

**FOLSOM LAKE COLLEGE  
REVOLVING FUND ACCOUNT**

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

CHECK NO. **FL-01647**

DATE 4/29/2016

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

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

TO CPP Inc.  
PO BOX 49156  
San Jose, CA 95161-9156

REQUISITIONED BY F3201 BIELEFIELD / DIXON

GENFD	5890	11	FL.VS.CARR	63400	00000	2016	051C	100.00
BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

								1.00
BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EST. TOTAL AMOUNT
1.00	EA	SkillsOne Additional User Renewal Fee From: 11/25/15 - 11/24/16 For Folsom Lake College Career Center	100.000	100.00

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

<p><b>FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT</b> 10 College Parkway • Folsom, CA 95630 (916) 608-6549</p>	<p><b>BANK OF AMERICA GOVERNMENT BANKING</b></p>	<p>CHECK No. <b>FL-01647</b> April 29, 2016 DATE: _____</p>	<p>11-35 1210</p>
<p>Pay to the order of: CPP INC. *****</p>		<p>100.00</p>	
<p>One Hundred 00/100 *****</p>		<p>DOLLARS</p>	<p>*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN</p>
<p><b>NON-NEGOTIABLE</b></p>			



The people development people.

CPP, Inc.  
For Questions please contact us at: ar@cpp.com  
Telephone: 800-624-1765  
Fax: 650-969-8608  
Federal ID: 94-1337736  
www.cpp.com

# Invoice

Payment Terms: Net 30 Days  
Page: 1 of 1  
Invoice Number: IN00044913  
Invoice Date: 11/24/2015  
Invoice Due Date: 12/24/2015  
Order Number: SO-00149794  
Customer PO:  
Shipping Method: Via Internet  
Carrier tracking number:  
Currency: USD  
Total Amount Due: \$100.00

**BILL TO CUSTOMER NO: 447049**

Los Rios Comm Coll Dist  
1919 Spanos Ct  
Sacramento, CA 95825-3905  
United States  
Contact: Yvonne Bielefield

**SHIP TO CUSTOMER NO: 447049**

Los Rios Comm Coll Dist  
Folsom Lake Coll Career and Transfer Center 10 College  
Pkwy  
Folsom, CA 95630  
United States  
Contact:

Line	Item number	Description	Quantity	Unit	Unit price	Discount percent	Discount	Amount
1	10213	SkillsOne® Additional User Renewal Fee	1	EA	\$100.0000	0	-	\$100.00

Subscription start date: 11/25/2015    Subscription end date: 11/24/2016

Order by Lidia Bonilla

REMIT TO:  
CPP, Inc.  
PO BOX 49156  
SAN JOSE CA 95161-9156  
USA

CUSTOMER NO: 447049  
INVOICE NO: IN00044913

<b>SUB TOTAL:</b>	<b>\$ 100.00</b>
<b>TOTAL DISCOUNT:</b>	<b>\$ 0.00</b>
<b>TAX TOTAL:</b>	<b>\$ 0.00</b>
<b>FREIGHT AND OTHER CHARGES:</b>	<b>\$ 0.00</b>
<b>PRE-PAYMENT</b>	<b>-</b>
<b>TOTAL AMOUNT DUE:</b>	<b>\$100.00</b>



**LIMITED PURCHASE ORDER**  
(Not to Exceed \$200.00)

<b>VENDOR NAME AND ADDRESS:</b> CPP, Inc P.O. Box 49156 San Jose, CA 95161-9156	<b>DELIVERY INSTRUCTIONS:</b> <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call  Folsom Lake College Career + Transfer Center 10 College Parkway Folsom, CA 95430
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Annual Software License	1	ea		100.00	\$ 100.00
2	Renewal:					
3	Skills One Additional					
4	User Renewal Fee					
5	start Date: 11/25/15					
6	End Date: 11/24/16					
7						
8						
9	PAID-RENL FLO1647					
10						

<b>Purchases Charged to Categorical Programs, Grants or Special Projects</b> This purchased is in compliance with the requirements of:  Program Name _____ Program Director/Coord. Signature _____ For grants/special projects _____ Project/Grant Number _____ Program Goal/Objective Number/Explanation _____	SUB-TOTAL	\$ 100.00
	SALES TAX	0
	<b>TOTAL</b> (Not to Exceed \$200.00)	\$ 100.00

**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>Yvonne Bielefeld</u> TYPED/PRINT	DATE: <u>3/31/16</u>	Received by: _____ Date: _____ <u>GENFD / 5890 / 11 / FLVS.CARR</u> Bus. Unit Account Fund Org
REQUESTED BY: <u>Yvonne Bielefeld</u> SIGNATURE	DATE: <u>3/31/16</u>	<u>623400 / 00000 / 2016 / 0510</u> Program Sub-Class BY Proj/Grnt Amount \$ 100.00
APPROVED: <u>[Signature]</u> DEAN OR OTHER AUTHORIZED SIGNATURE	DATE: <u>4/5/16</u>	Bus. Unit Account Fund Org
APPROVED: <u>[Signature]</u> VICE PRESIDENT, ADMINISTRATION	DATE: <u>4/29/16</u>	Program Sub-Class BY Proj/Grnt Amount \$