

FOLSOM LAKE COLLEGE

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

CHECK NO. **FL- 00916**

VENDOR NO. **0000003279**

DATE **11/21/2014**

LOCATION **09**

TO **CEC EMBROIDERY**

REQUISITIONED BY
Clark, S / Van Dam REQ 81468

GENFD	4500	12	ED.VI.SB70	49990	00000	2015	454Y	129.00
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
10	EA EA	T-SHIRTS for EDC Student Activity Club Bridge Day	12.00	120.00
		Sales TAX 7.50%		9.00
		INVOICE # 996963 8/19/2014		\$129.00
		RECEIVED BY: _____		
		DATE: _____		

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

100 Scholar Way • Folsom, CA 95630

**BANK OF AMERICA
GOVERNMENT BANKING**

CHECK
No. **FL-00916**

DATE: **11/21/2014**

11-35
1210

Folsom Lake College
will pay to the order of:

CEC EMBROIDERY \$ **129.00**
ONE HUNDRED TWENTY-NINE & ⁰⁰/₁₀₀ DOLLARS

(NOT TO EXCEED \$250.00)
* THIS CHECK VOID 60 DAYS
FROM DATE DRAWN

Matthew Kubler

⑈000916⑈ ⑆121000358⑆ 14993⑈11042⑈

Los Rios Community College District

Requisition

Page _____ of _____

Req. No. **814568**

Vendor Code
Approved by / Date
Reviewed by / Date
Dispatched Method / Date

DATE 10/28/14 VENDOR Custom Embroidery Concepts (CEC)
 ADDRESS 5714 Pleasant Valley Rd
 CITY el dorado STATE CA ZIP 95623
 E-MAIL ceconcepts@sbeglobal.net
 PHONE 5306429968 FAX _____

P.O. No.	
DELIVERY INSTRUCTIONS	
Building Name <u>edc</u>	Department <u>SB70</u>
College/District Location <u>admin</u>	Date Required

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, ITEM NUMBER, COLOR & SIZE	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.					
1	Request Revolving check				
2					
3	10 t-shirts w/ FIC SAC Bridge Day logo	10	ea	12.	120.00
4					
5					
6					
7	in support of EDC Student Activity Club Bridge Day event				
8					
9					
10					
11	As relates to Retention & Persistence portion of SB70 grant Round 6				
12					
13					

2014 NOV 21 P 1:27
FIC BUSINESS SERVICES

Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of <u>SB70 Round 6</u> Program Name: <u>4544</u>		Tax	9.00
Program Director/Coordinator Signature: <u>[Signature]</u> Program Goal/Objective Number/Explanation: <u>Qualifying grant expenditure</u>		Total	129.00

I hereby certify the items/services listed above are to be obtained in accordance with District Policy, Conflict of Interest Code, P-8611 and all other applicable district, state, and federal policies, rules, regulations and laws.

REQUESTED BY: Shannon Clark TYPED/PRINT DATE: 10/28/14
 REQUESTED BY: [Signature] SIGNATURE DATE: 11/19/14

AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE: 11/26/14
 APPROVED: _____ VICE PRESIDENT, ADMINISTRATION DATE: _____

Bus. Unit	Account	* Fund	Org	
<u>9999</u>	<u>0000</u>	<u>205</u>	<u>4544</u>	\$ <u>129.00</u>
Program	Sub-Class	BY	Proj/Grnt	Amount
/	/	/	/	

* Asset Location - For equipment purchases over \$200 (Accounts 6480, 6490, 6491, 6493, 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

INTEROFFICE MEMORANDUM

TO: BUSINESS OFFICE
FROM: SHANNON CLARK
SUBJECT: LETTER OF EXPLANATION FOR UNAUTHORIZED PURCHASE - CUSTOM EMBROIDERY CONCEPTS
DATE: NOVEMBER 18, 2014
CC:

The attached expenditure was incurred as a result of planning by the Student Activities Club for the Bridge Day event in August, 2014. The event was planned and occurred during the summer break while the students were not on campus or available to approve the use of their club funds. In addition, the summer break greatly restricted the club's ability to order needed items with sufficient forethought as to processing times. SB70 supports Bridge day in small ways each year as part of grant requirements in areas of student retention and persistence and had previously committed to support this Bridge day event in some way. When these items were ordered it appears there was some miscommunication or confusion as to which department/area was responsible for their order & payment. This is primarily due to the uncharacteristically hurried nature of the ordering done by the Student Activities club, due to the summer break/first week of class timeframe, as well as lack of clarity in communication between the Student Activities Club and the SB70 office. We recognize that it is not accepted purchasing procedure and have made a concentrated effort to ensure that this level of miscommunication does not happen in the future.

