

**FOLSOM LAKE COLLEGE  
REVOLVING FUND ACCOUNT**

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

CHECK NO. **FL-01602**

DATE 12/17/2015

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

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

TO MARY HANSEN  
EMPL ID: W1197183

REQUISITIONED BY F2254 HANSEN/GIBSON

GENF	5300	11	FL.VS.HLTH	64400	00000	2016	041A	150.00
BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EST. TOTAL AMOUNT
1.00	EA	Reimbursement for HSACCC 2015/2016 Membership Renewal Paid 9/29/15 \$155.00 - Include \$5.00 Pay Fee for Late Payment MAXIMUM APPROVED REIMBURSEMENT is \$150.00 per Area Dean.	150.0000	150.00

RECEIVED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

<p><b>FOLSOM LAKE COLLEGE</b> REVOLVING FUND ACCOUNT 10 College Parkway • Folsom, CA 95630 (916) 608-6549</p>	<p><b>BANK OF AMERICA</b> GOVERNMENT BANKING</p>	<p>CHECK No. <b>FL-01602</b> December 17, 2015 DATE: _____ 11-35 1210</p>
<p>Pay to the order of: Mary Hansen *****</p>		<p>150.00</p>
<p>One Hundred Fifty and 00/100 *****</p>		<p>\$ _____</p>
<p>DOLLARS</p>		<p>*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN</p>
<p><b>NON-NEGOTIABLE</b></p>		



2015-2016

Membership Application

Date Submitted: 9/29/15

First Name: Nary Last Name: Hansen Licensure: CA 508400  
 Position: College Nurse Email: Hansen M @ flc.losrios.edu  
 College Name: Folsom Lake College  
 College District: Los Rios Community College District Region: 2  
 Wk Address: 10 College Parkway, Folsom, CA 95630  
 Wk. Phone: (916) 608-6782 Fax: (916) 608-6787 M: (916) 541-5368  
 Home Address: 960 Patrick Circle, Folsom, CA 95630

NEW Membership  RENEWAL

MEMBERSHIP CATEGORY	PAYMENT AMOUNT- CHECK ONE
<input checked="" type="checkbox"/> <b>Regular Membership (Voting)</b> One Regular Membership per Institution: Each institution is eligible to cast one vote. Open to Health Care professionals who are responsible for student health services in a California Community College and meet credential requirements compliant with Title V 53411 (unless a standing HSACCC member prior to 2006)	<input checked="" type="checkbox"/> \$150 before Oct 1, 2015 <i>Remb only P/ Area Dean</i> <input type="checkbox"/> \$155 Pay Pal before Oct 1, 2015 <input type="checkbox"/> \$175 after Oct 1, 2015 renewals only <input type="checkbox"/> \$181 PayPal after Oct 1, 2015 renewals only
<input type="checkbox"/> <b>Associate Membership (Non-Voting)</b> Open to health services professionals and other interested persons (substitutes, psychological counselors, consultants, student services administrators, part-time employees) per HSACCC Bylaws Article IIIB.	<input type="checkbox"/> \$50 before Oct 1, 2015 <input type="checkbox"/> \$52 PayPal before Oct 1, 2015 <input type="checkbox"/> \$75 after Oct 1, 2015 renewals only <input type="checkbox"/> \$78 PayPal after Oct 1, 2015 renewals only
<input type="checkbox"/> <b>Community Partner Membership (Non-Voting)</b> Open to community partners who actively collaborate with HSACCC in furthering the purpose/goals of the organization. No institutional membership is required. Community Partner membership requires appointment and approval of the Executive Board.	<input type="checkbox"/> \$50 before Oct 1, 2015 <input type="checkbox"/> \$52 PayPal before Oct 1, 2015 <input type="checkbox"/> \$75 after Oct 1, 2015 renewals only <input type="checkbox"/> \$78 PayPal after Oct 1, 2015 renewals only
<input type="checkbox"/> <b>Emeritus (Non-Voting)</b> Granted by HSACCC upon individual's retirement	No dues
<input type="checkbox"/> <b>Honorary (Non-Voting)</b> For distinguished contribution to the aims of the organization. Appointed by Executive Committee and approved by membership.	No dues

**Payment Due: July 1, 2015** Payment is delinquent after October 1, 2015. Sorry, we cannot accept purchase orders.

**Mail completed form and payment (made out to HSACCC) to:**  
 Alex Bell, RN, HSACCC Corresponding Secretary  
 Allan Hancock College  
 800 S. College Dr.  
 Santa Maria, Ca 93455

**Email:** abell@hancockcollege.edu

Please attach a check or a copy of your PayPal receipt when submitting this application.

