

**PURCHASE ORDER NO 0001087185  
DUPLICATE**

*DW*

<b>Date</b>	<b>Revision</b>	<b>Page</b>
05/16/2016		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>	
823154 MURILLOC SHEWMAKN	05LRC	

**Supplier:** 000006473  
AMERICAN MEDICAL ASSOCIATION  
AMA PLAZA  
330 N WABASH AVE SUITE 39300  
CHICAGO IL 60611-5885

**Ship To:** SACRAMENTO CITY COLLEGE  
RECEIVING  
3835 FREEPORT BLVD  
SACRAMENTO CA 95822-1386  
United States

**email:**

**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	JAMA NETWORK SITE LICENSING - 1 YEAR STARTING: 6/1/2016 THROUGH 5/31/2017	1.00 EA	2,313.00	2,313.00	05/12/2016

PAY INVOICE# SLBH1556905-R16

<b>Sub Total Amount</b>	2,313.00
<b>Sales Tax Amount</b>	0.00
<b>Total PO Amount</b>	2,313.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	6300	11	AR.VI.LIBR	61200	00000	101F	910.32	2016
GENFD	6300	11	FL.VI.LIBR	61200	00000	041X	253.88	2016
GENFD	6300	11	SC.VI.LRNC	61200	00000	041A	708.76	2016
GENFD	6300	12	CR.VS.LRCT	61200	00000	700P	440.04	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.

**Unauthorized**



# Los Rios Community College District

## Requisition

Page \_\_\_\_\_ of \_\_\_\_\_

Req. No. **823154**  
 P.O. No. **000 1087185**

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

DATE **5/5/16** VENDOR **American Medical Assoc. The JAMA Network**  
 ADDRESS **330 N Wabash Ave, Ste 39300**  
 CITY **Chicago** STATE **IL** ZIP **60611**  
 E-MAIL **journalsalesjama.com**  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_

DELIVERY INSTRUCTIONS  
**05 LRC**  
 Department Building Location  
**SCC**  
 College/District Location Department  
 Division Date Required

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, ITEM NUMBER, COLOR & SIZE	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	JAMA Network Site Licensing	1	pcr	2313	2313.00
2					
3	ARC				
4	GENFD-6300-11-AR.VI.LIBR-61200-00000-2016-101F				910.32
5	FLC GENFD 6300-11-FL.VI.LIBR-61200-00000-2016-041A				241.17
6	GENFD-6300-12-FL.VI.LIBR-61200-00000-2016-700P				253.88
7	CRC				
8	GENFD-6300-12-CR.VS.LRCT-61200-00000-2016-700P				440.04
9	SCC				
10	GENFD-6300-12-SC.VI.LRNC-61200-00000-2016-041A				708.76
11					
12					
13					

*Dany Harman 5/13/16*

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 \_\_\_\_\_

Tax \_\_\_\_\_  
 Total **2313.00**



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: **Catherine Morillo** TYPED/PRINT DATE **5/5/16**  
 REQUESTED BY: **[Signature]** SIGNATURE DATE **5/5/16**  
 AUTHORIZED: **[Signature]** DEAN OR AUTHORIZED SIGNATURE DATE **5/9/16**  
 APPROVED: **[Signature]** VICE PRESIDENT, ADMINISTRATION DATE **5/16**

SEE ABOVE /

Bus. Unit	Account	* Fund	Org	\$
/	/	/	/	
Program	Sub-Class	BY	Proj/Gmt	Amount
/	/	/	/	
Bus. Unit	Account	* Fund	Org	\$
/	/	/	/	
Program	Sub-Class	BY	Proj/Gmt	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. \_\_\_\_\_