

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

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

CHECK NO. **FL-01661**

DATE 5/13/2016

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

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

TO Hankin Specialty Elevators, Inc.
3237 Fitzgerald Road
Rancho Cordova, CA 95742

REQUISITIONED BY REQ/821512 THIESSEN/RAINES

GENFD	5600	11	FL.VA.OPER	67700	00000	2016	041A	246.00
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	Service Call to Repair - Powerramp VH-68 721432 on 04/29/16 For FLC Maintenance and Receiving Dept. Invoice# 360500-1 / Job# 17399	246.000	246.00

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-01661**
DATE: May 13, 2016

Pay to the order of:

Hankin Specialty Elevators, Inc. ***** 246.00

Two Hundred Forty-Six and 00/100 *****
DOLLARS

*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN

NON-NEGOTIABLE

Hankin Specialty Elevators, Inc.
 3237 Fitzgerald Road
 Rancho Cordova, CA 95742

SERVICE INVOICE

Date	Invoice #
4/30/16	360500-1

Bill To
<p>LOS RIOS COMMUNITY COLLEGE DISTRICT 1919 SPANOS CT SACRAMENTO, CA 95825</p>

Service Location
<p>FOLSOM LAKE COLLEGE 10 COLLEGE PARKWAY FOLSOM, CA 95630</p>

Type	S/N	State ID#	SO #	P.O.#	Terms	Due Date
				Chris Raines	Upon Receipt	4/30/16
Service Provided				Rate	Service Date	Amount
SERVICE CALL TO REPAIR RAMP PER ATTACHED TICKET				246.00	4/29/16	246.00
Thank you for your business.				Sales Tax (8.0%)		\$0.00
				Total		\$246.00
				Payments/Credits		\$0.00
				BALANCE DUE		\$246.00

Phone #	Fax #
(916) 381-2400	(916) 381-2481

Los Rios Community College District Requisition

Page _____ of _____

Req. No. **821512**

P.O. No. _____

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

DATE 5-4-16 VENDOR Hankin Specialty Elevators

ADDRESS 3237 Fitzgerald Road

CITY Riverbank STATE CA ZIP 95112

E-MAIL _____

PHONE 916 381-2400 FAX 916 381-2481

DELIVERY INSTRUCTIONS	
<u>040916</u>	
Department Building Location	
<u>FLC</u>	<u>cust</u>
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>service call to Repair Ramp</u>	<u>1</u>	<u>EA</u>		<u>246.00</u>
2	<u>per Attached Ticket</u>				
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects		Tax
This purchase is in compliance with the requirements of _____		Total <u>246.00</u>
Program Name	Program Director/Coordinator Signature	
For grants/special projects _____	Project/Grant Number	
Program Goal/Objective Number/Explanation		

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: Levi Thiesse TYPED/PRINT DATE 5/11/16

REQUESTED BY: [Signature] SIGNATURE DATE 5/11/16

AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 5-10-16

APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE 5/13/16

<u>65000</u>	<u>5600</u>	<u>11</u>	<u>FL-VA-OPER</u>	
Bus. Unit	Account	* Fund	Org	
<u>67700</u>	<u>00000</u>	<u>2016</u>	<u>041A</u>	<u>\$ 246.00</u>
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 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