

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO 0001084727

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 12/15/2015	Revision	Page 1
Payment Terms NET 30	Freight Terms Shipping Point	Ship Via Best Metho
Reference: 1007551 NIELSEN R ROUILLER S		Location / Dept 04VAPA1174 VAPA

Supplier: 0000036998
 BRADY CASES LLC
 2456 INDUSTRIAL BLVD
 ABILENE TX 79605

Phone: (325) 518-6562

email: brady@bradycases.com

Ship To: FOLSOM LAKE COLLEGE
 RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798
 United States

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

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	ATA CASE 42"W X 26"D X 60 EXTERIOR DIMENSION	1.00	EA	900.00	900.00	01/04/2016
2- 1	DIVIDER FOR HANGING WEAPONS	1.00	EA	100.00	100.00	01/04/2016
3- 1	COMPARTMENT FOR OTHER EQUIPMENT	1.00	EA	75.00	75.00	01/04/2016
4- 1	FOAM PADDING FOR ENTIRE INTERIOR OF THE CASE	1.00	EA	250.00	250.00	01/04/2016
5- 1	ESTIMATED FREIGHT	1.00	EA	250.00	250.00	01/04/2016

PER ESTIMATE DATED 10-29-15

Sub Total Amount	1,575.00
Sales Tax Amount	126.00
Total PO Amount	1,701.00

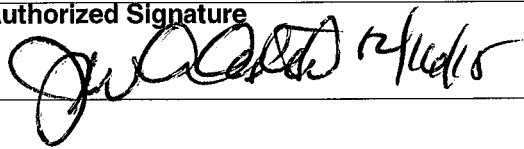
BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	6490	12	FL.VI.IEQP	10070	00000	548F	1,701.00	2016

0001007551KIRKLINK11-DEC-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.

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.

Requisition

Supplier MISCELLANEOUS

 ***** CA 95825
 United States

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798

PLC BUSINESS SERVICES
 2015 DEC 10 A 9:48

Business Unit: GENFD		OPEN
Date	12/01/2015	Page 1
Requisition Name: GRANT CASES.COM		
Requester	Ruth Nielsen	Bldg# VAPA
Requester Signature		
Buyer: Suzanne Rouiller		
Approved:		

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	42"WX26"DX60 EXTERIOR DIMENSION ATA CASE	1	EA	900.00	900.00	
ASSET DEPT: VAPA LOCATION: 04VAPA1174 CATEGORY: EQUIP 1 PROFILE: EQP:OTHER						
2-1	DIVIDER FOR HANGING WEAPONS	1	EA	100.00	100.00	
ASSET DEPT: VAPA LOCATION: 04VAPA1174 CATEGORY: EQUIP 1 PROFILE: EQP:OTHER						
3-1	COMPARTMENT FOR OTHER EQUIPMENT	1	EA	75.00	75.00	
ASSET DEPT: VAPA LOCATION: 04VAPA1174 CATEGORY: EQUIP 1 PROFILE: EQP:OTHER						
4-1	FOAM PADDING FOR ENTIRE INTERIOR OF THE CASE	1	EA	250.00	250.00	
ASSET DEPT: VAPA LOCATION: 04VAPA1174 CATEGORY: EQUIP 1 PROFILE: EQP:OTHER						
5-1	ESTIMATED FREIGHT	1	EA	250.00	250.00	
ASSET DEPT: VAPA LOCATION: 04VAPA1174 CATEGORY: FRT 1 PROFILE: EQP:OTHER						

Total Requisition Amount: 1,575.00

NEW VENDOR APPLICATION, W-9 FORM AND ESTIMATE ATTACHED

SUB-TOTAL: \$1,575.00
 8% TAX: \$126.00
 TOTAL: \$1,701.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount
GENFD	6490	12	FL.VI.IEQP	10070	00000	548F	1,575.00

Purchases Charged to Catagorical Programs, Grants or Special Project.

This purchase is in compliance with the requirement of STEF

For grants/special projects 548F

Name: [Signature]

Approval Signature <u>[Signature]</u>	Approval Signature <u>[Signature]</u>	Approval Signature
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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: Brady Bruton

NAME OF FIRM Brady Cases LLC		FEDERAL ID# OR SOCIAL SECURITY # 90 1069288 / - -	
MAILING ADDRESS 2456 Industrial Blvd Abilene, Tx 79605		REMIT ADDRESS 2456 Industrial Blvd Abilene, Tx 76905	
PHONE (325) 518-6562	FAX	EMAIL brady@bradycases.com	