- Please check if you would like more information about:**
- Mentorship Program
  - Participating in your local region activity planning
  - Participating on HSACCC committees
    - Conference Planning Committee
    - Legislative Committee
    - Research Committee
  - Participating in a Leadership Role (Executive Board)
  - Other (list): \_\_\_\_\_

**From:** service <service@paypal.com>  
**To:** Mary Hansen <farnat115@aol.com>  
**Subject:** Your payment to Health Services Association California Community Colleges  
**Date:** Tue, Sep 29, 2015 3:50 pm



**You sent a payment of \$155.00 USD to Health Services Association California Community Colleges.**

Sep 29, 2015 15:50:06 PDT  
 Receipt No:3703-9154-0698-7712

Hello Mary Hansen,

This charge will appear on your credit card statement as payment to PAYPAL \*HEALTHSERVI.

**Merchant information:**  
 Health Services Association California  
 Community Colleges  
[dgoodman@shastacollege.edu](mailto:dgoodman@shastacollege.edu)  
<http://www.hsaccc.org/>

**Instructions to merchant:**  
 None provided

**Shipping information**  
 Mary Hansen  
 960 Patrick Circle  
 Folsom, CA 95630  
 United States

**Shipping method**  
 Not specified

Description	Unit price	Qty	Amount
Membership Item #: membership Membership: Regular Membership	\$155.00 USD	1	\$155.00 USD

**Total:** \$155.00 USD

**Receipt No: 3703-9154-0698-7712**

Please keep this receipt number for future reference. You'll need it if you contact customer service at Health Services Association California Community Colleges or PayPal.

**Use PayPal next time!**

It looks as if you already have a PayPal account.

When you shop online, it's faster and easier to check out with PayPal. Your financial information is securely stored and never shared with merchants when you pay.

Sep 29, 2015 15:51:02 PDT  
Transaction ID: 14R7767088370635D

Hello Health Services Association California Community Colleges,  
You received a payment of \$155.00 USD from (Mary Hansen).

To see all the transaction details, please log into your PayPal account. It may take a few moments for this transaction to appear in your account.

**Buyer information**  
Mary Hansen

**Instructions from buyer**  
None provided

**Ship-to address - Confirmed**  
Mary Hansen  
960 Patrick Circle  
Folsom, CA 95630  
United States

**Shipping method**  
Not specified

Description	Unit price	Qty	Amount
Membership Item #: membership Membership: Regular Membership	\$155.00 USD	1	\$155.00 USD

**Total:** \$155.00 USD

**Receipt No: 3703-9154-0698-7712**

Please keep this number for future reference, as your customer doesn't have a PayPal Transaction ID for this payment.

? Questions? Visit the Help Center at: [www.paypal.com/help](http://www.paypal.com/help)

Thanks for using PayPal – the safer, easier way to pay and get paid online.

Please do not reply to this email. This mailbox is not monitored and you will not receive a response. For assistance, log in to your PayPal account and click **Help** in the top right corner of any PayPal page.

You can receive plain text emails instead of HTML emails. To change your Notifications preferences, log in to your account, go to your Profile, and click **My settings**.

PayPal Email ID PP1470 - db0a72873c792



FLC BUSINESS SERVICES

**LIMITED PURCHASE ORDER**

(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: <u>Mary Hansen #1197183</u> <u>CLC FLC BSO</u>	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call <u>Mary to pick up when ready</u> <u>FL01602</u>
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	<u>HSACC Membership Renewal</u>	<u>1</u>				<u>\$150.00</u>
2	<u>Reimbursement</u>					
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

\$150.00

SALES TAX

TOTAL

(Not to Exceed \$200.00)

\$150.00

MAXIMUM APPROVED REIMBURSEMENT

**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: MARY HANSEN TYPED/PRINT DATE 9/29/15

Bus. Unit GENFD 5300 / Account 11 / Fund FL US / Org HLTH

REQUESTED BY: Mary J. Hansen SIGNATURE DATE 9/29/15

Program 64400 / Sub-Class 00000 / BY 2016 / Proj/Grnt 041A Amount \$150.00

APPROVED: [Signature] DEAN OR OTHER AUTHORIZED SIGNATURE DATE 10/3/15

Bus. Unit / Account / Fund / Org

APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE 12/17/15

Program / Sub-Class / BY / Proj/Grnt Amount