

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

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

CHECK NO. **FL-01604**

DATE 12/17/2015

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

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

TO COOLER KING
HUMIDITY CONTROL SYSTEMS INC.
P. O. BOX 21066
CARSON CITY, NV 89721

REQUISITIONED BY
F3147 VANDER WERFF / KIRKLIN

GENFD	5600	11	FL.VA.OFFC	69400	00000	2016	041A	122.50
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	Invoice# 974311 - Prorated Quarterly Service Charge 11/01/15 -11/30/15	17.500	17.50
1.00	EA	Invoice# 974641 - Quarterly Service Charges DEC 2015 - FEB 2016	105.000	105.00

RECEIVED BY: _____
DATE: _____

<p>FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT 10 College Parkway • Folsom, CA 95630 (916) 608-6549</p>	<p>BANK OF AMERICA GOVERNMENT BANKING</p>	<p>CHECK No. FL-01604 December 17, 2015 DATE: _____</p>
<p>Pay to the order of: Cooler King - Humidity Control Systems, Inc. *****</p>		<p>122.50</p>
<p>One Hundred Twenty-Two and 50/100 *****</p>		<p>\$ _____ DOLLARS</p>
<p>NON-NEGOTIABLE</p>		

*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN



Humidity Control Systems, Inc.

P.O. Box 21066
 Carson City, NV 89721
 Phone: 775-246-2000 Fax: 775-246-2005
 Toll Free: 888-900-2653
 www.coolerking.com

Invoice

Date	Invoice #
11/15/2015	974311

Bill To
Folsom Lake Community College ATTN: Accounts Payable 10 College Parkway Folsom, CA 95630

Ship To
Folsom Lake Community College 10 College Parkway Folsom, CA 95630

Please Note: Payments not received within 10 days after the invoice due date are subject to a late fee of 10% APR or a minimum finance charge of \$5.00.

P.O. Number	Terms	Due Date	Rep
F3147	Net 30	12/15/2015	DMG

Item	Description	# Filters	Quarterly Rate	Total
Quarterly CK ...	Pro-Rated Quarterly Service Charge - CoolerKING PLEASE NOTE: This quarterly invoice is pro-rated for November 15 through November 30, 2015. Your next invoice will be sent for December, January and February 2016 to correspond with your quarterly replacement service. Your next invoice will be for the full quarterly amount of \$105.00.	5	3.50	17.50

PAY ONLINE	Visit our website at WWW.COOLERKING.COM to learn more about how we keep your refrigerators colder, drier and safer for food storage while improving your bottom line. INTERESTED IN LESS PAPERWORK? Call 888-900-2653 or email accounting@coolerking.com to request *Invoices be e-mailed *Schedule Automatic Payments or *Pay with a Credit Card.	SAVE TIME!
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Please remit to above address. Thank you.	Total Due For This Invoice	\$17.50
*Customer Total Balance	\$17.50	*Customer Total Balance includes current and past due invoices. Call 888-900-2653 for copies of invoices.



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P.O. Box 21066
 Carson City, NV 89721
 Phone: 775-246-2000 Fax: 775-246-2005
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 www.coolerking.com

Invoice

Date	Invoice #
12/1/2015	974641

Bill To
Folsom Lake Community College ATTN: Accounts Payable 10 College Parkway Folsom, CA 95630

Ship To
Folsom Lake Community College 10 College Parkway Folsom, CA 95630

Please Note: Payments not received within 10 days after the invoice due date are subject to a late fee of 10% APR or a minimum finance charge of \$5.00.

P.O. Number	Terms	Due Date	Rep
F3147	Net 30	12/31/2015	DMG

Item	Description	# Filters	Quarterly Rate	Total
Quarterly CK ...	Quarterly CoolerKING® Service Charge PLEASE NOTE: 5 filters are replaced quarterly. Each filter costs \$21.00 per quarter or \$7.00 per filter per month. <i>DEC 2015 - FEB 2016</i>	5	21.00	105.00

Visit our website at WWW.COOLERKING.COM to learn more about how we keep your refrigerators colder, drier and safer for food storage while improving your bottom line.

PAY ONLINE **SAVE TIME!**

INTERESTED IN LESS PAPERWORK? Call 888-900-2653 or email accounting@coolerking.com to request *Invoices be e-mailed *Schedule Automatic Payments or *Pay with a Credit Card.

Please remit to above address. Thank you for your business.		Total Due For This Invoice	\$105.00
*Customer Total Balance	\$122.50	*Customer Total Balance includes current and past due invoices. Call 888-900-2653 for copies of invoices.	



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

<p>VENDOR NAME AND ADDRESS: Cooler King PO Box 21866 Carson City, Nevada 89721</p>	<p>DELIVERY INSTRUCTIONS: <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call</p> <p style="text-align: center;">Same</p> <p style="text-align: right; color: red; font-size: 1.2em;">FL01604</p>
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Pro-rated quarterly invoice ^{Service Charge (3)}	-			3.50	17.50
2	walk-in cooler filters			INV# 974311		105.00
3						
4	Dec, Jan, Feb Service Chg. ①			INV# 974641	105-	105.00
5	pre-pay					
6						
7						
8						
9						
10						

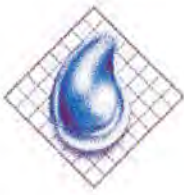
<p>Purchases Charged to Categorical Programs, Grants or Special Projects This purchased is in compliance with the requirements of:</p> <p>Program Name _____</p> <p>Program Director/Coord. Signature _____ For grants/special projects _____ Project/Grant Number _____</p> <p>Program Goal/Objective Number/Explanation _____</p>	<p>SUB-TOTAL</p> <p>SALES TAX</p> <p>TOTAL (Not to Exceed \$200.00)</p>	<p><u>122.50</u></p> <p><u>0</u></p> <hr/> <p><u>122.50</u></p>
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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.