WEBSITE www.bradycases.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>Brady Bruton</td> <td>Owner</td> <td>brady@bradycases.com</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			AUTHORIZED COMPANY REPRESENTATIVES			Name	Title/Capacity	Email	Brady Bruton	Owner	brady@bradycases.com										<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> MBE
			AUTHORIZED COMPANY REPRESENTATIVES																			
			Name	Title/Capacity	Email																	
			Brady Bruton	Owner	brady@bradycases.com																	
<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		
ATA case production	crate construction	cabinetry

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. BJB _____ INITIALS	OTHER BUSINESS INFORMATION		
	Payment Terms upfront or 50% down, 50% to ship	Discounts Extended _____	
	Refund/Returns <u>none</u>	_____	
	<i>Brady Bruton</i> SIGNATURE	Owner TITLE	11/4/15 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Brady Bruton		
	2 Business name/disregarded entity name, if different from above Brady Cases LLC		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>		
	5 Address (number, street, and apt. or suite no.) 2456 Industrial Blvd		Requester's name and address (optional)
	6 City, state, and ZIP code Abilene, Tx 79605		
	7 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 line 1 to avoid backup withholding. For individuals, this is generally 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 <i>How to get a TIN</i> on page 3.																																															
Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																																															
	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td colspan="3" style="text-align: center;">-</td><td colspan="3" style="text-align: center;">-</td><td colspan="3"></td></tr> </table> <p style="text-align: center;">or</p> <table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">9</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">-</td><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">6</td><td style="width: 20px; height: 20px; text-align: center;">9</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px; text-align: center;">8</td></tr> </table>	Social security number																		-			-						Employer identification number									9	0	-	1	0	6	9	2	8	8
Social security number																																															
-			-																																												
Employer identification number																																															
9	0	-	1	0	6	9	2	8	8																																						

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); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
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 3.	
Sign Here	Signature of U.S. person ▶
	Date ▶ 11/4/2015

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

estimate

Brady Cases
2456 Industrial Blvd
Abilene, Tx 79605
888-789-8139
www.bradycases.com

date
Oct 29, 2015

valid until

sent to



item	quantity	rate	total
42" w x 26" d x 60" exterior dimension ATA case	1	\$900.00	\$900.00
divider for hanging weapons	1	\$100.00	\$100.00
compartment for other equipment	1	\$75.00	\$75.00
foam padding for entire interior of the case	1	\$250.00	\$250.00
estimated freight	1	\$250.00	\$250.00

Subtotal	\$1,575.00
Tax 1	\$109.31
Tax 2	\$0.00
Total	\$1,684.31



Invoice

Kent Custom Cases
 1999 Clinton Street
 Buffalo New York 14206
 United States
 T. 800-450-9812 ext 5
 chris@kentcustom.com

Bill to:
 Folsom Lake College
 David Harris
 10 College Pkwy
 Folsom California 95630
 United States
 T. 916-608-6760
 harrisd@flc.losrios.edu

Document no. 948
 Date 2015-10-29
 Due date 2015-10-29
 PO number
 Description

Used currency: (USD)

Product	Description	Quantity	Unit price	Project	Total
0001	ATA Theatrical Swords and Accessories Vault	1.00	1,575.00		1,575.00

Ext: 3/8" Black Laminate Birch
 Wood
 Int: Medium Density Ester Foam
 Add-ons: 2 Drawers,
 Steel Recessed Handles, Latches
 Steel Ball Corners
 4" Locking Casters (Blue)
 Aluminum Extrusions

SHIPPING TAX - INCLUDED N/A

Subtotal	1,575.00
Total	1,575.00
Paid to date	0.00

Amount due 1,575.00



100 Durand Road
 Winnipeg, MB R2J 3T2
 1-800-337-3325
 info@bigdealcases.com

QUOTATION

In U.S. Funds

Date: October 30, 2015
 Company: Folsom Lake College Theatre Arts
 Address: 10 College Pkwy
 Folsom, CA 95630
 Attention: **David Harris**
 Phone:

Quotation Prepared by	Job	Payment Terms	Delivery Date
Steve Barsby		NET 30	TBD

Quantity	Description	Unit Price		Total
1	3/4" Baltic Birch Case to house Theatrical Swords and Accessories	\$1,716.05	USD ea.	\$1,716.05
	Approximate Shipping \$325.00 USD			
	Tax Free			

Notes:

Flight cases are manufactured to meet or exceed Airline Transportation Specification 300, Category 1. F.O.B. our Plant.
 All estimates are calculated based on Canadian funds. U.S. prices are estimated using the current exchange rates and are subject to change. Additional charges will apply for shipping. Shipping cases have a U.S. "duty free" tariff rating.
 To Accept this quotation, Please sign here or call to confirm.

TOTAL