb@flc.losrios.edu

*Pre-Paid Postage \$-3,495.00

PO BAL DUE \$7,106.48

All shipments, invoices, and correspondence must be identified with our Purchase Order Number
Direct all deliveries and delivery documents to the SHIP TO address.
Direct all correspondence and invoices to the BILL TO address.

NO PAYMENT will be made without an invoice.

Payment Terms: NET 30

AUTHORIZED SIGNATURE AND DATE
Kathleen Kuklea 12/3/14

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.



PO#CRF15049

A DIVISION OF AUBURN PRINTERS INC

13020 Earhart Ave. Auburn CA 95602 530-885-9674 (FAX)530-885-6517

Brian Kameoka/ Sally Howard
Harris Center for the Arts att:Kathleen
Switzer
10 College Parkway
Folsom, CA 95630
Phone: 916-608-6820

11/21/2014

QUOTE# 35252

Salesperson - MERRILL

Thank you for the opportunity to quote you on your printing needs. Below are the prices based on "Print Ready File" supplied. Additional charges or deductions are listed below. Please don't hesitate to call us if you have any questions or corrections to this quote. This Estimate is good for 30 days and does not include sales tax.

25,000	STATIC 4/4 LETTER W/ BLACK VARIABLE DATA IMPRINT & FOLD	2,593.69
26,000	#10 WINDOW ENVELOPES, 4.125 x 9.5 White 24# #10 AP Regular Env. Soft Box , Offset Printed 1 color front in PMS ink	1,316.98
26,000	REMITTANCE ENVELOPE, 3.5 x 6.25 White 24# #6.5 Remit Env. One way Wove, Offset Printed 1 color front in BLACK ink, 1 color back in BLACK ink	2,079.18
24,421	INSERT PERSONALIZED LETTER AND REPLY ENVELOPE INTO #10 WINDOW ENVELOPE, SORT AND DELIVER TO POST OFFICE	1,116.63

PRICE IS BASED ON DROPPING AT AUBURN POST OFFICE, ADD'L TO DROP IN FOLSOM \$65.00.
POSTAGE NOT INCLUDED.
FIRST CLASS POSTAGE IS: \$.384-.405 EACH
NON PROFIT POSTAGE IS: \$.135 -.154 EACH
ADDITIONAL COST FOR GRAPHIC PRODUCTION/TYPESSETTING WILL BILL AT \$85.00 PER HOUR

Thank You!

Approval _____ Date _____ Quantity _____

PO# CBF15049

INVOICE NO.
29855

Brian Kameoka/ Sally Howard
 Harris Center for the Arts att: Kathleen Switzer
 10 College Parkway
 Folsom, CA 95630

Pre-Pay

CUSTOMER PO#	CUSTOMER #	SALESPERSON	DATE
	3021	MERRILL	12/1/2014

QUANTITY	DESCRIPTION	TOTAL
24,421	POSTAGE	3495.00

SUBTOTAL 3495.00
 TAX
 SHIPPING
 TOTAL 3495.00
 AMOUNT DUE 3495.00

Account Type: COD

*API Marketing will return excess funds if overpaid.



For the
9th
 consecutive
 year!

Reusable bags are
 the way of the near
 future!

THE NEW LAW GOES INTO
 EFFECT IN JULY 2015

Get those bags in
 your customers'
 hands!

85¢
 Per Bag

Make sure your brand
 is in front.

Minimum 150. Setup, shipping and tax extra. Good through 11/30/2014



FOLSOM LAKE COLLEGE
EL DORADO CENTER | RANCHO CORDOVA CENTER

CHECK ONE

ASG(71,72)

College Act. Trust(81)

Foundation(83)

IR(13,14)

Harris Ctr(55)

CAMPUS-BASED REQUISITION

DATE 11/21/14 dba Auburn Printers, Inc.

