

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO 0001086955

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
05/05/2016		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
823827 COOK L ROUILLES	04ASPH108	

Supplier: 0000015915
 SVM, LP
 3727 VENTURA DR
 ARLINGTON HEIGHTS IL 60004

Phone: (847) 553-9129
Fax: (847) 553-9222

email: joe.maltese@svmcards.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	\$100 ARCO GAS CARD	200.00 EA	100.00	20,000.00	05/19/2016
2- 1	\$25 ARCO GAS CARD	400.00 EA	25.00	10,000.00	05/19/2016
3- 1	SHIPPING / HANDLING	1.00 EA	25.00	25.00	05/19/2016

Invoice

PER REVISED QUOTE# BB042916 DATED 04-29-16 - BB

ACCOUNT# 008927

Joe Maltese

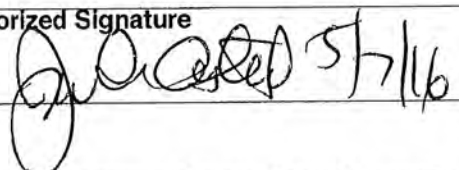
Sub Total Amount	30,025.00
Sales Tax Amount	0.00
Total PO Amount	30,025.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENPD	7334	12	FL.VS.EOPS	73225	00000	408B	30,025.00	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.

Purchase Order / Change Order Request

PO # TBD / REQ_823827 Request Date: 5/4/16 College/Dept.: FLC/EOPS

Vendor Name SVM LP

Change Line# 2 Description to: \$25.00 ARCO GAS CARDS

Increase Quantity on Line# 2 to: 400

Change Line# 2 Unit Price to: \$25.00 / EA Line Total = \$10,000

PO TOTAL = \$30,025.00

Per Revised Invoice# BB042916 Enclosed

Change Requested By Libby Cook.

INVOICE



Account Rep: BRAD BOLYARD

SVM, LP

3727 Ventura Drive, Arlington Heights, IL 60004

Phone: 847-553-9134 Fax: 847-553-9222

Attention: Accounts Payable
 Co. Name: Folsom Lake College
 Address: 10 College Parkway
 City, ST Zip: Folsom, CA 95630
 Phone #:
 Email: COOKE@FLC.LOSRIOS.EDU

Invoice #: BB042916
 Date: 04/29/16
 Customer #: 008927
 PO #: **EOPS**
 Payment: check

ORDER NO	INVOICE	SHIP VIA	SHIP DATE	TERMS	INVOICE DATE
TBD		FedEx 3-Day	TBD	pre-pay	04/29/16
QUANTITY	DESCRIPTION		UNIT COST	EXTENDED PRICE	
200	\$100 ARCO gas card		\$100.00	\$20,000.00	
400	\$25 ARCO gas card		\$25.00	\$10,000.00	
<p>Ship To: Folsom Lake College / EOPS Attn: Libby Cook 10 College Parkway Floor 1, Rm 108 Folsom, CA 95630</p>					
<i>Thank You!</i>				SUBTOTAL \$30,000.00	
<p>Please remit payment to: SVM, LP 3727 Ventura Drive Arlington Heights, IL 60004 Tax ID#: 36-4311109</p>				PROCESSING FEE WAIVED SHIPPING/HANDLING \$25.00	
				TOTAL \$30,025.00	

Chg
5/4

From: [Cook, Libby](#)
To: [Haney, Brenda](#)
Subject: SVM change order
Date: Wednesday, May 04, 2016 9:50:58 AM
Attachments: [folsom lake college Libby Cook 042916 - change order.xls](#)
[image001.png](#)

Hello,

Attached is the quote from SVM.

I requested a **change** in the original order:

200 cards @ \$100

400 cards @ \$25

Please let me know if you need more information.

Libby Cook

EOPS Coordinator

Folsom Lake College

10 College Parkway, FL1 Room 108

Folsom, CA 95630

CookE@flc.losrios.edu

(916) 608-6721



Los Rios Community College District

Requisition

Page _____ of _____

Req. No. 823827
P.O. No.

