

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

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

CHECK NO. **FL-01608**

DATE **1/8/2016**

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

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

TO ABSOLUTE ALTERATIONS
421 BLUE RAVINE RD., #200
FOLSOM, CA 95630
916-984-6956

REQUISITIONED BY **F3109-PLEWS/HARRELL**

500FL GENFD	5600 4300	13 12	FL.VI.AR05	08700	00000	2016	018A 700P	20.00
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	ALTERATION OF W TENNIS UNIFORMS	20.000	20.00

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-01608**

January 8, 2016

DATE: _____ 11-35
1210

Pay to the order of:

ABSOLUTE ALTERATIONS

20.00

\$

TWENTY AND NO/100-----

DOLLARS

THIS CHECK VOID 6 MONTHS FROM DATE DRAWN

NON-NEGOTIABLE



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



P.O. No. F 3109

Date 12/21/15

112

LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: Absolute Alterations 421 Blue Ravine Rd, #200 Folsom, CA 95630 (916) 984-6956	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call Craig Perez to F/U check Jan. 8, 2015
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Alteration of	1	ea		20.00	\$ 20.00
2	W Tennis Uniforms					
3						
4						
5	Please issue Revolving					
6	Check.					
7						
8						
9						
10						

Purchases Charged to Categorical Programs, Grants or Special Projects
This purchased is in compliance with the requirements of:

Lottery

Program Name: Lottery
 Program Director/Coord. Signature: Kim Harrell For grants/special projects
 Project/Grant Number: 700P

Program Goal/Objective Number/Explanation:

SUB-TOTAL	
SALES TAX	
TOTAL (Not to Exceed \$200.00)	<u>\$20.00</u>

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: <u>Jeanne Plews</u> TYPED/PRINT: <u>Jeanne Plews</u> DATE: <u>12/21/15</u>	RECEIVED BY: <u>SCOFFL</u> DATE: <u>12/21/15</u>
REQUESTED BY: <u>Jeanne Plews</u> SIGNATURE: <u>Jeanne Plews</u> DATE: <u>12/21/15</u>	Bus. Unit: <u>51000</u> Account: <u>13</u> Fund: <u>FL.VI.A05</u> Org: <u>018A</u> Program: <u>08700</u> Sub-Class: <u>00000</u> BY: <u>2016</u> Proj/Grnt: <u>700P</u> Amount: <u>\$ 20.00</u>
APPROVED: <u>Kim Harrell</u> DEAN OR OTHER AUTHORIZED SIGNATURE: <u>Kim Harrell</u> DATE: <u>12/21/15</u>	Bus. Unit: <u>/</u> Account: <u>/</u> Fund: <u>/</u> Org: <u>/</u>
APPROVED: <u>Kathleen Kuklin</u> VICE PRESIDENT, ADMINISTRATION: <u>Kathleen Kuklin</u> DATE: <u>1/6/16</u>	Program: <u>/</u> Sub-Class: <u>/</u> BY: <u>/</u> Proj/Grnt: <u>/</u> Amount: <u>\$</u>

Harman, Joany

From: Plews, Jeanne
Sent: Wednesday, January 06, 2016 12:22 PM
To: Harman, Joany
Cc: Harrell, Kim
Subject: Transfer Request for Absolute Alterations

Joany,
I spoke to Kim and we want to set up the following budget string:
SCOFL 5600 13 FL.VI.AR05 08700 00000 018A

Then transfer \$ 20.00
FROM: SCOFL 5200 13 FL.VI.AR05 08700 00000 018A
TO: SCOFL 5600 13 FL.VI.AR05 08700 018A

Then we can change the budget# on the Absolute Alterations requisition to the SCOFL 5600

Thank you,

Jeanne Plews

Administrative Assistant to Dean of Instruction
Kinesiology, Health, Athletics and Workforce Development
Folsom Lake College
10 College Parkway
Folsom, CA 95630
(916) 608-6687
Fax (916) 608-6761



LOS RIOS
 COMMUNITY COLLEGE DISTRICT
 1919 Spanos Court ■ Sacramento, CA 95825
 PURCHASING DEPARTMENT (916) 568-3071
 Fax (916)568-3145 ■ lrccdpurchase@losrios.edu

VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: Tatyana Bessonov

NAME OF FIRM <u>Absolute Alterations</u>		FEDERAL ID# OR SOCIAL SECURITY # <u>014-32-3947</u>	
MAILING ADDRESS <u>Folsom CA 95630</u> <u>421 Blue Ravine Rd #200</u>		REMIT ADDRESS <u>same</u>	
PHONE <u>(916) 984-6956</u>	FAX	EMAIL <u>TATYANABESSONOV@YAHOO.COM</u>	

WEBSITE	ORGANIZATION CLASSIFICATION (Check all that apply)														
	<input type="checkbox"/> Individual	<input type="checkbox"/> MBE													
	<input type="checkbox"/> Partnership	<input type="checkbox"/> WBE													
	<input type="checkbox"/> Non Profit	<input type="checkbox"/> DVBE													
	<input type="checkbox"/> Corporation (List State Incorporated)														
	Business License # Contractor's License # <u>14-0001358</u>														
<table border="1"> <thead> <tr> <th colspan="3">AUTHORIZED COMPANY REPRESENTATIVES</th> </tr> <tr> <th>Name</th> <th>Title/Capacity</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td><u>TATYANA BESSONOV</u></td> <td><u>owner</u></td> <td><u>TATYANABESSONOV@YAHOO.COM</u></td> </tr> <tr> <td><u>Quote :</u></td> <td></td> <td></td> </tr> </tbody> </table>				AUTHORIZED COMPANY REPRESENTATIVES			Name	Title/Capacity	Email	<u>TATYANA BESSONOV</u>	<u>owner</u>	<u>TATYANABESSONOV@YAHOO.COM</u>	<u>Quote :</u>		
AUTHORIZED COMPANY REPRESENTATIVES															
Name	Title/Capacity	Email													
<u>TATYANA BESSONOV</u>	<u>owner</u>	<u>TATYANABESSONOV@YAHOO.COM</u>													
<u>Quote :</u>															

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
<u>uniform alterations</u>	<u>women's tennis team</u>	
<u>alterations of "8" uniforms</u>	<u>@ \$ 20.00 each</u>	
<u>Not to exceed \$160.00</u>		<u>← Quote</u>

VENDOR CERTIFICATION		OTHER BUSINESS INFORMATION	
I certify that all statements contained herein are correct. understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios, nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. understand the requirements for fulfilling and invoicing orders. further certify this firm is an equal opportunity employer. _____ INITIALS		Payment Terms <u>upon receipt of check</u> Discounts Extended <u>- NA -</u> Refund/Returns <u>- NA -</u>	
		SIGNATURE <u>[Signature]</u> TITLE <u>owner</u> DATE <u>11-4-15</u>	

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return) <i>Tatyana Besonov</i>	
Business name/disregarded entity name, if different from above <i>Absolute Alterations</i>	
Check appropriate box for federal tax classification: <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) <input type="checkbox"/> <input type="checkbox"/> Other (see instructions) <input type="checkbox"/>	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <i>421 Blue Ravine Rd #200</i>	Requester's name and address (optional)
City, state, and ZIP code <i>Folsom CA 95630</i>	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
0	0	0	-	0	0	-	0	0	0
Employer identification number									
1	3	-	4	2	4	3	5	2	6

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person	Date <input type="text" value="11-4-2015"/>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.