VENDOR API - marketers REQ. # CBF 37759 / 37760

ADDRESS 13020 Earhart Ave PO REQUIRED (circle one) YES NO

CITY Auburn P.O. # CBF 15049

STATE CA ZIP 95602 DATE REQUIRED _____

ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1	End of				
2	End of Year donation				
3	Appeal - Harris Center				
4	- Letter				2593.69
5	- #10 envelope				1316.98
6	- remittance envelope				2079.18
7	- insert & get ready to mail				1116.63
8					
9	* Original bids attached.				
10					

Check Distribution

Call Student, Hold for pick up # _____

Call _____, Hold for pick up # _____

Forward to _____

Inter-Campus mail to _____

USPS mail

Other _____

Sub-Total	
Sales Tax	
Freight	
TOTAL	

Account Name BANFL Bus Unit 4501 Account 83 Fund FLCP Department FOUN Program 70903 Class 00000 Project 6109 Amount \$ _____

Account Name _____ Bus Unit _____ Account _____ Fund _____ Department _____ Program _____ Class _____ Project _____ Amount \$ _____

AUTHORIZED [Signature]
Club Officer/Requestor

APPROVED [Signature]
Faculty Advisor/Administrator

Business Services Use Only

Budget Checked [Signature] Vendor ID 1604

Voucher # _____ Date _____

Warrant # _____ Date _____

FOLSOM LAKE COLLEGE
EL DORADO CENTER | RANCHO CORDOVA CENTER

CHECK ONE

ASG(71,72)

College Act. Trust(81)

Foundation(83)

IR(13,14)

Harris Ctr(55)

CAMPUS-BASED REQUISITION

DATE 12/1/2014 Auburn Printers, Inc
 VENDOR API-marketing REQ. # CBF 37760 / 137759
 ADDRESS 13020 earhardt ave PO REQUIRED(circle one) YES NO
 CITY Auburn P.O. # CBF 15049
 STATE CA ZIP 95602 DATE REQUIRED 12/5/14

ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1	Postage <u>Pre-Pay End of year</u>				3495
2	<u>mailing - will return</u>				
3	<u>excess if overpaid</u>				
4					
5					
6					
7					
8					
9					
10					

Check Distribution

Call Student, Hold for pick up # _____

Call Sally, Hold for pick up # 6643

Forward to _____ vendor will come AU

Inter-Campus mail to _____ check

USPS mail _____

Other _____

Sub-Total	
Sales Tax	
Freight	
TOTAL	<u>3495</u>

Account Name BANFL Bus Unit 5810 Account 4501 Fund 183 Department FL.CP.FOUN Program 70903 Class 00000 Project 6109 Amount \$3495

Account Name _____ Bus Unit _____ Account _____ Fund _____ Department _____ Program _____ Class _____ Project _____ Amount _____

AUTHORIZED [Signature]
Club Officer/Requestor

APPROVED [Signature]
Faculty Advisor/Administrator

Business Services Use Only

Budget Checked [Signature] Vendor ID 1604

Voucher # 37760 Date 12/1/14

Warrant # 845 Date _____

CommercePrinting

S E R V I C E S

Service, quality, trust ...we say it in ink.

To: **Sally Howard Harris Center at 3 Stages** From: Kellie Melby
Fax: via email Pages 1 Page Including Cover
Phone: 608-6643 Date: November 26, 2014
Description: Quote Request

Following please find the quote you requested:

Revised Estimate #11-038

Donation Appeal Letter

Letter I #10 Envelope I #6.5 Remit Envelope
60# Smooth Opaque Offset for Letter I 24# Envelopes
Letter 4/4 – Envelopes #10 1/0, #6.5 1/1
Variable Data, Collate and Process Mailing
25,000 Letters / 26,000 #10's / 26,000 Remit EPS (Mail Out Approx 24,421)
\$11075

Press Time Available

Small Business Certified #3258

Please call me if you have any questions.

Thanks!

