

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO 0001086695

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 04/26/2016	Revision	Page 1
Payment Terms NET 30	Freight Terms Shipping Point	Ship Via Best Metho
Reference: 759944 HANSEN M ROUILLES		Location / Dept 04ADMN

Supplier: 0000036860
 ETR ASSOCIATES INC
 100 ENTERPRISE WAY STE G300
 SCOTTS VALLEY CA 95066

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

Phone: (800) 321-4407
Fax: (800) 435-8433

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

email: customs@etr.org

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	153 STD FACTS	50.00EA	0.43	21.50	05/10/2016
2- 1	137 BIRTH CONTROL FACTS	50.00EA	0.43	21.50	05/10/2016
3- 1	R019 EMERGENCY CONTRACEPTION	50.00EA	0.40	20.00	05/10/2016
4- 1	191 MALE SELF-EXAM	50.00EA	0.40	20.00	05/10/2016
5- 1	061 BE AN LGBT ALLY	50.00EA	0.40	20.00	05/10/2016
6- 1	H226 TAKING CARE OF YOUR COLD	50.00EA	0.40	20.00	05/10/2016
7- 1	R008 GET WHAT YOU WANT SLEEP	50.00EA	0.40	20.00	05/10/2016
8- 1	403 WHAT IS POST TRAUMATIC STRESS	50.00EA	0.40	20.00	05/10/2016
9- 1	367 ANXIETY HELP ON THE WAY	50.00EA	0.40	20.00	05/10/2016
10- 1	H231 PANIC ATTACK HELP ON THE WAY	50.00EA	0.40	20.00	05/10/2016
11- 1	H232 DEPRESSION HELP ON THE WAY	50.00EA	0.40	20.00	05/10/2016
12- 1	H253 5 SMART STEPS LESS STRESS	50.00EA	0.40	20.00	05/10/2016
13- 1	R768 DATING SAFETY TALK W / TEEN	50.00EA	0.40	20.00	05/10/2016
14- 1	557 YES MEANS YES	50.00EA	0.40	20.00	05/10/2016
15- 1	H195 DOMESTIC VIOLENCE	50.00EA	0.43	21.50	05/10/2016
16- 1	R861 DOMESTIC VIOLENCE GETTING OUT	50.00EA	0.40	20.00	05/10/2016
17- 1	306 EMOTIONAL ABUSE	50.00EA	0.40	20.00	05/10/2016
18- 1	S334 E-CIGARETTE VALUE PACK	1.00EA	37.99	37.99	05/10/2016
19- 1	H239 BECOMING A FORMER SMOKER	50.00EA	0.40	20.00	05/10/2016
20- 1	309 YOUR QUIT SMOKING PLAN	50.00EA	0.40	20.00	05/10/2016

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.

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LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO 0001086695

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 04/26/2016	Revision	Page 2
Payment Terms NET 30	Freight Terms Shipping Point	Ship Via Best Metho
Reference: 759944 HANSEN M ROUILLES		Location / Dept 04ADMN

Supplier: 0000036860
 ETR ASSOCIATES INC
 100 ENTERPRISE WAY STE G300
 SCOTTS VALLEY CA 95066

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

Phone: (800) 321-4407
Fax: (800) 435-8433

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

email: customservice@etr.org

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
21- 1	448 SMOKE FREE YOUR FIRST 30 DAYS	50.00 EA	0.40	20.00	05/10/2016
22- 1	312 PRESCRIPTION DRUG ABUSE	50.00 EA	0.30	15.00	05/10/2016
23- 1	SHIPPING & HANDLING	1.00 EA	73.20	73.20	05/10/2016

PER QUOTE# Q27692

CUSTOMER ID# SFA001255

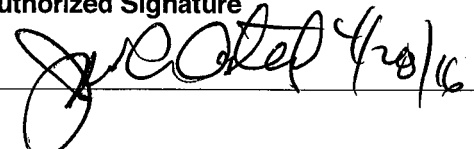
Sub Total Amount	530.69
Sales Tax Amount	42.46
Total PO Amount	573.15

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4500	11	FL.VS.HLTH	64400	00000	041X	573.15	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

FLC BUSINESS SERVICES

Req. No. 759944
P.O. NO.

