

FOLSOM LAKE COLLEGE

100 SCHOLAR WAY • FOLSOM, CA 95630
 TELEPHONE (916) 608-6549

CHECK NO. **FL- 00906**

VENDOR NO. **0000003279**

DATE *10/23/2014*

LOCATION **09**

TO *Sally Howard*

REQUISITIONED BY
REQ 768184 Howard/Rosenthal

<i>GENFD</i>	<i>4500</i>	<i>11</i>	<i>FL.CP.COAD</i>	<i>67100</i>	<i>0000</i>	<i>2014</i>	<i>041A</i>	<i>18.27</i>
BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EST. TOTAL AMOUNT
<p>RECEIVED BY: _____</p> <p>DATE: _____</p>				

FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT 100 Scholar Way • Folsom, CA 95630	BANK OF AMERICA GOVERNMENT BANKING	CHECK No. FL- 00906 DATE: <i>Oct 23, 2014</i>
Folsom Lake College will pay to the order of: <i>Sally Howard</i>		\$ <i>18.27</i>
<i>Eighteen and 27/100</i>		DOLLARS * THIS CHECK VOID 60 DAYS FROM DATE DRAWN
<i>Kathleen Kuklin</i>		
⑈000906⑈ ⑆121000358⑆ 14993⑈ 11042⑈		

Los Rios Community College District

Requisition

Page ____ of ____

PLC BUSINESS SERVICES

Req. No. **768164**

VendorCode
Approved
Terms
F.O.B.

DATE 10/14/14
 VENDOR Sally Howard
 ADDRESS 160 Sutcliffe Circle
 CITY Folsom STATE CA ZIP 95680
 PHONE 916 608 6643 FAX _____

2014 OCT 22 A 8:25

P.O. NO.

DELIVERY INSTRUCTIONS

Location Code _____

College/District Location _____ Department _____

Division _____ Date Required _____

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
	<i>*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.</i>				18.27
1	Office Depot - Laptop case				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

PAID
 REVL FLO0906
 10/23/14

Purchases Charged to Categorical Programs, Grants or Special Projects

This purchase is in compliance with the requirements of _____

Program Name _____

For grants/special projects _____

Program Director/Coordinator Signature _____ Project/Grant Number _____

Program Goal/Objective Number/Explanation _____

SalesTax _____

Total 18.27

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: Sally Howard TYPED/PRINT DATE 10/14/14
 REQUESTED BY: Sally Howard SIGNATURE DATE 10/14/14
 REQUESTED BY: Rachel Rosenthal SIGNATURE DATE 10/20/14
 AUTHORIZED: Stacy Gerkin DEAN OR AUTHORIZED SIGNATURE DATE 10/22/14
 APPROVED: _____ VICEPRESIDENT, ADMINISTRATION DATE _____

Bus. Unit	Account*	Fund	Org	Amount
67100	00000	14/5	041A	\$ 18.27

*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

Wed Oct 08 03:37:32 PDT 2014

OFFICE DEPOT STORE #682
875 E BIDWELL STREET
FOLSOM CA, 95630
(916) 984 - 6316

10/08/2014 14.3.5 8:08 AM
STR 682 REG1 TRN 1174 EMP 607758

SALE

Product ID	Description	Total
324675	CA,NTBK,10.2"	27.99SS
	Clearance	-11.07

You Pay 16.92SS

Subtotal: 16.92

Sales Tax: 1.35

Total: 18.27

MasterCard 5598: 18.27

Total Office Depot Savings:
\$11.07

WE WANT TO HEAR FROM YOU!

Participate in our online customer survey
and receive a coupon for **\$10 off your**
next qualifying purchase of \$50 or more on
office supplies, furniture and more.
(Excludes Technology. Limit 1 coupon per
household/business.)

Visit www.officedepot.com/feedback
and enter the survey code below.

Survey Code:

141W ASZH BH6B



22TTG39P4MQ564C6E

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Office Depot, Inc., including its
subsidiary OfficeMax Incorporated