

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

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

CHECK NO. **FL-01662**

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

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

DATE 5/31/2016

TO COSTCO
1800 Cavitt Court
Folsom, CA 95630

REQUISITIONED BY
REQ#814843 Aguilar/Kirklín

GENFD	5200	12	FL.VS.FCPG	64900	00000	2016	471L	
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
		Food for Foster Parent Training on June 1, 2016 NTE \$175		

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-01662 DATE: <u>May 31, 2016</u></p>
<p>Pay to the order of: ***COSTCO***</p>		<p>\$ <u>175.13</u></p>
<p><i>one hundred seventy five dollars and 13/100</i></p>		<p>DOLLARS</p>
<p>NON-NEGOTIABLE</p>		

*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN

5200



Folsom #765
1800 Cavitt Court
Folsom, CA 95630
(916) 850-1000

W1 Member 322718172020		
E	64949 DINNER ROLLS	4.49
E	64949 DINNER ROLLS	4.49
E	288976 TRAIL SNACK	11.79
E	288976 TRAIL SNACK	11.79
E	24338 COOKIES 24CT	7.99
E	24338 COOKIES 24CT	7.99
E	24318 CHOC CHUNK	8.99
E	201499 RED SEEDLESS	7.99
E	899632 ASN CPPD KIT	3.99
E	899632 ASN CPPD KIT	3.99
E	899632 ASN CPPD KIT	3.99
E	899632 ASN CPPD KIT	3.99
E	899632 ASN CPPD KIT	3.99
E	782796 KSWATER40PK	3.39
E	6900000000 CA REDEMP VA	2.00
E	782796 KSWATER40PK	3.39
E	6900000000 CA REDEMP VA	2.00
E	4032 WATERMELON	3.99
E	8789 GOLDEN PINE	2.99
E	8789 GOLDEN PINE	2.99
E	8789 GOLDEN PINE	2.99
*****Bottom of Basket*****		
*****BOB Count 0*****		
E	181761 KS CHKN STRP	9.99
E	181761 KS CHKN STRP	9.99
E	181761 KS CHKN STRP	9.99
E	519638 ORG BLUES	5.99
E	899632 ASN CPPD KIT	3.99
E	278019 CHSE TRAY	9.99
E	24311 VAR. MUFFIN	7.99
E	24311 VAR. MUFFIN	7.99
	SUBTOTAL	175.13
	TAX	0.00
****	TOTAL	175.13
	Check/Member Writn	175.13
	CHANGE	0.00

TOTAL NUMBER OF ITEMS SOLD = 27
05/17/2016 14:40 765 5 262 31

Los Rios Community College District

Requisition

Page _____ of _____

Req. No. 814843
P.O. No.

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

DATE 05/31/16 VENDOR COSTCO

ADDRESS 1800 CAVITT CT.

CITY FOLSOM STATE CA ZIP 95630

E-MAIL _____

PHONE (916) 850-1000 FAX _____

DELIVERY INSTRUCTIONS	
REQUESTOR WILL PICK	
Building Name	
UP AT BSO TODAY	
College/District Location	Department
Division	Date Required

ITEM	DESCRIPTION	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	FOOD FOR FOSTER PARENT				
3	TRAINING ON JUNE 1st, 2016.				
4					
5					
6	REQUEST REVOIDING CHECK				
7	NOT TO EXCEED \$ 175.00				175.00
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 <u>FOSTER + KINSHIP CARE ED.</u>		
Program Name: _____ For grants/special projects: <u>471 L</u> Program Director/Coordinator Signature: <u>Juline Aguilar</u> Project/Grant Number: _____	Total	<u>175.00</u>
Program Goal/Objective Number/Explanation: <u>OBJ 2 TRAINING</u>		

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: JULINE AGUILAR TYPED/PRINT DATE: 05/31/16

REQUESTED BY: Juline Aguilar SIGNATURE DATE: 05/31/16

AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE: 5/31/16

APPROVED: [Signature] VICE PRESIDENT, ADMINISTRATION DATE: _____

GEN FD / 5200 / 12 / FL.VS.FCPG

Bus. Unit	Account	*Fund	Org	
<u>64900</u>	<u>00000</u>	<u>16</u>	<u>471 L</u>	\$ <u>175.00</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