

FOLSOM LAKE COLLEGE

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

CHECK NO. **FL- 00929**

VENDOR NO. **0000003279**

NON NEGOTIABLE COPY

DATE *Feb 19, 2015*

LOCATION **09**

TO *SURVEY MONKEY INC.
C/o Bank of America Lock Box Services
15765 Collections Center Drive
Chicago, IL 60693*

REQUISITIONED BY
REQ 808830 Clark/Nixon

<i>GENFD</i>	<i>5603</i>	<i>11</i>	<i>FL VS COUN</i>	<i>63100</i>	<i>10000</i>	<i>2015</i>	<i>051C</i>	<i>250⁰⁰</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
<i>1</i>	<i>EA</i>	<i>Annual Subscription to Survey Monkey Service Feb 1, 2015 - Jan 31, 2016 INV # 23755031</i>	<i>250</i>	<i>250⁰⁰</i>

NON NEGOTIABLE COPY

RECEIVED BY: _____

DATE: _____

<p>FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT 100 Scholar Way • Folsom, CA 95630</p> <p>Folsom Lake College will pay to the order of:</p> <p><i>SURVEY MONKEY INC.</i></p> <p><i>TWO HUNDRED FIFTY AND 00/100</i> DOLLARS</p> <p>NON NEGOTIABLE COPY</p>	<p>BANK OF AMERICA GOVERNMENT BANKING</p> <p>DATE: <i>Feb 19, 2015</i></p> <p><i>Kathleen Kuklen</i></p>	<p>CHECK No. FL- 00929</p> <p>11-35 1210</p> <p><i>\$250⁰⁰</i></p> <p>(NOT TO EXCEED \$250.00) * THIS CHECK VOID 60 DAYS FROM DATE DRAWN</p> <p>⑈000929⑈ ⑆121000358⑆ 14993⑈ 11042⑈</p>
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Invoice #23755031

Close Print Pay Now »

Dec 18, 2014

Payment Due on February 1, 2015

DESCRIPTION	USER NAME	BILLING PERIOD	QUANTITY	PRICE	AMOUNT
Annual Subscription	clarksterr	Feb 1, 2015 - Jan 31, 2016	1	\$250	\$250

Total: \$250

BILLING DETAILS

NOTES

Chris Clark
 Folsom Lake College
 10 College Parkway
 Folsom
 California
 95630
 United States
 916.608.6719

Subscription Renewal Charge

Purchase Order Number:

FL00474 **FL00929 2015/14**

PAYMENT INFORMATION

Please pay using one of these methods:

1. Pay now by Credit or Debit Card

2. Pay with a check

Send check to:
 SurveyMonkey Inc.
 c/o Bank of America Lockbox Services
 15765 Collections Center Drive
 Chicago, IL 60693

NOTE: Please write the invoice number: #23755031 on your check.

3. Pay by Direct Bank Deposit

Use the following information to make your deposit:

Account Name: SurveyMonkey Inc.
Swift Code #: BOFAUS3N

For ACH:
Routing/ABA #: 323070380
Account #: 485005765897

For wire transfers:
Routing/ABA #: 026009593
Account #: 485005765897

NOTE: Please include the invoice number: #23755031 in the comments of your deposit.

Los Rios Community College District

REVL

Requisition

Page 1 of 1

Req. No. **808830**

P.O. NO. FL00929

Vendor Code _____

Approved by / Date _____

Reviewed by / Date _____

Dispatched Method / Date _____

DATE 2/18/15 2015 FEB 18 P 4:22

VENDOR Survey Monkey

ADDRESS 15765 Collections Center Dr.

CITY Chicago STATE IL ZIP 60693

PHONE _____ FAX _____

DELIVERY INSTRUCTIONS
24 ASPH

Location Code _____

College/District Location FLC Counseling Department Studentsrv

Division _____ Date Required 2-3-14

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>				\$250
1	Annual Subscription	1	1		
2	Invoice # 23755031				
3	online services Feb 3-2015-2/2/16				
4					
5					
6					
7					
8	Issued CK # FL00929				
9	2/19/2015.				
10					
11					
12					
13					

REVL

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 _____

Sales Tax 0.00

Total 250.00

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.

Valerie Adger 2/18/15

REQUESTED BY: TYPED/PRINT DATE

[Signature] 2/18/15

REQUESTED BY: SIGNATURE DATE

[Signature] 2/18/15

AUTHORIZED: DEAN OR AUTHORIZED SIGNATURE DATE

[Signature] 2/19/15

APPROVED: VICE PRESIDENT, ADMINISTRATION DATE

Genfd / 5003 / 11 / FLC VS. Coun

Bus. Unit	Account	* Fund	Org	Amount
60300	60000	2015	031C	\$ 250.00
Program	Sub-Class	BY	Proj/Grnt	Amount
	/	/	/	
Bus. Unit	Account	* Fund	Org	Amount
	/	/	/	\$
Program	Sub-Class	BY	Proj/Grnt	Amount
	/	/	/	

*** 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