



**LIMITED PURCHASE ORDER**

PAID CK#\_94-712368 2/19/15 \$52.20

(Not to Exceed \$200.00)

<b>VENDOR NAME AND ADDRESS:</b> KING-DEVICK TEST DE, LLC 2 MID AMERICA PLAZA STE 110 OAKBROOK TERRACE, IL 630 501-0287 FAX 630.501.0285		<b>DELIVERY INSTRUCTIONS:</b> <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call FOLSOM LAKE COLLEGE 10 COLLEGE PARKWAY FOLSOM CA 95630 916.608.6994	
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	KING-DEVICK TEST	1	EA	VERSION	4500	4500
2	PHYSICAL TEST VERSION 1					
3	Includes: 1 Physical Test					
4	10 Score Sheets					
5	1 stop Watch					
6						
7	SHIPPING	1	EA		3.60	3.60
8						
9						
10						

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

*Lottery*  
 Program Name: Lottery  
 For grants/special projects: 700P  
 Project/Grant Number: 700P

Kim Harrell (BOA)  
 Program Director/Coord. Signature  
 Athletic Trainer  
 Program Goal/Objective Number/Explanation

SUB-TOTAL	48.60	<del>4500</del>
SALES TAX	8%	3.60
<b>TOTAL</b> (Not to Exceed \$200.00)		<del>48.60</del> \$52.20

**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.

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>Jeanne Plews</u> TYPED/PRINT DATE: <u>11/6/14</u>	Received by: <u>GENFD 4300 12 / FL.VI. AROS</u> Date:
REQUESTED BY: <u>Jeanne Plews (BOA)</u> SIGNATURE DATE: <u>11/6/14</u>	Bus. Unit: <u>08700</u> Account: <u>00000</u> Fund: <u>2015</u> Org: <u>700P</u> Amount: <u>\$ 48.60</u>
APPROVED: <u>Kim Harrell (BOA)</u> DEAN OR OTHER AUTHORIZED SIGNATURE DATE: <u>11/6/14</u>	Bus. Unit: / Account: / Fund: / Org: / Amount:
APPROVED: <u>Kathleen Kuklin</u> VICE PRESIDENT, ADMINISTRATION DATE: <u>11/14/14</u>	Bus. Unit: / Account: / Fund: / Org: / Amount:

## 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.



# ORDER FORM

## King-Devick Test For Concussions Packages

Package 1 \$45/year	Package 2 \$150/year	Package 3 \$350/year	Package 4 \$750/year	Package 5 \$1000/year	Package 6 \$2000/year
1 Physical Test 10 Score Sheets 1 Stopwatch	2 Physical Tests 50 Score Sheets 2 Stopwatches	5 Physical Tests 150 Score Sheets 5 Stopwatches	10 Physical Tests 350 Score Sheets 10 Stopwatches	15 Physical Tests 550 Score Sheets 15 Stopwatches	35 Physical Tests 1100 Score Sheets 35 Stopwatches
Manage up to 3 athletes' data on King-Devick Test Online System.	Manage up to 20 athletes' data on King-Devick Test Online System.	Manage up to 100 athletes' data on King-Devick Test Online System.	Manage up to 300 athletes' data on King-Devick Test Online System.	Manage up to 500 athletes' data on King-Devick Test Online System.	Manage up to 1000 athletes' data on King-Devick Test Online System.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## King-Devick Test & Score Sheets Only (King-Devick Test Online System Not Included)

King-Devick Test Physical Test Version 1 \$45.00	King-Devick Test Physical Test Version 2 \$45.00	King-Devick Test Score Sheets Version 1 \$5.00	King-Devick Test Score Sheets Version 2 \$5.00
1 Physical Test 10 Score Sheets 1 Stopwatch	1 Physical Test 10 Score Sheets 1 Stopwatch	50 Score Sheets	50 Score Sheets
Quantity <u>1</u>	Quantity _____	Quantity _____	Quantity _____

### Contact Details

Company Name

Phone Number

Los Rios Community College District  
Folsom Lake College

(916) 608-6687

Contact Name

Email Address

\*Required for online system use

Jeanne Plews

plewsj@flc.edu

### Billing Address

Street

City

State/Province

Zip/Postal Code

Country

1919 Spens Ct.

Sacramento, CA

95825

U.S.A.

### Shipping Address

\* If different

Street

City

State/Province

Zip/Postal Code

Country

10 College Parkway

Folsom, CA

95630

U.S.A.

