

**FOLSOM LAKE COLLEGE  
REVOLVING FUND ACCOUNT**

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

CHECK NO. **FL- 01654**

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

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

DATE 5/6/2016

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

REQUISITIONED BY  
REQ/823830 COOK / GIBSON

GENFD	7334	12	FL.VS.EOPS	73225	00000	2016	408B	160.00
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
2.00	EA	Reimbursement to Phi Theta Kappa Club For PTK Memberships for EOPS Students Ava Sabzesan STID: 1538952 Amy Bray STID: 1465204	80.0000	160.00

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</b> GOVERNMENT BANKING</p>	<p>CHECK No. <b>FL-01654</b></p>
<p>Pay to the order of: <b>FLC - BETA MU UPSILON (PTK)</b></p>	<p>DATE: <u>May 6, 2016</u></p>	<p>11-35 1210</p>
<p>One Hundred Sixty and 00/100 *****</p>	<p>\$ 160.00</p>	<p>THIS CHECK VOID 6 MONTHS FROM DATE DRAWN</p>
<p><b>NON-NEGOTIABLE</b></p>		



# FLC-Beta Mu Upsilon (PTK)

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

May 4, 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:	
Ava Sabzesan (Student # 1538952)	\$80.00
Amy Bray (Student #1465204)	\$80.00

**TOTAL \$160.00**

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. **823830**  
 P.O. No. **FL01654**

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

DATE **5.5.16** VENDOR **FLC - Beta Mu (PTK)**  
 ADDRESS \_\_\_\_\_ **Upsilon**  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 E-MAIL \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_

DELIVERY INSTRUCTIONS	
<b>FLC</b>	
Department Building Location	<b>FLC</b> <b>EDPS</b>
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					
2	Student # 1538952 membership	1		80.00	80.00
3	Student # 1465204 — 11 —	1		80.00	80.00
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects		<b>EDPS</b>	Tax	—
This purchase is in compliance with the requirements of _____		Program Name <b>408B</b>	<b>Total</b>	<b>160.00</b>
Program Director/Coordinator Signature <b>Libby Cook</b> For grants/special projects _____		Project/Grant Number		
Program Goal/Objective Number/Explanation <b>PTK membership dues</b>				

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: **Libby Cook** TYPED/PRINT DATE **5.5.16**  
 REQUESTED BY: **Libby Cook** SIGNATURE DATE **5.5.16**  
 AUTHORIZED: \_\_\_\_\_ DEAN OR AUTHORIZED SIGNATURE DATE

**genfd 7334 / 12 / FL-VS - EDPS**

Bus. Unit	Account	* Fund	Org	
<b>7325</b>	<b>00000</b>	<b>2016</b>	<b>408B</b>	<b>\$ 160.00</b>
Program	Sub-Class	BY	Proj/Grnt	Amount
	/	/	/	
Bus. Unit	Account	* Fund	Org	
	/	/	/	<b>\$</b>
Program	Sub-Class	BY	Proj/Grnt	Amount

APPROVED: \_\_\_\_\_ VICE PRESIDENT, ADMINISTRATION DATE

**\* 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**