CEC**EMBROIDERY & Screen Printing****5714 Pleasant Valley Road****1 Dorado, CA 95623****Phone (530) 642-9968 Fax 642-9967***Invoice*

DATE	YOUR INVOICE #
8/19/2014	996963

BILL TO
Folsom Lake College El Dorado Center ATTN: Deanne Repetto

SHIP TO

PAYMENT TERMS	DELIVERY DATE	JOB	Ship Via	Vendor Number
Due on receipt				

ITEM	DESCRIPTION	QUANTITY	UNIT PRICE	EXTENDED AM...
J100	Jerzees Cotton Jersey Sport Shirt in Black with Folsom Lake College logo on left chest. 4- Small 2- Medium 3- Large 1-XLarge Sales Tax Jan2013	10	12.00	120.00T
			7.50%	9.00

THANK YOU FOR YOUR BUSINESS! Please make check payable to CEC.	Total Due	\$129.00
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All claims must be made within five (5) days of receipt of goods. All outstanding balance(s) owed are due upon receipt of merchandise. If legal action should be brought to collect this invoice, customer will be responsible for court costs and attorney fees to the extent allowed by law. ALL RETURNED CHECKS WILL BE SUBJECT TO A \$25.00 SERVICE CHARGE.	Payments/Credits	\$0.00
	Balance Due	\$129.00

ceconcepts@sbcglobal.net



American River College ■ Cosumnes River College ■ Folsom Lake College ■ Sacramento City College

VENDOR PACKET

Vendor Packet Check List

1. REVIEW/INFORMATION ONLY:

Purchase Order Terms and Conditions

Insurance Requirements for vendors providing onsite or contract services

2. COMPLETE AND RETURN:

Vendor Application

W-9

CA Tax Form(s) - 590, 587, 588, 589 as applicable

VENDOR NAME: Custom Embroidery Concepts

Return the following via email, mail or fax:

Application W-9 CA Tax Form(s)

Email – lrcdcpurchase@losrios.edu

Mail – 1919 Spanos Court, Sacramento, CA 95825

Fax – (916) 568-3145



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: *Nancy R Bandy et. al*

NAME OF FIRM Custom Embroidery Concepts		FEDERAL ID# OR SOCIAL SECURITY # <i>20-4722514</i>	
MAILING ADDRESS 5714 Pleasant Valley Road, El Dorado, CA 95623		REMIT ADDRESS 5714 Pleasant Valley Road, El Dorado, CA 95623	
PHONE (530) 642-9968	FAX (530) 642-9967	EMAIL ceconcepts@sbcglobal.net	

WEBSITE www.explorecec.com			ORGANIZATION CLASSIFICATION (Check all that apply)																
<table border="1"> <thead> <tr> <th colspan="3">AUTHORIZED COMPANY REPRESENTATIVES</th> </tr> <tr> <th>Name</th> <th>Title/Capacity</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>Nancy Bandy</td> <td>owner</td> <td>ceconcepts@sbcglobal.net</td> </tr> <tr> <td>Tim Bandy</td> <td>owner</td> <td>timbandy@sbcglobal.net</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			AUTHORIZED COMPANY REPRESENTATIVES			Name	Title/Capacity	Email	Nancy Bandy	owner	ceconcepts@sbcglobal.net	Tim Bandy	owner	timbandy@sbcglobal.net				<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> MBE
			AUTHORIZED COMPANY REPRESENTATIVES																
			Name	Title/Capacity	Email														
			Nancy Bandy	owner	ceconcepts@sbcglobal.net														
Tim Bandy	owner	timbandy@sbcglobal.net																	
<input type="checkbox"/> Partnership	<input type="checkbox"/> WBE	Contractor's License # _____																	
<input type="checkbox"/> Non Profit	<input type="checkbox"/> DVBE	Collect CA Tax (circle one) Yes No																	
<input type="checkbox"/> Corporation (List State Incorporated)																			

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
Embroidered and Screen Printed Items		

VENDOR CERTIFICATION 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	OTHER BUSINESS INFORMATION		
	Payment Terms net 30	Discounts Extended _____	
	Refund/Returns _____		
	<i>Nancy R Bandy</i> owner		10/27/14
	SIGNATURE	TITLE	DATE

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) Nancy R. Bandy et. al.	
	Business name/disregarded entity name, if different from above Custom Embroidery Concepts	
	Check appropriate box for federal tax classification: <input checked="" 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 type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) 5714 Pleasant Valley Road	Requester's name and address (optional)
City, state, and ZIP code El Dorado, CA 95623		
List account number(s) here (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.

Social security number								

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

Employer identification number								
2	0	-	4	7	2	2	5	1

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. 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 ▶ *Nancy R Bandy*

Date ▶ *10/27/14*

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.