### Payment Details-Paying by:

- Credit Card (please provide details)
- Purchase Order No \_\_\_\_\_
- Check/Bank Routing No \_\_\_\_\_
- Bank Account No \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Credit Card Details

Card Type: Visa  Mastercard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVC: \_\_\_\_\_

*Your credit card will not be charged until the physical tests ship.*

Please fax your order to (630) 501-0285, email it to sales@kingdevicktest.com, or mail it to King-Devick Test, LLC, Two Mid America Plaza, Suite 110, Oakbrook Terrace, IL 60181

**From:** [Haney, Brenda](#)  
**To:** "[mhane@kingdevicktest.com](mailto:mhane@kingdevicktest.com)"  
**Subject:** AUTHORIZED PURCHASE ORDER\_F2796 \_ FOR FOLSOM LAKE COLLEGE  
**Date:** Friday, November 14, 2014 2:46:33 PM  
**Attachments:** [F2796 KING-DEVICK TEST DE. LLC.pdf](#)  
**Importance:** High

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KING DEVICK SALES – Attn: Mark Hane

Please find attached our Authorized Purchase Order# F2796 and completed Order Form. Please process for immediate shipment.

Contact [Jeanne Plews](#) at 916.608.6687 or Email: [plewsj@flc.losrios.edu](mailto:plewsj@flc.losrios.edu) - for any questions regarding this order.

**Deliver all items to Folsom Lake College Receiving Dept. 10 College Parkway  
Folsom CA 95630 –**

➤ **Receiving Contacts: Chris Raines 916.608.6745 or Levi Thiessen  
916.608.6994**

**Mail all invoices to BILL TO address listed on Purchase Order or Email to:  
[haneyb@flc.losrios.edu](mailto:haneyb@flc.losrios.edu)**

Best Regards,

*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  
 1919 Spanos Court ■ Sacramento, CA 95825  
 PURCHASING DEPARTMENT (916) 568-3071  
 Fax (916)568-3145 ■ lrccdpurchase@losrios.edu

**VENDOR APPLICATION**

Return signed completed form to Purchasing via fax or email.

NAME: Mark Hane

NAME OF FIRM King-Devick Test DE, LLC		FEDERAL ID# OR SOCIAL SECURITY #  37-1695595 / - -	
MAILING ADDRESS 2 Mid America Plaza Suite 110 Oakbrook Terrace, IL 60181		REMIT ADDRESS 2 Mid America Plaza Suite 110 Oakbrook Terrace, IL 60181	
501-0287	501-0285	mhane@kingdevicktest.com	
PHONE630-	FAX630	EMAIL	

WEBSITEwww Kingdevicktest.com		ORGANIZATION CLASSIFICATION (Check all that apply)															
AUTHORIZED COMPANY REPRESENTATIVES <table border="1"> <thead> <tr> <th>Name</th> <th>Title/Capacity</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>Mark Hane</td> <td>VP Sales</td> <td>mhane@kingdevicktest.com</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Title/Capacity	Email	Mark Hane	VP Sales	mhane@kingdevicktest.com										Individual <input type="checkbox"/> MBE
		Name	Title/Capacity	Email													
		Mark Hane	VP Sales	mhane@kingdevicktest.com													
Partnership <input type="checkbox"/> WBE																	
Non Profit <input type="checkbox"/> DVBE																	
DE <input type="checkbox"/>																	
Corporation (List State Incorporated) <input type="checkbox"/>																	
Contractor's License # _____																	

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
Concussion Test		

<b>VENDOR CERTIFICATION</b> 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	<b>OTHER BUSINESS INFORMATION</b> Payment Terms _____ Discounts Extended _____ Refund/Returns _____	
	_____ SIGNATURE	VP Sales _____ TITLE

LOS RIOS PURCHASING ONLY:

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) <b>King Devick Test DE, LLC</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>P</b>  <input type="checkbox"/> Other (see Instructions) ▶	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) <b>2 Mid America Plaza, Suite 110</b> City, state, and ZIP code <b>Oakbrook Terrace, IL 60181</b> List account number(s) here (optional)	Requester's name and address (optional)

**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.

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

<b>Social security number</b>	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
<b>Employer identification number</b>	
3 7 - 1 6 9 5 5 9 5	

**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), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

**Sign Here**      Signature of U.S. person ▶      Date ▶ **5/28/14**

**General Instructions**

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

**Future developments.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**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, payments made to you in settlement of payment card and third party network transactions, 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, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

PAID CK#\_94-712368 2/19/15 \$52.20

King Devick Test DE LLC

2 Mid America Plaza  
 Suite 110  
 Oakbrook Terrace, IL 60181

# Invoice

Date	Invoice #
11/17/2014	602

<b>Bill To</b>
Folsom Lake College Jeanne Plews 10 College Parkway Folsom, CA. 95630

<b>Ship To</b>
Folsom Lake College Jeanne Plews 10 College Parkway Folsom, CA 95630

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
F 2796			11/17/2014			

Quantity	Item Code	Description	Price Each	Amount
1	King Devick Test	Spiral bound King Devick Test 10 Score Sheets	45.00	45.00
1	Shipping	1 Stop Watch	3.60	3.60
			<b>Subtotal</b>	<b>48.60</b>
			<b>Use Tax</b>	<b>3.60</b>
			<b>Total Paid</b>	<b>\$52.20</b>
			<b>Total</b>	<b>\$48.60</b>