

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO 0001082401

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	
1006975 JOHNSONC GALLARZOC	04OPER OPS	

Vendor: 0000004237
 PEST CONTROL CENTER INC
 3845 MADISON AVENUE
 NORTH HIGHLANDS CA 95660
 (916) 344-4400, FAX (916) 339-6712
 email:

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	PEST CONTROL SERVICES; EXTERIOR FOR CLASSROOM BLDGS, ADMIN AREA/OFFICES AND VISUAL AND PERFORMING ARTS CENTER AT FLC. BILLED MONTHLY RATE \$219.00 PER MONTH PERIOD: 7/1/15 - 6/30/16	1.00 LOT	2,628.00	2,628.00	07/01/2015
2- 1	PEST CONTROL SERVICES FOR FLC ATHLETIC COMPLEX. BILLED QUARTERLY RATE \$115.00 PER QTR. PERIOD: 7/1/2015 - 6/30/2016	1.00 LOT	2,628.00	2,628.00	07/01/2015

PER PROPOSALS DATED 6/3/15
 PY PO#: 0001077167

Sub Total Amount	5,256.00
Sales Tax Amount	0.00
Total PO Amount	5,256.00

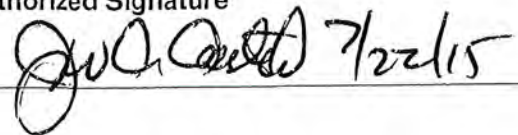
BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5500	11	FL.VA.OPER	65700	00000	041A	5,256.00	2016

0001006975KIRKLINK29-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


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: PEST CONTROL CENTER INC
 3845 MADISON AVENUE
 NORTH HIGHLANDS CA 95660
 United States

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630

Business Unit: GENFD		OPEN
Req ID:	Date	Page
0001006975	07/01/2015	1
Requester		Bldg#
Colleen R Johnson		OPS
Requester Signature		
Buyer: Christina Gallarzo		
Approved:		

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Total Requisition Amount: 5,256.00

PER PROPOSALS DATED 6/3/15
 PY PO#: 0001077167

<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	5500	11	FL.VA.OPER	65900	00000	041A	5,256.00

Approval Signature	Approval Signature	Approval Signature
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SACRAMENTO AREA OFFICE
 3845 MADISON AVENUE
 NORTH HIGHLANDS, CA 95660-5010
 916-344-4400
 800-303-7707
 FAX 916-334-6712



PLACERVILLE AREA OFFICE
 5761 PLEASANT VALLEY ROAD
 EL DORADO, CA 95623-4200
 530-622-4810
 800-303-7707
 FAX 530-622-7830

PROPOSAL

DATE: June 3, 2015
 NAME: Folsom Lake College
 SERVICE ADDRESS: 10 College Parkway, Folsom, CA 95630
 BILLING ADDRESS: Los Rios Community College, 1919 Spanos Court, Sacramento, CA 95825
 PHONE: 916-608-6585 FAX: 916-608-6545

AREAS TREATED

EXTERIOR X
 INTERIOR _____
 POOL AREA _____
 REFUSE AREA _____
 OFFICE/LAUNDRY _____
 OTHER _____

COVERED PESTS

ROACHES X
 ANTS X
 RATS/MICE _____
 FLEAS X
 TREES _____
 OTHER _____
COMMON STRUCTURAL

FREQUENCY OF TREATMENT

WEEKLY _____
 MONTHLY X
 BI-MONTHLY (EVERY TWO MONTHS) _____
 QUARTERLY _____
 TWICE MONTHLY _____
 ONE TIME _____
 OTHER _____

Accepted by
 (signature) _____
 (print to follow)
 FR 38807
 Harry Case, Pest Control Center Representative

COMMENTS: Pricing for your new fiscal year includes exterior pest protection for all buildings and the gymnasium, excluding the athletic complex, which is serviced quarterly.

PRICE: \$219.00 Per Month

**DOES NOT COVER BEES, WASPS, CARPENTER OR PHARAOH ANTS, UNLESS STATED ABOVE.
 HOWEVER, THEY CAN BE TREATED WITH A SLIGHT ADDITIONAL CHARGE**

OTHER LOCAL PHONES

ELK GROVE/LAGUNA - 916-686-4400 • CITRUS HEIGHTS/ROSEVILLE/LINCOLN/ROCKLIN/GRANITE BAY- 916-782-4400
 WOODLAND - 530-668-4400 • DAVIS/EL MACERO - 530-758-4440 • FAIR OAKS/FOLSOM - 916-988-4440 • AUBURN/NEWCASTLE - 530-885-4405
 EL DORADO HILLS /SERRANO- 916-933-3113 • CAMERON PARK/POLLOCK PINES - 530-622-4810

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 POOL AREA _____
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ROACHES X
 ANTS X
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 TREES _____
 OTHER _____
COMMON STRUCTURAL

FREQUENCY OF TREATMENT

WEEKLY _____
 MONTHLY _____
 BI-MONTHLY (EVERY TWO MONTHS) _____
 QUARTERLY X
 TWICE MONTHLY _____
 ONE TIME _____
 OTHER _____

Accepted by

 (signature)

 FR 38807

 Harry Case, Pest Control Center Representative

COMMENTS: Pricing for your new fiscal year includes exterior pest protection for the athletic complex.

PRICE: \$115.00 Per Quarter

**DOES NOT COVER BEES, WASPS, CARPENTER OR PHARAOH ANTS, UNLESS STATED ABOVE.
 HOWEVER, THEY CAN BE TREATED WITH A SLIGHT ADDITIONAL CHARGE**

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Los Rios Community College District

Requisition 15/16

Page _____ of _____

Req. No. 808592
P.O. NO.

Vendor Code	DATE 5/29/15
Approved by / Date	VENDOR Pest Control Center
Reviewed by / Date	ADDRESS 3845 MADISON AVE
Dispatched Method / Date	CITY NORTH HIGHLANDS STATE CA ZIP 95660-5010
	PHONE 916-344-4400 FAX _____

DELIVERY INSTRUCTIONS	
04 OPER FLC	
Location Code	
College/District Location FLC	Department
Division	Date Required

ITEM	DESCRIPTION <small>GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES</small>	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	Pest Control Services: EXTERIOR	12	EA	219.00	2628.00
2	monthly fee for campus				
3	bldgs. and HARRIS Center				
4	7/1/15 - 6/30/16				
5	Pest Control Services: ATHLETIC	4	EA	115.00	460.00
6	Complex, 7/1/15 - 6/30/16				
7					
8					
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects			Sales Tax
This purchase is in compliance with the requirements of _____			
Program Name		For grants/special projects	
Program Director/Coordinator Signature	Project/Grant Number		Total 3307.00
Program Goal/Objective Number/Explanation			

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: Julia Light 6/2/15

REQUESTED BY: Julia A. Light 6/2/15

AUTHORIZED: [Signature] 6/2/15

GEN FD 15500 111 1 FL VA OPER				
Bus. Unit	Account	* Fund	Org	
65900	100000	62061	041A	\$ 3307.00
Program	Sub-Class	BY	Proj/Grnt	Amount
	/	/	/	
Bus. Unit	Account	* Fund	Org	
	/	/	/	\$
Program	Sub-Class	BY	Proj/Grnt	Amount

APPROVED: _____ VICE PRESIDENT, ADMINISTRATION DATE _____

*** 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