

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

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

15/16 Closed
CHECK NO. **FL-01625** ✓

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

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

DATE 3/4/2016

TO Cordova Community Council Foundation
2729 Prospect Park Drive, Suite 117
RANCHO CORDOVA, CA 95670

to AOPS 3/7/16
PAID

REQUISITIONED BY REQ/815530 Heiland/Pactol

GENFD	5300	11	FL.VI.RCOR	60100	00000	2016	041A	50.00
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	2016 CCC Organization Membership Renewal	50.000	50.00

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-01625 March 4, 2016 DATE: _____</p>	<p>11-35 1210</p>
<p>Pay to the order of: Cordova Community Council Foundation</p>		<p>\$ 50.00</p>	
<p>FIFTY AND 00/100 *****</p>		<p>DOLLARS</p>	<p>*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN</p>
<p>NON-NEGOTIABLE</p>			

Los Rios Community College District

Requisition

Page 1 of 1

Req. No. **815530**
 P.O. No. _____

Vendor Code
 Approved by / Date
 Reviewed by / Date
 Dispatched Method / Date

DATE 2-26-16 VENDOR Cordova Community Council
 ADDRESS 2729 Prospect Dr. Ste 117
 CITY Rancho Cordova STATE CA ZIP 95670
 E-MAIL _____
 PHONE 916-273-5704 FAX _____

DELIVERY INSTRUCTIONS
 Building Name FLC - RCC
 College/District Location _____ Department _____
 Division _____ Date Required _____

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, ITEM NUMBER, COLOR & SIZE	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.					
1	<u>ANNUAL MEMBERSHIP RENEWAL</u>	1		<u>50.00</u>	<u>50.00</u>
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects
 This purchase is in compliance with the requirements of _____
 Program Name _____
 For grants/special projects _____
 Program Director/Coordinator Signature _____ Project/Grant Number _____
 Program Goal/Objective Number/Explanation _____

Tax _____
Total \$50.00

I hereby certify the items/services listed above are to be obtained in accordance with District Policy, Conflict of Interest Code, P-8611 and all other applicable district, state, and federal policies, rules, regulations and laws.

REQUESTED BY: SOULIE HEALAND TYPED/PRINT DATE 2-26-16
 REQUESTED BY: [Signature] SIGNATURE DATE 2-26-16
 AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 2-26-16
 APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE 3/7/16

Bus. Unit	Account	*Fund	Org	
Program	Sub-Class	BY	Proj/Grnt	Amount
<u>669FD</u>	<u>5300</u>	<u>11</u>	<u>FLVIRCO</u>	<u>\$ 50.00</u>
Bus. Unit	Account	*Fund	Org	
Program	Sub-Class	BY	Proj/Grnt	Amount
<u>669FD</u>	<u>0000</u>	<u>2016</u>	<u>041A</u>	

* Asset Location - For equipment purchases over \$200 (Accounts 6480, 6490, 6491, 6493, 6495, and computers) complete the area below indicating the final location where equipment will be housed.
 Location Code _____ Dept. _____
 Building _____ Room No. _____

Instructions on Reverse



CORDOVA COMMUNITY COUNCIL

2729 Prospect Park Drive, Suite 117
Rancho Cordova CA 95670
(916) 273-5704
melody@cordovacouncil.org

Invoice

2016 CCC Organization Membership Renewal

Invoice #: 201602
Date: 2/01/2016
Customer ID: Renewal

Thank you for your support of the Cordova Community Council. Please remit \$50.00 for the renewal of your CCC Organization Membership. The Cordova Community Council Foundation is a 501 c 3 charitable organization EIN 20-8488524. Part or all of your contribution may be tax deductible. Please consult your tax advisor.

Thank you!

REMITTANCE

Customer ID: **Renewal**
Due Date: **3/01/16**
Amount Due: **\$50.00**

*Amount
Enclosed:*

**Send to: Cordova Community Council Foundation
2729 Prospect Park Dr, Ste 117
Rancho Cordova, CA 95670**

For Payment via Credit Card, please provide the following information:

Card Holder Name: _____

Mailing address associated with card: _____

Credit card number: _____

Expiration Date: _____ 3 digit code on back of card: _____

Type of card (circle one): Visa / Mastercard