



LOS RIOS COMMUNITY COLLEGE DISTRICT  
1919 Spanos Court • Sacramento, CA 95825-3981

P.O. No. **F 2512**

Date **9/8/15**

**LIMITED PURCHASE ORDER**  
(Not to Exceed \$200.00)

<b>VENDOR NAME AND ADDRESS:</b> Melanie Dixon EMP ID #1507924 C/O FLC BSO		<b>DELIVERY INSTRUCTIONS:</b> <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	employee reimbursement					
2	for student					
3	service frame for					
4	9/25/15 SS retreat					
5						
6	michaels					46.64
7						
8						
9						
10						

<b>Purchases Charged to Categorical Programs, Grants or Special Projects</b> This purchased is in compliance with the requirements of:	SUB-TOTAL	
Program Name _____ For grants/special projects _____ Program Director/Coord. Signature _____ Project/Grant Number _____	SALES TAX	
Program Goal/Objective Number/Explanation _____	<b>TOTAL</b> (Not to Exceed \$200.00)	46.64

**VENDOR:** Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$200.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

I/WE 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.		Received by _____ Date _____
REQUESTED BY: <u>Melanie Dixon</u> TYPED/PRINT _____ DATE _____	<u>Genfd/45W/11/FL.VS.OFFC</u> Bus. Unit Account Fund Org	
REQUESTED BY: <u>Melanie Dixon</u> SIGNATURE _____ DATE <u>9/8/15</u>	<u>60100 / 0000 / 2016 / 041A</u> Program Sub-Class BY Proj/Grnt	\$ <u>46.64</u> Amount
APPROVED: <u>Stephen Kuklin</u> DEAN OR OTHER AUTHORIZED SIGNATURE _____ DATE <u>9/8/15</u>	Bus. Unit Account Fund Org / / / /	
APPROVED: _____ VICE PRESIDENT, ADMINISTRATION _____ DATE _____	Program Sub-Class BY Proj/Grnt Amount	

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774 SALE 4738 3135 040 9/02/15 18:10

16X20/8X10 BL 400100627129	42.99	1 @	42.99
SUBTOTAL	42.99		
Sales Tax 8.5%	3.65		
TOTAL	46.64		

COUNT NUMBER \*\*\*\*\*7362

Debit 46.64

APPROVAL: 105994 SWIPED ONLINE

DEVICE ID:0040

TRACE REF:000080940

This receipt expires at 120 days on 01/03/16

8-9981-0765-8695-6833-1111-1186-1445-7348

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