Vendor Code	DATE <u>4/13/16</u>
Approved	VENDOR <u>ETR Associates, INC</u>
Terms	ADDRESS <u>100 Enterprise Way, Ste G300</u>
F.O.B.	CITY <u>Scotts Valley</u> STATE <u>CA</u> ZIP <u>95066</u>
	PHONE <u>831 438 4060</u> FAX _____

2016 APR 18 A 7:33

DELIVERY INSTRUCTIONS	
<u>04-STSRVC FLC</u>	
Location Code	
<u>FLC/LRCCD</u>	<u>HLTH</u>
College/District Location	Department
<u>STUDSVCS</u>	
Division	Date Required

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.					
1	#153 STD FACTS	50	1	\$0.43	\$ 21.50
2	#137 BIRTH CONTROL FACTS	50	1	\$0.43	\$ 21.50
3	# R019 EMERGENCY CONTRACEPTION	50	1	\$0.40	\$ 20.00
4	# 191 MALE SELF-EXAM	50	1	\$0.40	\$ 20.00
5	# 061 BE AN LGBT ALLY	50	1	\$0.40	\$ 20.00
6	# H226 TAKING CARE OF YOUR COLD	50	1	\$0.40	\$ 20.00
7	# R008 GET WHAT YOU WANT SLEEP	50	1	\$0.40	\$ 20.00
8	# 403 WHAT IS POST TRAUMATIC STRESS	50	1	\$0.40	\$ 20.00
9	# 367 ANXIETY HELP ON THE WAY	50	1	\$0.40	\$ 20.00
10	# H231 PANIC ATTACK HELP ON THE WAY	50	1	\$0.40	\$ 20.00
11	# H232 DEPRESSION HELP ON THE WAY	50	1	\$0.40	\$ 20.00
12	# H253 5 SMART STEPS LESS STRESS	50	1	\$0.40	\$ 20.00
13	# R 768 DATING SAFETY TALK W/ TEEN	50	1	\$0.40	\$ 20.00

Purchases Charged to Categorical Programs, Grants or Special Projects

This purchase is in compliance with the requirements of _____

Program Name _____	Sub-Total
For grants/special projects _____	Total
Program Director/Coordinator Signature _____	P-1
Project/Grant Number _____	\$263.00
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: <u>MARY HANSEN</u>	DATE: <u>4/6/16</u>
REQUESTED BY: <u>Mary Hansen</u>	DATE: <u>4/6/16</u>
AUTHORIZED: <u>[Signature]</u>	DATE: <u>4.12.16</u>
APPROVED: <u>[Signature]</u>	DATE: <u>4/18/16</u>

<u>GENFD / 4500 / 11 / FL.VS.HLTH</u>				
Bus. Unit	Account*	Fund	Org	
<u>64400</u>	<u>06000</u>	<u>2016</u>	<u>041X</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 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

see pg 2062

Los Rios Community College District

759944

Page 2 of 2

Requisition

FLC BUSINESS SERVICES

Req. No. 759944

P.O. NO. _____

Vendor Code _____

DATE 4/13/16

2016 APR 18 A 7:33

Approved _____

VENDOR ETR Associates, INC

DELIVERY INSTRUCTIONS

04-STSRVC FLC
Location Code

FLC/LRCCD HLTH
College/District Location Department

STUDSVCS
Division Date Required

Terms _____

ADDRESS 100 Enterprise Way, Ste G300

F.O.B. _____

CITY Scotts Valley STATE CA ZIP 95066

PHONE 831 438 4060 FAX _____

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.					
1	#557 YES MEANS YES	50	1	\$0.40	\$ 20.00
2	#H195 DOMESTIC VIOLENCE	50	1	\$0.43	\$ 21.50
3	#B861 DOMESTIC VIOLENCE GETTING OUT	50	1	\$0.40	\$ 20.00
4	#306 EMOTIONAL ABUSE	50	1	\$0.40	\$ 20.00
5	#S334 E-CIGARETTE VALUE PACK	1	1	\$37.99	\$ 37.99
6	#H239 BECOMING A FORMER SMOKER	50	1	\$0.40	\$ 20.00
7	#309 YOUR QUIT SMOKING PLAN	50	1	\$0.40	\$ 20.00
8	#448 SMOKE FREE YOUR FIRST 30 DAYS	50	1	\$0.40	\$ 20.00
9	#312 PRESCRIPTION DRUG ABUSE	50	1	\$0.30	\$ 15.00
10					\$ 263.00
11					\$ 194.49
12					\$ 73.20
13					

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 ~~\$ 42.13~~
Total ~~\$ 572.82~~
\$ 573.15

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: MARY HANSEN TYPED/PRINT DATE 4/6/16

REQUESTED BY: Mary Hansen SIGNATURE DATE 4/6/16

AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 4.12.16

Signed on Page 1 for pages 1 & 2

APPROVED: _____ VICEPRESIDENT, ADMINISTRATION DATE _____

GENFD / 4500 / 11 / FLC.VS. HLTH

Bus. Unit Account* Fund Org

64400 / 00000 / 2016 / 041X \$ 572.82

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 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



