

# LOS RIOS COMMUNITY COLLEGE DISTRICT

**PURCHASE ORDER NO 0001084203**

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.

<b>Date</b>	<b>Revision</b>	<b>Page</b>
11/05/2015		1
<b>Payment Terms</b>	<b>Freight Terms</b>	<b>Ship Via</b>
NET 30	Shipping Point	Best Metho
<b>Reference:</b>	<b>Location / Dept</b>	
814606 PEDRO J ROUILLES	01HED	

**Supplier:** 0000034505  
 COLLEGE OF AMERICAN PATHOLOGISTS  
 325 WAUKEGAN ROAD  
 NORTHFIELD IL 60093-2750

**Phone:** (800) 323-4040  
**Fax:** (847) 832-8168

**email:** CDM@CAP.ORG

**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	COMPETENCY ASSESMENT PROGRAM 2016 SUBSCRIPTION FOR FLC MLT PROGRAM (UP TO 50 USERS)	1.00 EA	785.00	785.00	11/15/2015

PER QUOTE# 94638 04 71

<b>Sub Total Amount</b>	785.00
<b>Sales Tax Amount</b>	0.00
<b>Total PO Amount</b>	785.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4300	12	FL.VI.CTEF	12050	00000	482F	785.00	2016

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.

## LOS RIOS COMMUNITY COLLEGE DISTRICT

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

### PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

# Los Rios Community College District

## Requisition

Page 1 of 1

Req. No. **814606**

College of American Pathologists

Vendor Code  
**34505**

DATE 10/13 VENDOR Cap Pathologists

P.O. No.

Approved by / Date  
Reviewed by / Date  
Dispatched Method / Date

ADDRESS 325 Waukegan Rd  
CITY Northfield STATE IL ZIP 60093  
E-MAIL cdm@cap.org  
PHONE 800-323-1010 FAX 847-832-8168

DELIVERY INSTRUCTIONS  
Building Name N/A  
College/District Location FLC Department MLT  
Division AR05 Date Required 10/30/15

ITEM	DESCRIPTION	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
	*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.				
	<del>Cap Online Competency - CA0050</del>			<del>\$785</del>	<del>\$785</del>
	Per Quote # 94688 04 71				
4	Competency Assessment Program for MLT program up to 50 users - CA0050			785.00	785.00
5					
6	Online Subscription for				
7	Students in MLT program				
8	to assess competency				
9					
10	Please FAX Signed Po w/ Quote to:				
11	847-832-8168				
12					
13					

2015 OCT 28 P 12:54  
BUSINESS SERVICES

<b>Purchases Charged to Categorical Programs, Grants or Special Projects</b>		Tax	
This purchase is in compliance with the requirements of <u>OTE Enhancement Grant</u>			
<u>Kumtarnell</u>	Program Name <u>482F</u>	Total	\$785.00
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: Jason Pedro TYPED/PRINT DATE 10/13/15  
 REQUESTED BY: [Signature] SIGNATURE DATE 10/13/15  
 AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 10/26/15  
 APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE 10/28/15

GENFD 4300 / 12 / FL.VI.CTEF

Bus. Unit	Account	*Fund	Org	Amount
<u>12050</u>	<u>100000</u>	<u>2016</u>	<u>482F</u>	<u>\$ 785</u>
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 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**



COLLEGE of AMERICAN  
PATHOLOGISTS

325 Waukegan Rd.  
Northfield, IL 60093-2750  
t: 800-323-4040 option 1  
d: 847-832-7000 option 1  
f: 847-832-8168  
cdm@cap.org | cap.org



Quote NO. 94638 04 71  
CAP NO. 875701301  
A/R NO. 875701301

**FAX TO: 847-832-8168**

GENERAL

\* Enter zero in revised quantity field to delete items.

LN	Program Code	Description	Qty	Revised Quantity*	Unit Price	Extended Amount
1	CA0050	COMP ASMT PRGM UP TO 50 USERS	1	<input type="text"/>	785	785
				<input type="text"/>		
				<input type="text"/>		
				<input type="text"/>		
				<input type="text"/>		
				<input type="text"/>		
				<input type="text"/>		
				<input type="text"/>		
				<input type="text"/>		
				<input type="text"/>		
				<input type="text"/>		
				<input type="text"/>		

Please allow 5 business days to process your renewal order.

Page Total \$ 785.00

ALL additional products should be added on the Item Add Page at the end of this order packet.



## How to Order

Your laboratory's license for Competency Assessment Program is based on the number of individuals who will be using Competency Assessment Program — that is, the number of people for whom you will be assessing competency, not the number of employees in your laboratory. Safety & Compliance courses are an addition to your Competency Assessment Program order. The same employees enrolled in Competency Assessment Program have access to Safety & Compliance courses if the additional fee is paid.

### Mail or fax completed order form to:

College of American Pathologists  
CDM (CA)  
325 Waukegan Road  
Northfield, IL 60093

Phone: 800-323-4040 or 847-832-7000 option 1

Fax: 847-832-8168

## Enroll for 2016 today!

Competency Assessment Program runs on the calendar year from January 1 through December 31, 2016. However, you can enroll at any time. All new courses become available January 1 and July 1. Compliance & Safety courses do not change every six months. These courses will be updated when regulations or good practices change. When customized for your laboratory, the program helps satisfy all six elements of competency assessment in Laboratory General Checklist question GEN.55500 and the CLIA regulations.

The College of American Pathologists designates these educational activities for a maximum of the stated number of credits of continuing education. Participants should only claim credit commensurate with the extent of their participation in the activity.

The American Society for Clinical Pathology (ASCP) Board of Certification (BOC) Certification Maintenance Program (CMP) accepts this activity to meet the continuing education requirements. The states of California and Florida also approve these activities for continuing education credit.

### Choose One

Number of Users	Competency Assessment Program only 2016 fee	Competency Assessment Program product code	Safety & Compliance courses** 2016 fee	Safety & Compliance courses product code	Total Competency Assessment Program + Safety & Compliance courses
Up to 50	<input checked="" type="radio"/> \$785	CA0050	<input type="radio"/> \$297	XCA0050	<input type="radio"/> \$1082
50 to 250*	<input type="radio"/> \$1751	CA0250	<input type="radio"/> \$647	XCA0250	<input type="radio"/> \$2398
	<input type="radio"/>				<input type="radio"/>

\* More than 250 users: Call 800-323-4040 or 847-832-7000 option 1.

\*\*Safety & Compliance course package must be purchased in conjunction with Competency Assessment Program subscription—not available for purchase separately.

875701301	Folsom Lake College
CAP Number (7 digits)	Institution Name

### Payment Method

- Check, payable to College of American Pathologists  
 VISA  MasterCard  AMEX  Purchase Order

Credit Card or Purchase Order Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name (Please print) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

### Contact Information (Required)

### Billing Information, if different (Required)

Name <u>Jason Pedro</u>	Name
Address 1 <u>6699 Campus Dr.</u>	Address 1
Address 2	Address 2
City <u>Placerville</u> State <u>CA</u> Zip <u>95667</u>	City _____ State _____ Zip _____
Telephone <u>530-642-5639</u>	Telephone
Email <u>PedroJ@fcolosrios.edu</u>	Email