Kellie Melby



Commerce Printing Services 322 N. 12th Street, Sacramento, CA 95814
(916) 442-8100 Fax (916) 448-2727 E-Mail: kellie@commerceprinting.com



DOME Printing Manufacturing Proposal

800.343.3139 / Fax: 916.923.9310 / www.DOMEprinting.com / 340 Commerce Circle / Sacramento, CA 95815

PROPOSAL SUBMITTED TO: The Harris Center at Folsom Lake College
CONTACT NAME: Sally Howard

DATE: 11/25/2014

ISSUE #: 238367

QUOTE ID #: AHMA-191JQD2

QUOTE NAME: Harris Center, Letter pack 2015, REV

DESCRIPTION: Letter/brochure: 8.5" x 14" , perf tear off & letter fold to 8.5" x 3.65"
#9 Remit Security Envelope
#10: Envelope,

FINISHED SIZE: see desc

PRE-MEDIA: CLIENT TO SUPPLY: Native files

DOMESTIC TO PROVIDE: Forms, Epsoms & InSite

DESIGN SERVICES: No

FLAT SIZE:

PRESS: Letter: 4cp /same. bleeds

#9 Security Reply 1 PMS Blue / 1 PMS Blue no bleeds

#10: 1 PMS Blue / 0 no bleeds

DIGITAL PRINTING: Variable

DIGITAL INSTRUCTIONS: black variable salutation + address see laser

PAPER: Letter/brochure: 70# Whitehall opaque offset
#9 Security Reply envelope
#10 Envelope

FSC:

PCW %: N

BLEEDS: See Press Info

COVERAGE: 3 (1 indicates Low, 5 indicates High)

CROSSOVERS: N

PRESS CHECK: N

BINDERY: Letter: trim, perf tear off portion, letter fold insert into #10
#9: insert into #10

MAILING SERVICES: N/A

ADDRESS PROOFS:

INSERTING: Insert into an envelope

TABBING:

MERGE/PURGE: Y

PACKAGING: tray or ready for mailing & inserting . mail match

SHIPPING: Dome to Folsom post office

Dome to Folsom Lake College, deliver 1,000 #9's

MAIL QUANTITY: 24,421

MAIL CLASS: Standard

MAIL CATEGORY: Letter

MAIL TRACKING:

PERMIT NUMBER: permit 41 Folsom

NCOA: Y

UPS and FedEx charges, if any, will be billed additionally. Shipping charges in excess of \$500 will be billed COD.

	Quantity	Price (\$)
Letters	25,000	Price:
#10 envelope	26,000	\$7,198.00 + mail servs \$1,514.00 = \$8,712.00
#9 remit envelope	26,000	Postage not included
Total	77,000	

Credit Terms: Net 30 days

Quoted prices do not include sales tax

The quoted prices are based on current labor and materials costs and are subject to revision due to changes in said costs. All quotations are subject to a review of the final art. If applicable, postage is additional and due prior to mailing. **REMARKS:** Your acceptance of this proposal within 30 days will constitute a valid order to perform the work above. A quotation not accepted within 30 days may be changed. Acceptance of an order is subject to credit approval and contingencies such as fire, water, theft, vandalism, acts of God, and other causes beyond the provider's control. Canceled orders require compensation for incurred costs and related obligations. DOME Printing is not responsible for loss or damage to archived job files after delivery of final product. **TERMS:** Any modifications, alterations or corrections will be charged additionally at the provider's current rates, including all work performed in addition to the original specifications. By signing this proposal, the purchaser agrees to DOME's "Terms and Conditions." If you do not have a current copy of this document, please download at: <http://www.domeprinting.com/termsandconditions.pdf>

PROPOSAL SUBMITTED BY: Jeff Major

PURCHASER'S SIGNATURE: _____ **DATE:** _____



VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: Merrill Kagan-Weston

NAME OF FIRM		FEDERAL ID# OR SOCIAL SECURITY #	
Auburn Printers, Inc.		68 - 0424060 / - -	
MAILING ADDRESS		REMIT ADDRESS	
13020 Earhart Avenue, Auburn, CA 95602		13020 Earhart Avenue, Auburn, CA 95602	
PHONE	(530) 885-9674	FAX	(530) 885-6517
		EMAIL	merrillk@api-marketing.com

