



LIMITED PURCHASE ORDER

(Not to Exceed \$200.00)

| | |
|--|---|
| VENDOR NAME AND ADDRESS: Kristy Hart 10 College Parkway Folsom, CA 95630 | DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call Kristy Hart 10 College Parkway Folsom, CA 95630 |
|--|---|

| ITEM | DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES | ORDERED | | | UNIT PRICE | TOTAL |
|------|--|----------|------|-----------|------------|---------|
| | | QUANTITY | UNIT | STOCK NO. | | |
| 1 | Employee reimbursement | | | | | 0030 KH |
| 2 | For RCC Open House Supplies | | | | | 8.64 |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

| | |
|---|---|
| Purchases Charged to Categorical Programs, Grants or Special Projects This purchased is in compliance with the requirements of: Program Name _____ For grants/special projects _____ Program Director/Coord. Signature _____ Project/Grant Number _____ Program Goal/Objective Number/Explanation _____ | SUB-TOTAL 8.64 8% SALES TAX 0.69 TOTAL (Not to Exceed \$200.00) 9.33 |
|---|---|

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.

REQUESTED BY: Kristy L. Hart TYPED/PRINT DATE: 4/12/16

REQUESTED BY: Kristy Hart SIGNATURE DATE: 4/12/16

Received by _____ Date _____

Bus. Unit Account Fund Org: GENFD 4500 / 11 / FL VA-PLSO

Program Sub-Class BY Proj/Grnt Amount: 67100 00000 2016 / OYIA \$ 9.33

APPROVED: Kathleen Kublen DEAN OR OTHER AUTHORIZED SIGNATURE DATE: 4/12/16

APPROVED: _____ VICE PRESIDENT, ADMINISTRATION DATE: _____

Bus. Unit Account Fund Org: _____

Program Sub-Class BY Proj/Grnt Amount: \$ _____

Party City

NOBODY HAS MORE PARTY FOR LESS

2780-100 EAST BIDWELL ST
FOLSOM, CA 95630
916-984-6591

** BALLOON ORDER **

Customer Name: HART
Phone: (916) 747-1200

PICKUP DATE: 04-06-2016 01:30 PM

ORDER NOTES:

6 latex with hi-float

| | | |
|---------------------------|--------|---|
| 809801344531 LTX SOLID BU | \$7.74 | T |
| LTX SOLID BULK BLLN | | |
| 6 @ \$1.29 | | |
| 809801001038 HI FLOAT | \$0.90 | T |
| HI FLOAT | | |
| 6 @ \$0.15 | | |

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| | |
|------------------------|---------------|
| SUBTOTAL | \$8.64 |
| GEN MERCH TAX @ 8.000% | \$0.69 |
| TOTAL | \$9.33 |
| | \$9.33 |

ITEMS = 12

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| | |
|-------|-------------|
| DEBIT | SALE \$9.33 |
|-------|-------------|

XXXXXXXXXXXX6220
JOURNAL: 1305165989866079

CUSTOMER COPY

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STORE 1305 TRN 5003 REG 6
04-05-2016 04:23:33 PM

269 13MG 006 8GBE



26913MG0068GBE

RETURNS MUST BE MADE WITHIN
30 DAYS OF PURCHASE
RECEIPT MUST ACCOMPANY EACH RETURN
ONLY UNOPENED PACKAGES
MAY BE RETURNED

SEASONAL ITEMS MAY BE RETURNED
UP TO 7 DAYS PRIOR TO HOLIDAY

MERCHANDISE CREDITS ARE ONLY REDEEMABLE
AT ISSUING STORES.