



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: ALI PADASH 10 COLLEGE PARKWAY FOLSOM, CA 95630 EMPID W000604	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call
--	--

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	REQUEST FOR REIMBURSEMENT					
2	FOR FA AWARENESS FAIR AT:					
3	FLC - TUES, APRIL 21, 2015					28.75
4	EDC - THURS, APRIL 23, 2015					15.99
5						
6	REQUEST FOR REIMBURSEMENT					6.49
7	FOR MAILING FISAP DOCUMENTS					
8	TO U.S. DEPT. OF EDUCATION					
9	DATED: 10/01/2014					
10						

Purchases Charged to Categorical Programs, Grants or Special Projects
This purchased is in compliance with the requirements of:

BFAP
Program Name

Ali Padash 438A
Program Director/Coord. Signature For grants/special projects Project/Grant Number

Program Goal/Objective Number/Explanation

SUB-TOTAL	51.23
SALES TAX	
TOTAL (Not to Exceed \$200.00)	51.23

VENDOR: Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$200.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

Received by Ali Padash (POH) Date

I/WE 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: <u>ALI PADASH</u> TYPED/PRINT	DATE: <u>05/04/15</u>	Bus. Unit: <u>GENFD</u> / Account: <u>5200</u> / Fund: <u>12</u> / Org: <u>FL-VS-FAOF</u>
REQUESTED BY: <u>Ali Padash</u> SIGNATURE	DATE: <u>05/04/15</u>	Program: <u>64600</u> / Sub-Class: <u>00000</u> / BY: <u>2015</u> / Proj/Grnt: <u>438A</u> / Amount: \$ <u>44.74</u>
APPROVED: <u>[Signature]</u> DEAN OR OTHER AUTHORIZED SIGNATURE	DATE: <u>5.5.15</u>	Bus. Unit: <u>GENFD</u> / Account: <u>5810</u> / Fund: <u>12</u> / Org: <u>FL-VS-FAOF</u> / Amount: 6.49
APPROVED: <u>Kathleen Finkler</u> VICE PRESIDENT, ADMINISTRATION	DATE: <u>5/14/15</u>	Program: <u>64600</u> / Sub-Class: <u>00000</u> / BY: <u>2015</u> / Proj/Grnt: <u>438A</u> / Amount: \$ <u>6.49</u>



FOLSOM, CA #765

1800 CAVITT COURT
FOLSOM, CA 95630
LW Q ET 90-102244
MEMBER #111791139570 C3

E	782796	KSWATER40PK	3.39
E	46900000000	CA REDEMP VA	2.00
E	782796	KSWATER40PK	3.39
E	46900000000	CA REDEMP VA	2.00
E	18600	CLEMENTINES	5.99
E	18600	CLEMENTINES	5.99
E	18600	CLEMENTINES	5.99

I **Begin Bottom of Basket
TOTAL NUMBER OF ITEMS SOLD = 5

TOTAL ~~15.99~~ 28.75
VF American Express

XXXXXXXXXXXX1007 SWIPED
04/21/15 10:01
Seq#: 001486 App#: 543284
American Express Resp: AA
Tran ID#: 511108313000
Merchant ID 99076511

APPROVED - PURCHASE
AMOUNT: \$28.75
0765 005 0000000034 0008

CHANGE .00

TOTAL NUMBER OF ITEMS SOLD = 5
CASHIER: RAY S REG# 5
~~07/21/2015~~ 10:01 0765 05 0008 34

CA TAXES PAID ON ANY TOBACCO PURCHASES
THANK YOU!
PLEASE COME AGAIN!

5700



FOLSOM, CA #765

1800 CAVITT COURT
FOLSOM, CA 95630
LW Q ET 90-102244
MEMBER #111791139570 P7

E	43475	COOKIES 60CT	15.99
TOTAL			15.99
VF	American Express		15.99

XXXXXXXXXXXX1007 SWIPED
04/22/15 18:48
Seq#: 001734 App#: 577218
American Express Resp: AA
Tran ID#: 511215808000
Merchant ID 99076511

APPROVED - PURCHASE
AMOUNT: \$15.99

0765 004 0000000024 0343

CHANGE .00

TOTAL NUMBER OF ITEMS SOLD = 1
CASHIER: M. Woodard REG# 4
~~07/22/2015~~ 18:48 0765 04 0343 24

CA TAXES PAID ON ANY TOBACCO PURCHASES
THANK YOU!
PLEASE COME AGAIN!

