

**FOLSOM LAKE COLLEGE  
REVOLVING FUND ACCOUNT**

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

CHECK NO. **FL-01645**

DATE **4/29/2016**

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

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

TO FLC- Beta Mu Upsilon (PTK)  
Folsom Lake College  
10 College Parkway  
Folsom CA 95630

REQUISITIONED BY  
REQ\_808741 COOK / GIBSON

GENFD	7334	12	FL.VS.EOPS	73225	00000	2016	408B	320.00
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
4.00	EA	Reimbursement to Phi Theta Kappa Club For PTK Memberships for EOPS Students: Melissa Ortiz STID: 1552379 Nellie Kaiger STID: 1570431 Marzieh Mirmobini STID: 1538415 Kenneth Wiseman SYID: 1482779	80.000	320.00
		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-01645**  
DATE: April 29, 2016 11-35  
1210

Pay to the order of:

FLC - BETA MU UPSILON (PTK)

320.00

\$

Three Hundred Twenty and 00/100 \*\*\*\*\*

DOLLARS

\*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN

**NON-NEGOTIABLE**

# FLC-Beta Mu Upsilon (PTK)

Folsom Lake College —  
10 College Parkway  
Folsom, CA 95630  
916-608-6603

April 20, 2016

INVOICE#

FOR: *Membership Dues*

Bill To:

EOP&S

Folsom Lake College

10 College Parkway

Folsom Lake College

Phone: 916-608-6721

DESCRIPTION	AMOUNT
Membership dues (\$80/person) for the following EOPS students:	
Melissa Ortiz (Student # 1552379)	\$80.00
Nellie Kaiger (Student #1570431)	\$80.00
Marzieh Mirmobini (Student #1538415)	\$80.00
Kenneth Wiseman (Student #1482779)	\$80.00

**TOTAL**

**\$320.00**

Make all checks payable to: Beta Mu Upsilon Chapter Phi Theta Kappa Folsom Lake College  
If you have any questions concerning this invoice, contact Wayne Jensen at 916-608-6629

THANK YOU FOR YOUR BUSINESS!

# Los Rios Community College District

## Requisition

Page \_\_\_\_\_ of \_\_\_\_\_

Req. No. **808741**  
 P.O. NO. **FL01645**

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

DATE **4.20.16**  
 VENDOR **FLC - Beta Mu Upsilon (PTK)**  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_

DELIVERY INSTRUCTIONS	
<b>FLC</b>	
FLC	EOPS
College/District Location	Department
Division	Date Required

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	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					
2	Stu# 1552379 membership dues	1		80.00	80.00
3	Stu# 1570431 " "	1		80.00	80.00
4	Stu# 1538415 " "	1		80.00	80.00
5	Stu# 1482779 " "	1		80.00	80.00
6					
7					
8	PAID REVU CU# FL01645				
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects		EOPS	Sales Tax
This purchase is in compliance with the requirements of _____		Program Name <b>408B</b>	
Program Director/Coordinator Signature <b>Libby Cook</b>		Project/Grant Number	
Program Goal/Objective Number/Explanation <b>PTK membership dues</b>		<b>Total</b>	<b>320.00</b>

I 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: **Libby Cook** TYPED/PRINT DATE **4.20.16**  
 REQUESTED BY: **Libby Cook** SIGNATURE DATE **4.20.16**  
 AUTHORIZED: **[Signature]** DEAN OR AUTHORIZED SIGNATURE DATE **4.25.16**  
 APPROVED: **[Signature]** VICE PRESIDENT, ADMINISTRATION DATE **4/29/16**

genfd 7334 / 12 / FL.VS. EOPS				
Bus. Unit	Account	* Fund	Org	
73225	00000	2016	408B	\$ 320.00
Program	Sub-Class	BY	Proj/Grnt	Amount
	/	/	/	
Bus. Unit	Account	* Fund	Org	
	/	/	/	\$
Program	Sub-Class	BY	Proj/Grnt	Amount

**\* Asset Location** - For equipment purchases over \$200 (Accounts 6490, 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**