



LOS RIOS BUSINESS SERVICES

**LIMITED PURCHASE ORDER**

(Not to Exceed \$200.00)

<p>VENDOR NAME AND ADDRESS: <b>Kristy Hart</b> <b>10 College Parkway</b> <b>Folsom, CA 95630</b> <b>EMPL ID: WD747458</b></p>	<p>DELIVERY INSTRUCTIONS: <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call <b>Kristy Hart</b> <b>10 College Parkway</b> <b>Folsom, CA 95630</b></p>
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ITEM	DESCRIPTION <small>GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. &amp; SIZES</small>	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	<b>Reimbursement for</b>					
2	<b>College Wide / Retirement</b>					
3	<b>event supplies</b>					
4						
5	<del>Centerpiece plants</del>	<del>3</del>			<del>9.99</del>	<del>29.97</del>
6	<del>Centerpiece plants</del>	<del>3</del>			<del>14.99</del>	<del>44.97</del>
7	<del>Specialty paper</del>	<del>25</del>			<del>0.20</del>	<del>5.00</del>
8						
9						
10						

<p><b>Purchases Charged to Categorical Programs, Grants or Special Projects</b> This purchased is in compliance with the requirements of:</p> <p>Program Name _____</p> <p>For grants/special projects _____</p> <p>Program Director/Coord. Signature _____ Project/Grant Number _____</p> <p>Program Goal/Objective Number/Explanation _____</p>	<p>SUB-TOTAL <del>79.97</del></p> <p>SALES TAX 8% <del>6.40</del></p> <p><b>TOTAL</b> <b>\$ 86.37</b> (Not to Exceed \$200.00)</p>
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**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 **K. Hart (5/5/15)** Date

<p>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.</p> <p><b>Kristy Hart</b> 5/5/15</p> <p>REQUESTED BY: <b>Kristy Hart</b> TYPED/PRINT DATE</p> <p>REQUESTED BY: <b>Kristy Hart</b> SIGNATURE DATE</p>	<p><b>GEN 4500 11 FL CP OFFC</b></p> <p>Bus. Unit Account Fund Org</p> <p><b>60100 00000 205 041A</b> \$ <b>86.37</b></p> <p>Program Sub-Class BY Proj/Grnt Amount</p>
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<p>APPROVED: <b>Stephanie Hubler</b> DEAN OR OTHER AUTHORIZED SIGNATURE DATE <b>5/5/15</b></p> <p>APPROVED: _____ VICE PRESIDENT, ADMINISTRATION DATE</p>	<p>Bus. Unit Account Fund Org</p> <p>Program Sub-Class BY Proj/Grnt Amount</p>
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# Raley's

Get Something Extra  
at Raleys.com

TERM# 5 STORE# 409 OPERATOR# 495095  
05/05/15 11:18:03  
RALEY'S (800)925-9989

SOMETHING EXTRA ACCT. XXXXXXX2094  
**Floral Items** -----  
BEGONIA Q1 9.99 T  
POTTED ROSE Q1 9.99 T  
SUBTOTAL 19.98  
TAX DUE 1.60  
TOTAL \$ 21.58  
DEBIT (POS) 21.58  
XXXXXXXXXXXX3925  
341592  
CASH CHANGE .00

NUMBER OF ITEMS 2

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**DEBIT CARD PAYMENT**

05/05/15 11:18:32  
M Acct XXXXXXXXXXXX3925  
Withdrawal from DEBIT (POS) 21.58  
RESPONSE CODE 341592  
RMOO Cash back .00  
Ref #109729 Merch #06626670001

----- FSA Total \$0.00 -----  
Use your health spending card here.  
Items beginning with H> qualify for  
FSA purchase.

For service concerns, contact

**CONTINUED ON BACK SIDE**

# BELAIR

Get Something Extra  
at Raleys.com

TERM# 10 STORE# 524 OPERATOR# 890  
05/05/15 11:37:14  
BEL AIR (800)925-9989

SOMETHING EXTRA ACCT. XXXXXXX2094  
POTTED ROSE Q1 9.99 T  
AZALEA Q1 14.99 T  
SUBTOTAL 24.98  
TAX DUE 2.00  
TOTAL \$ 26.98  
DEBIT (ATM) 26.98  
XXXXXXXXXXXX3925  
350609  
CASH CHANGE .00

NUMBER OF ITEMS 2

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**DEBIT CARD PAYMENT**

05/05/15 11:38:27  
M Acct XXXXXXXXXXXX3925  
Withdrawal from DEBIT (ATM) 26.98  
RESPONSE CODE 350609  
RMOO Cash back .00  
Ref #158520 Merch #06626561001

----- FSA Total \$0.00 -----  
Use your health spending card here.  
Items beginning with H> qualify for  
FSA purchase.

For service concerns, contact  
Raley's Service Center at