

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO

0001082352

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date	Revision	Page
07/08/2015		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
1006984 BELLB GALLARZOC	04ASPH STUSVC	

Vendor: 0000011970
 SARS SOFTWARE PRODUCTS, INC.
 2175 FRANCISCO BLVD EAST STE A-3
 SAN RAFAEL CA 94901

Phone: (415) 226-0040
 Fax: (415) 226-0038

email: clint@sarsgrid.com

Ship To: FOLSOM LAKE COLLEGE
 RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630
 United States

Bill To: 1919 Spanos Court
 Sacramento CA 95825-3981
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	ANNUAL RENEWAL OF SARS - GRID SUPPORT LICENSE	1.00 EA	3,000.00	3,000.00	07/01/2015
2- 1	ANNUAL RENEWAL OF SARS - MSGS SUPPORT LICENSE	1.00 EA	1,500.00	1,500.00	07/01/2015
3- 1	ANNUAL RENEWAL OF SARS - TRAK SUPPORT LICENSE	1.00 EA	1,500.00	1,500.00	07/01/2015
4- 1	ANNUAL RENEWAL OF PC - TRAK SUPPORT LICENSE	1.00 EA	1,000.00	1,000.00	07/01/2015
5- 1	ANNUAL RENEWAL OF SARS - PLAN SUPPORT LICENSE	1.00 EA	1,000.00	1,000.00	07/01/2015
6- 1	ADD-ON TEXT MESSAGING COMPONENT TO SARS - GRID SUPPORT LICENSE	1.00 EA	400.00	400.00	07/01/2015
7- 1	ANNUAL T-MOBILE TEXT PLAN FOR SIM CARD 1	1.00 EA	360.00	360.00	07/01/2015
8- 1	ANNUAL T-MOBILE TEXT PLAN FOR SIM CARD 2	1.00 EA	360.00	360.00	07/01/2015

PERIOD: 07/01/15 TO 06/30/16
 QUOTE DATED JUNE 3, 2015

PY PO#: 0001077237

Sub Total Amount	9,120.00
Sales Tax Amount	0.00
Total PO Amount	9,120.00

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature

Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO

0001082352

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date 07/08/2015	Revision	Page 2
Payment Terms NET 30	Freight Terms Shipping Point	Ship Via Best Metho
Reference: 1006984 BELLB GALLARZOC	Location / Dept 04ASPH STUSVC	

Vendor: 0000011970
 SARS SOFTWARE PRODUCTS, INC.
 2175 FRANCISCO BLVD EAST STE A-3
 SAN RAFAEL CA 94901

Phone: (415) 226-0040
Fax: (415) 226-0038

email: clint@sarsgrid.com

Ship To: FOLSOM LAKE COLLEGE
 RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630
 United States

Bill To: 1919 Spanos Court
 Sacramento CA 95825-3981
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
<u>BU</u>	<u>Acct</u> <u>Fd</u> <u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>	<u>Year</u>
GENFD	5600 11 FL.VS.DIVS	60100	00000	051C	9,120.00	2016

0001006984KIRKLINK26-JUN-2015

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature
Authorized Signature
on Total PO

Amount Page

Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30
 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

Requisition

Vendor: SARS SOFTWARE PRODUCTS, INC.
2175 FRANCISCO BLVD EAST STE A-3
SAN RAFAEL CA 94901
United States

Ship To: RECEIVING
10 COLLEGE PARKWAY
FOLSOM CA 95630

Business Unit: GENFD OPEN		
Req ID:	Date	Page
0001006984	07/01/2015	1
Requester		Bldg#
Bryon Bell		STUSVC
Requester Signature		
Buyer: Christina Gallarzo		
Approved: <i>Kik Lopez/15</i>		