<p>REQUESTED BY: <u>Wendy Vandeweyer</u> TYPED/PRINT DATE <u>11/29/15</u></p>	<p>Received by _____ Date _____</p> <p><u>GENFD 5600 11 / FL VA OFFC</u></p>
<p>REQUESTED BY: _____ SIGNATURE DATE _____</p>	<p>Bus. Unit Account Fund Org</p> <p><u>69400 / 00000 2016 / 041A</u></p> <p>Program Sub-Class BY Proj/Grnt</p> <p style="text-align: right;">Amount <u>\$ 122.50</u></p>

<p>APPROVED: <u>Katherine Girkler</u> DEAN OR OTHER AUTHORIZED SIGNATURE DATE <u>12/1/15</u></p>	<p>Bus. Unit Account Fund Org</p> <p>Program Sub-Class BY Proj/Grnt</p> <p style="text-align: right;">Amount \$ _____</p>
<p>APPROVED: _____ VICE PRESIDENT, ADMINISTRATION DATE _____</p>	<p>Program Sub-Class BY Proj/Grnt</p> <p style="text-align: right;">Amount \$ _____</p>



Humidity Control Systems, Inc.

Tel: 775-246-2000

Toll Free: 888-900-2653

Fax: 775-246-2005

November 19, 2015

Wenda Vander Werf
Folsom Lake Community College
10 College Parkway
Folsom, CA 95630

Dear Mrs. Werf:

Welcome to the family of satisfied **CoolerKING®** customers. Your decision to choose **CoolerKING®** service for your refrigerator(s) is a wise investment because it provides you with proven **Quality Assurance, Risk Management and Preventative Maintenance** solutions for your food service operation. **CoolerKING®** will help you meet and exceed the higher standards for food safety that health departments all over the country are requiring and enforcing. **With CoolerKING® your refrigerator(s) stays colder, food stays fresher, odor is reduced, floors and shelves stay drier, refrigerators run less and work more efficiently.**

Your **CoolerKING®** filters will be replaced every three months. A service verification slip will be left with a manager on duty for a record of service. A signature will also be required for our service log.

Every three months you will also receive a quarterly invoice for **\$105.00** to correspond with your filter replacement cycle. Please note that **payment terms are Net 30** and quarters are based on start date of service not a calendar quarter.

Feel free to contact us with any questions you may have regarding your **CoolerKING®** service. Our office hours are Monday thru Friday from 8:00 am – 5:00 pm Pacific Standard Time.

Yours For Fresher Food and Safer Coolers,

Stan Gittelman
President

Visit Our Website
www.coolerking.com

P.O. Box 21066 Carson City, NV 89721 • 56 Laxalt Drive Carson City, NV 89706



Humidity Control Systems, Inc.
Tel: 775 .246 .2000
Fax: 775 .246 .2005

It Pays to Keep it Fresh,
Naturally Fresh.™

December 1, 2015

Humidity Control Systems, Inc. is going paperless!

Dear Valued Customer,

We are pleased to announce **new billing and payment options** for the convenience and flexibility of our customers.

Please choose one of the following 3 options for how you would like to receive and pay your invoices:

(Option 1: ELECTRONIC INVOICING) The transition is seamless. To opt into electronic invoicing, check Option 1 below and provide your email address. Then, on your next billing cycle, we will send an email invoice from which you can click to pay via the method (Credit Card or Bank Transfer) of your choosing.

(Option 2: RECURRING BILLING) The transition is simple. To automate your billing, check Option 2 below and provide your email address so we can email an authorization form to you. Each time a payment is processed, you will receive an email receipt for your records.

(Option 3: PAPER BILLING) If you are not ready to go paperless at this time, check Option 3 below and we are happy to continue mailing you paper invoices. If you choose this option, your payment options will be to send a check or call 888-900-COLD (2653) to pay with a credit card.

Please note: As of January 4, 2016 you will **no longer** be able to make payments using the following link www.intuitbillpay.com/coolerking. This will be replaced by one of the 3 options above.

No more paper, no more stamps, and no more headaches. We look forward to the transition and hope you enjoy the simplified process as well. Please let us know if you have any questions, and have a great day!

Best regards,

Pamela Goldstein
VP of Operations

**Please complete and return to paperless@coolerking.com or fax to 775-246-2005 by
December 28, 2015**

Company Name _____

Address _____

Phone Number _____ Email Address: _____

Multiple Locations Yes No If yes, please attach a list of locations you would like the billing and payment option to apply.

Option 1: ELECTRONIC INVOICING Option 2: RECURRING BILLING Option 3: PAPER BILLING

P.O. Box 21066 • Carson City, NV 89721 • 56 Laxalt Dr. • Carson City, NV 89706