5700

FOLSOM PO
 FOLSOM, California
 956309998
 0566760630 -0096
 (800)275-8777 04:07:51 PM
 10/01/2014

Sales Receipt			
Product Description	Sale Qty	Unit Price	Final Price
MC LEAN VA 22102-5109 Zone-8			\$0.49
First-Class Mail Letter			
0.60 oz.			
Expected Delivery: Sat 10/04/14			
Return Rcpt (Green Card)			\$2.70
@@ Certified			\$3.30
USPS Certified Mail #:			
70140150000190847443			
Issue Postage:			\$6.49

Total: \$6.49

Paid by: VISA \$6.49

Account #: XXXXXXXXXXXX3521

Approval #: 02519C

Transaction #: 23 903440907

@@ For tracking or inquiries go to
 USPS.com or call 1-800-222-1811.

 BRIGHTEN SOMEONE'S MAILBOX. Greeting cards
 available for purchase at select Post
 Offices.

In a hurry? Self-service kiosks offer
 quick and easy check-out. Any Retail
 Associate can show you how.

Order stamps at usps.com/shop or call
 1-800-Stamp24. Go to usps.com/clicknship
 to print shipping labels with postage. For
 other information call 1-800-ASK-USPS.

Get your mail when and where you want it
 with a secure Post Office Box. Sign up for
 a box online at usps.com/poboxes.

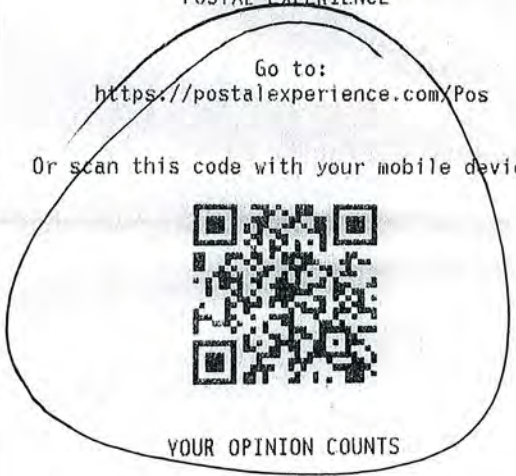
Bill#: 1000406229921
 Clerk: 09

All sales final on stamps and postage
 Refunds for guaranteed services only
 Thank you for your business

HELP US SERVE YOU BETTER
 TELL US ABOUT YOUR RECENT
 POSTAL EXPERIENCE

Go to:
<https://postalexperience.com/Pos>

Or scan this code with your mobile device.



Customer Copy

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

MCLEAN VA 22102

OFFICIAL USE

Postage	\$ 40.49	0630
Certified Fee	\$ 3.30	09 OCT 01 2014
Return Receipt Fee (Endorsement Required)	\$ 2.70	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	OCT - 1 2014
Total Postage & Fees	\$ 66.49	10/01/2014

Sent To **FISAP Administrator**
 Street, Apt. No.; or PO Box No. **8405 Greensboro Drive**
 Suite 1020
 City, State, ZIP+4 **McLean, VA 22102**

PS Form 3800, August 2006 See Reverse for Instructions

7014 0150 0001 9084 7443

ES10

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
FISAP ADMINISTRATOR
8405 GREENSBORO DR.
SUITE 1020
MCLEAN, VA 22102

2. Article Number (Transfer from service label)
7014 0150 0001 9084 7443

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 Addressee

C. Date of Delivery

D. Is delivery address different from item 12? Yes
 If YES, enter delivery address below No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

McLean West Branch VA 22102
 OCT 6 2014

Domestic Return Receipt