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	ANNUAL RENEWAL OF SARS - GRID SUPPORT LICENSE	1	EA	3,000.00	3,000.00	07/01/2015
2-1	ANNUAL RENEWAL OF SARS - MSGS SUPPORT LICENSE	1	EA	1,500.00	1,500.00	07/01/2015
3-1	ANNUAL RENEWAL OF SARS - TRAK SUPPORT LICENSE	1	EA	1,500.00	1,500.00	07/01/2015
4-1	ANNUAL RENEWAL OF PC - TRAK SUPPORT LICENSE	1	EA	1,000.00	1,000.00	07/01/2015
5-1	ANNUAL RENEWAL OF SARS - PLAN SUPPORT LICENSE	1	EA	1,000.00	1,000.00	07/01/2015
6-1	ADD-ON TEXT MESSAGING COMPONENT TO SARS - GRID SUPPORT LICENSE	1	EA	400.00	400.00	07/01/2015
7-1	ANNUAL T-MOBILE TEXT PLAN FOR SIM CARD 1	1	EA	360.00	360.00	07/01/2015
8-1	ANNUAL T-MOBILE TEXT PLAN FOR SIM CARD 2	1	EA	360.00	360.00	07/01/2015

Total Requisition Amount: 9,120.00

PERIOD: 07/01/15 to 06/30/16
QUOTE DATED JUNE 3, 2015

PY PO#: 0001077237

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	5600	11	FL.VS.DIVS	60100	00000	051C	9,120.00

Approval Signature	Approval Signature	Approval Signature
--------------------	--------------------	--------------------

SARS SOFTWARE PRODUCTS, INC.

2175 FRANCISCO BLVD., EAST, SUITE A-3
SAN RAFAEL, CALIFORNIA 94901

June 3, 2015

Kimberley Carrillo
Student Services
Folsom Lake College
10 College Parkway
Folsom, CA 95630

Dear Kim:

Please see below for renewal information for Folsom Lake College.

2015 – 2016 FY

	Product	Annual Support Fee	Term
1	SARS-GRID	\$ 3,000	7-1-2015 – 6-30-2016
2	SARS-MSGs (E-mail + Text)	1,500	7-1-2015 – 6-30-2016
3	SARS-TRAK	1,500	7-1-2015 – 6-30-2016
4	PC-TRAK	1,000	7-1-2015 – 6-30-2016
5	SARS-PLAN	1,000	7-1-2015 – 6-30-2016
6	SARS-GRID Add-on Text Messaging	400	7-1-2015 – 6-30-2016
7	SIM CARD 1	360	7-1-2015 – 6-30-2016
8	SIM CARD 2	360	7-1-2015 – 6-30-2016
	TOTAL	\$9,120	

If you have any questions, please do not hesitate to contact me.

Sincerely,

Clint Kirk

Los Rios Community College District

Requisition

Page _____ of _____

Req. No. 815883
P.O. No.

Vendor Code 0000011970
Approved by / Date
Reviewed by / Date
Dispatched Method / Date

DATE 6/4/15 VENDOR SARS

ADDRESS 2175 Francisco Blvd. East
Suite A-3

CITY San Rafael STATE CA ZIP 94901

E-MAIL Accounting@sarsgrid.com

PHONE 415-226-0040 FAX 415-226-0036

DELIVERY INSTRUCTIONS	
<u>04 ASPH</u>	
Building Name	
<u>FLC</u>	<u>SCM</u>
College/District Location	Department
<u>Student Svcs.</u>	<u>7/6/15</u>
Division	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	Annual Support Fees: 7/1/15-6/30/16				
2	GRID	1			3,000
3	MSGs	1			1,500
4	SARS TRAK	1			1,500
5	PL TRAK	1			1,000
6	PLAN	1			1,000
7	GRID - Add on	1			400
8	SIM CARD 1	1			360
9	SIM CARD 2	1			360
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects			Tax	<u>0</u>
This purchase is in compliance with the requirements of _____			Total	<u>\$9,120.00</u>
Program Name		For grants/special projects		
Program Director/Coordinator Signature	Project/Grant Number			
Program Goal/Objective Number/Explanation				

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: Kim CARRILLO 6/4/15

REQUESTED BY: Chi Canillo 6/4/15

REQUESTED BY: [Signature] 6.4.15

AUTHORIZED: DEAN OR AUTHORIZED SIGNATURE _____ DATE _____

APPROVED: VICE PRESIDENT, ADMINISTRATION _____ DATE _____

<u>Genfd / 5600 / 11 / FLC VS. DIVS</u>				
Bus. Unit	Account	*Fund	Org	Amount
<u>60100</u>	<u>0100</u>	<u>2016</u>	<u>051C</u>	<u>\$ 9,120.00</u>
Program	Sub-Class	BY	Proj/Grnt	Amount
/	/	/	/	
Bus. Unit	Account	*Fund	Org	\$
/	/	/	/	
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