Please Remit Payment To:
 ETR Associates, Inc.
 100 Enterprise Way, Ste G300
 Scotts Valley, CA 95066
 (831) 438-4060
 FED ID# 94-2760764

SALES QUOTE

Sales Quote Number: Q27692

Sales Quote Date: 03/29/16

Page: 1

Sold

To: Los Rios Community College District
 Jonathan Samet
 Health And Wellness Services Spa
 10 College Parkway
 FOLSOM, CA 95630
 UNITED STATES

Ship

To: Los Rios Community College District
 Receiving-Mary Hansen
 Health And Wellness Services Spa
 10 College Parkway
 FOLSOM, CA 95630
 UNITED STATES

Ship Via UPS Ground
 Ship Date 03/29/16
 Terms Net 30 days

Customer ID SFA001255
 P.O. Number JONATHAN SAMET
 P.O. Date 03/29/16

Item No.	Description	Quantity	Unit Price	Total Price
153	STD FACTS	50	0.43	21.50
137	BIRTH CONTROL FACTS	50	0.43	21.50
R019	EMERGENCY CONTRACEPTION	50	0.40	20.00
191	MALE SELF-EXAM	50	0.40	20.00
061	BE AN LGBT ALLY	50	0.40	20.00
H226	TAKING CARE OF YOUR COLD	50	0.40	20.00
R008	GET WHAT YOU WANT SLEEP	50	0.40	20.00
403	WHAT IS POST TRAUMATIC STRESS	50	0.40	20.00
367	ANXIETY HELP ON THE WAY	50	0.40	20.00
H231	PANIC ATTACK HELP ON THE WAY	50	0.40	20.00
H232	DEPRESSION HELP ON THE WAY	50	0.40	20.00
H253	5 SMART STEPS LESS STRESS	50	0.40	20.00
R768	DATING SAFETY TALK W/ TEEN	50	0.40	20.00
557	Yes Means Yes	50	0.40	20.00
H195	DOMESTIC VIOLENCE	50	0.43	21.50
R861	DOMESTIC VIOLENCE GETTING OUT	50	0.40	20.00
306	EMOTIONAL ABUSE	50	0.40	20.00
S334	E-CIGARETTE VALUE PACK	1	37.99	37.99
Continued on page 2.....				382.49

PLEASE RETURN COPY OF QUOTE WITH ORDER

Remittance must be drawn in U.S.\$, drawn on a U.S. Bank.

Prices good for 90 days

Shipping and Handling will be charged on all orders.

If for any reason you are not completely satisfied with any product you buy from us, simply return it within 30 days of receipt, and we will promptly refund the purchase price. HealthSmart may be subject to a 25% restocking fee.



Please Remit Payment To:
 ETR Associates, Inc.
 100 Enterprise Way, Ste G300
 Scotts Valley, CA 95066
 (831) 438-4060
 FED ID# 94-2760764

SALES QUOTE

Sales Quote Number: Q27692

Sales Quote Date: 03/29/16

Page: 2

Sold
 To: Los Rios Community College District
 Jonathan Samet
 Health And Wellness Services Spa
 10 College Parkway
 FOLSOM, CA 95630
 UNITED STATES

Ship
 To: Los Rios Community College District
 Receiving-Mary Hansen
 Health And Wellness Services Spa
 10 College Parkway
 FOLSOM, CA 95630
 UNITED STATES

Ship Via UPS Ground
 Ship Date 03/29/16
 Terms Net 30 days

Customer ID SFA001255
 P.O. Number JONATHAN SAMET
 P.O. Date 03/29/16

Item No.	Description	Quantity	Unit Price	Total Price
	Transferred from page 1.....			382.49
H239	BECOMING A FORMER SMOKER	50	0.40	20.00
309	YOUR QUIT SMOKING PLAN	50	0.40	20.00
448	SMOKE FREE YOUR FIRST 30 DAYS	50	0.40	20.00
312	PRESCRIPTION DRUG ABUSE	50	0.30	15.00
	Shipping & Handling	1	73.20	73.20

Amount Subject to
 Sales Tax
 495.69

Amount Exempt
 from Sales Tax
 35.00

Subtotal: 530.69
 Invoice Discount: 0.00
 Sales Tax: 42.13
 Total: 572.82

PLEASE RETURN COPY OF QUOTE WITH ORDER

Remittance must be drawn in U.S.\$, drawn on a U.S. Bank.

Prices good for 90 days

Shipping and Handling will be charged on all orders.

If for any reason you are not completely satisfied with any product you buy from us, simply return it within 30 days of receipt, and we will promptly refund the purchase price. HealthSmart may be subject to a 25% restocking fee.