WEBSITE			ORGANIZATION CLASSIFICATION (Check all that apply)	
www.api-marketing.com			<input type="checkbox"/> Individual <input type="checkbox"/> MBE <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> WBE <input type="checkbox"/> Non Profit <input type="checkbox"/> DVBE <input checked="" type="checkbox"/> S (CALIFORNIA) Corporation (List State Incorporated)	
AUTHORIZED COMPANY REPRESENTATIVES				
Name	Title/Capacity	Email		
Merrill Kagan-Weston	Owner/President	merrillk@api-marketing.com		
Brad Weston	Owner/Treasurer	bradw@api-marketing.com		
			Contractor's License # _____	
			Collect CA Tax (circle one) Yes <u>No</u>	

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
Printing		
Mailing		
Design		

VENDOR CERTIFICATION		OTHER BUSINESS INFORMATION	
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. _____ INITIALS MKW		Payment Terms Net 30 days	Discounts Extended N/A
		Refund/Returns _____ _____ SIGNATURE	Owner/President _____ TITLE 11/24/14 _____ DATE

NIR VID 415

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)
Auburn Printers, Inc.

Business name/disregarded entity name, if different from above
API Marketing

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
13020 Earhart Avenue

City, state, and ZIP code
Auburn, CA 95602

List account number(s) here (optional)

Requester's name and address (optional)
**Harris Center/Three Stages at Folsom
Lake College**

Exempt payee

Part I 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

			-				-			
--	--	--	---	--	--	--	---	--	--	--

Employer identification number

6	8	-	0	4	2	4	0	6	0
---	---	---	---	---	---	---	---	---	---

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

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

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 4.

Sign Here Signature of U.S. person ▶  Date ▶ **4/8/2014**

General Instructions

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

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, 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

From: [Haney, Brenda](#)
To: "merrillk@api-marketing.com"; "bradw@api-marketing.com"
Cc: [Howard, Sally](#)
Subject: PO#_CBF15049 / Printing & Mail Services for _ Folsom Lake College Foundation for Harris Center of the Arts
Date: Friday, December 05, 2014 10:43:14 AM
Attachments: [CBF15049_AUBURN PRINTERS INC dba API MARKETING.pdf](#)

Good Morning Merrill –

We have established a new Vendor Account for Auburn Printers, Inc. dba API Marketing – for Folsom Lake College.

Please find attached our authorized Purchase Order# CBF15049 for Printing Services per Quote# 35252 dated 11/21/14 and Postage per Invoice# 29855 dated 12/01/14.

Please Note:

This purchase order reflects PO Total of \$10,601.48, less Pre-Paid Postage at \$- 3,495.00 (Invoice 29855), for a Net Open PO Balance of \$7,106.48 for Printing Services (Quote 35252).

- Please notify this office directly if there are any changes to this Job / Purchase Order - that are not reflected above.

Original hardcopy of Purchase Order CBF15049, along with Folsom Lake College Foundation Check# 845 in the amount of \$3,495.00 will be mailed to API Marketing today.

We will need the following from API Marketing upon completion of this Job / PO:

- 1) Final Invoice for Printing Services - **Mail to: Folsom Lake College | 10 College Parkway | Folsom, CA 95630** or **Email to: haneyb@flc.losrios.edu**
- 2) Refund of any unused Pre-Paid Postage – **Make Check Payable to:** Folsom Lake College Foundation -
 - a. **Please Note:** any unused postage must be refunded by check as instructed above, and may not be deducted from final invoice for printing services.
 - b. Postage for any future orders – must be set-up for use of our *Folsom Lake College Bulk Mail Permit* – from Folsom Post Office.

Please accept our thanks and appreciation for your service with this project.

If you have any questions regarding this Purchase Order and/or our Remittance processes please contact me directly.

Best Regards,

Brenda Haney

Business Services

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

 916.608.6635 |

 haneyb@flc.losrios.edu