

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

10 College Parkway • Folsom, CA 95630
P: (916) 608-6549

15/16 closed

CHECK NO. **FL-01569**

DATE 9/16/2015

GENFD: NOT TO EXCEED \$500
VENDOR NO. 0000003279
LOCATION 09

CBFUND: NOT TO EXCEED \$1,000
VENDOR NO. 0000000001

TO West Hills College Lemoore, Attn: Teresa Quilici
555 College Avenue
Lemoore CA 93245

Jo AOPS

PAID
10/22/15
94-022994

REQUISITIONED BY
LPO F3165 ADGER / GIBSON

GENFD	5300	11	FL.VS.COUN	63100	00000	2016	051C	125.00
BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT
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QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EST. TOTAL AMOUNT
1.00	EA	2015-2016 3C4A MEMBERSHIP FOR FOLSOM LAKE COLLEGE - COUNSELOR Miriam Javier	125.000	125.00

RECEIVED BY: _____
DATE: _____

FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT 10 College Parkway • Folsom, CA 95630 (916) 608-6549	BANK OF AMERICA GOVERNMENT BANKING	CHECK No. FL-01569 September 16, 2015 DATE: _____	11-35 1210
Pay to the order of: 3C4A Membership *****		\$ 125.00	
ONE HUNDRED TWENTY-FIVE AND 00/100 *****		DOLLARS	*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN
ENTERED [Signature]		NON-NEGOTIABLE	

3C4A Membership Application Form

LAST NAME: Javier FIRST NAME: MIRIAM

NAME OF INSTITUTION: Folsom Lake College 2-YEAR 4-YEAR

ADDRESS: 10 College Parkway

CITY: Folsom ZIP: 95630-6798

TITLE: Advisor Counselor Other: _____ Full-time Part-Time

NUMBER OF HOURS ALLOTTED (per week): 70% Student Athletes 30% General Population

BUSINESS PHONE: (916) 608-6536 FAX: () _____

EMAIL ADDRESS: javierm@flc.lasrios.edu

Send the completed application and a check in the amount of \$125 (made payable to 3C4A) to the address below. If you have any questions, you can call Teresa Quilici at 559-925-3212 or email at teresaquilici@whccd.edu

Teresa Quilici
West Hills College Lemoore
555 College Ave.
Lemoore, CA 93245

Membership Questions
Teresa Quilici
(559) 925-3212
teresaquilici@whccd.edu



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

P.O. No. **F 3165**

Date **9/11/15**

FLO BUSINESS SERVICES

LIMITED PURCHASE ORDER

(Not to Exceed \$200.00)

2015 SEP 16 A 7:33

VENDOR NAME AND ADDRESS: 3C4A 110 West Hills College Lemoore 555 College Ave. Lemoore, CA 93245		DELIVERY INSTRUCTIONS: <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call Teresa Juilici West Hills College Lemoore 555 College Ave. Lemoore CA 93245	
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	3C4A Annual Membership	1				\$125
2						
3						
4						
5						
6						
7						
8						
9						
10						

RevL FLO1571 9/16/15

Purchases Charged to Categorical Programs, Grants or Special Projects
 This purchased is in compliance with the requirements of:
 Athletics Counseling
 Program Name
 For grants/special projects
 Program Director/Coord. Signature: Athletics
 Project/Grant Number: OSIC
 Program Goal/Objective Number/Explanation:

SUB-TOTAL	
SALES TAX	
TOTAL (Not to Exceed \$200.00)	\$125

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: Valeri Adger
 Signature: Valeri Adger
 Date: 9/11/15

Received by: Genl/5300/11 / FL US. Coun
 Date: 9/11/15
 Bus. Unit: 603100/20000/2010
 Account: OSIC
 Fund: \$125.00
 Org: Proj/Gmnt

Approved: Kathleen Kirklin
 Signature: Kathleen Kirklin
 Date: 9/16/15

Bus. Unit: / Account: / Fund: / Org: / Amount: \$