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

DATE 4.29.16 VENDOR 3727 Ventura Dr.
 ADDRESS SVM, LP
 CITY Arlington Heights STATE IL ZIP 60004
 E-MAIL _____
 PHONE 847-553-9134 FAX _____

DELIVERY INSTRUCTIONS	
FLC 1 #108	
FLC	EDPS
College/District Location	Department
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					
2	\$100 Arco gas cards No Changes this Line	200	ea	\$100	20,000
3				\$25.00	Change UP to \$25
4	XXXXXX 50 Arco gas cards	200	ea	XXXXXX	10,000
5	Line 2 - Change Description to: \$25.00 Gas Cards				Line 2 - Change QTY to 400
6					
7					
8					
9					
10					
11					30,000
12					25.00
13					10.95

Purchases Charged to Categorical Programs, Grants or Special Projects
 This purchase is in compliance with the requirements of _____
 Program Name 408B
 Program Director/Coordinator Signature [Signature] For grants/special projects
 Project/Grant Number _____
 Program Goal/Objective Number/Explanation gas cards - transportation

	Total
	30,025.00

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: Libby Cook TYPED/PRINT DATE 4.29.16
[Signature] DATE 4.29.16
 AUTHORIZED: DEAN OR AUTHORIZED SIGNATURE DATE 4.29.16
[Signature] DATE 5/2/16
 APPROVED: VICE PRESIDENT, ADMINISTRATION DATE _____

gentd 7334 12 FL.VS. EDPS

Bus. Unit	Account	* Fund	Org	Amount
				\$ 30,025.00
Program	Sub-Class	BY	Proj/Grnt	

*** 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

INVOICE

VOID



DO NOT USE THIS INVOICE

Account Rep: BRAD BOLYARD

SVM, LP

3727 Ventura Drive, Arlington Heights, IL 60004

Phone: 847-553-9134 Fax: 847-553-9222

Attention: Accounts Payable
Co. Name: Folsom Lake College
Address: 10 College Parkway
City, ST Zip: Folsom, CA 95630
Phone #:
Email: COOKE@FLC.LOSRIOS.EDU

Invoice #: BB042916
Date: 04/29/16
Customer #: 008927
PO #: EOPS
Payment: check

ORDER NO	INVOICE	SHIP VIA	SHIP DATE	TERMS	INVOICE DATE	
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QUANTITY	DESCRIPTION		UNIT COST	EXTENDED PRICE		
200	\$100 ARCO gas card		\$100.00	\$20,000.00		
200	\$50 ARCO gas card		\$50.00	\$10,000.00		
<p>Ship To: Folsom Lake College / EOPS Attn: Libby Cook 10 College Parkway Floor 1, Rm 108 Folsom, CA 95630</p>				SUBTOTAL		\$30,000.00
				PROCESSING FEE SHIPPING/HANDLING		WAIVED \$25.00
<p><i>Thank You!</i></p> <p>Please remit payment to: SVM, LP 3727 Ventura Drive Arlington Heights, IL 60004 Tax ID#: 36-4311109</p>				TOTAL		\$30,025.00

VOID DO NOT USE THIS INVOICE

PACKING SLIP

Order No. O0420852
 Shipper ID S0424366
 Order Type Sales Order
 Customer ID 008927

8UM LP

BILL TO:	SHIP TO:
Libby Cook Folsom Lake College 10 College Pkwy Folsom, CA 95630	Libby Cook Folsom Lake College/EOPS 10 College Pkwy 1st floor, Rm 108 Folsom, CA 95630

PAGE 1

SHIP VIA	PREPAID INVOICE NO.	ORDERED BY	CUSTOMER P.O. NO.	
FEDEX 3 DAY EXPRESS SAVER		Libby Cook	Libby Cook	
ORDER DATE	TERMS	SALES PERSON	METHOD OF PAYMENT	
5/23/2016	CHECK	Brad Bolyard		
PART NUMBER	QTY ORDERED	UNITS	QTY SHIPPED	QTY BO

ARCO100	200	EACH	200	0
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Cust Part No. 6006496623102392371-94369
 ARCO \$100

ARCO25	400	EACH	400	0
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Cust Part No. 6006496623095205002-08998
 ARCO \$25

Received

*J. Cabse
 5/20/16*

PAID