

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO

0001082393

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date	Revision	Page
07/08/2015	1 - 07/17/2015	1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
1007007 JOHNSONC GALLARZOC	04OPER207 PRNTSVC	

Vendor: 0000018967
 TOSHIBA BUSINESS SOLUTIONS
 1170 NATIONAL STE 60
 SACRAMENTO CA 95834

Phone: (916) 928-2713
 Fax: (916) 928-2704

email: shane.pitto@tbs.toshiba.com

Ship To: FOLSOM LAKE COLLEGE
 RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630
 United States

Bill To: 1919 Spanos Court
 Sacramento CA 95825-3981
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	S/N C2DC31474 MAINT AGRMNT TOSHIBA STUDIO 206L COPIER ID: 30261 LOCATED A&R. BASE RATE: \$8.00 P/MONTH. INCLUDES 1,000 BW COPIES P/MONTH OVERAGES \$.008 EST ANN USAGE: 30,000 SALES TAX ON 35%. BILLED QUARTERLY. PERIOD: 07/01/15 TO 06-30-16	1.00 LOT	325.00	325.00	05/01/2016
2- 1	SN CND328193 MAINT TOSHIBA STUDIO 3040C COPIER ID: 30259 STDNT SVC WRKRM BASE: \$8.00 P/M. INC: 1,000 BW P/M. BW OVER \$.008 EA; COLOR \$.039 EA. ESTD ANN USE 39,000 BW & 1,200 COLOR. SALES TAX ON 35%. BILLED QUARTERLY. PERIOD: 07/01/15 TO 06/30/16	1.00 LOT	500.00	500.00	05/01/2016

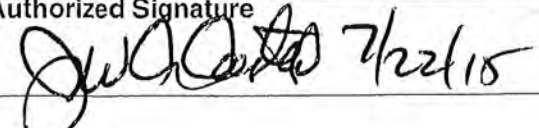
PERIOD: 07/01/15 - 06/30/16 BILLED QUARTERLY
 MAINTENANCE AGREEMENT INCLUDES ALL PARTS, LABOR, SERVICE CALLS, TONER, STAPLES & PREVENTATIVE MAINTENANCE. EXCLUDES ONLY PAPER. INCLUDES SALES TAX.
 EMAIL PURCHASE ORDER TO: Shane.Pitto@tbs.toshiba.com

PY PO#: 0001077185

Sub Total Amount	825.00
Sales Tax Amount	0.00
Total PO Amount	825.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5600	11	FL.VS.ENRL	62100	00000	051C	325.00	2016
GENFD	5600	11	FL.VS.OFFC	67900	00000	051C	500.00	2016

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature


Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30
 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

Requisition

Vendor: TOSHIBA BUSINESS SOLUTIONS
 1170 NATIONAL STE 60
 SACRAMENTO CA 95834
 United States

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630

Business Unit: GENFD OPEN		
Req ID:	Date	Page
0001007007	07/01/2015	1
Requester	Bldg#	
Colleen R Johnson	PRNTSVC	
Requester Signature		
Buyer: Christina Gallarzo		
Approved:		

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	S/N C2DC31474 MAINT AGRMNT TOSHIBA STUDIO 206L COPIER ID: 30261 LOCATED A&R. BASE RATE: \$8.00 P/MONTH. INCLUDES 1,000 BW COPIES P/MONTH OVERAGES \$.008 EST ANN USAGE: 30,000 SALES TAX ON 35%.BILLED QUARTERLY. PERIOD: 07/01/15 TO 06-30-16	1	LOT	325.00	325.00	07/01/2015
2-1	SN CND328193 MAINT TOSHIBA STUDIO 3040C COPIER ID: 30259 STDNT SVC WRKRM BASE: \$8.00 P/M. INC: 1,000 BW P/M. BW OVER \$.008 EA; COLOR \$.039 EA. ESTD ANN USE 39,000 BW & 1,200 COLOR. SALES TAX ON 35%. BILLED QUARTERLY. PERIOD: 07/01/15 TO 06/30/16	1	LOT	500.00	500.00	07/01/2015

Total Requisition Amount: 825.00

PERIOD: 07/01/15 & 06/30/16 BILLED QUARTERLY
 MAINTENANCE AGREEMENT INCLUDES ALL PARTS, LABOR, SERVICE CALLS, TONER, STAPLES & PREVENTATIVE MAINTENANCE. EXCLUDES ONLY PAPER. INCLUDES SALES TAX.
 EMAIL PURCHASE ORDER TO: Shane.Pitto@tbs.toshiba.com
 PY PO#: 0001077185

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	5600	11	FL.VS.ENRL	62100	00000	051C	325.00
GENFD	5600	11	FL.VS.OPFC	67900	00000	051C	500.00 ✓

Approval Signature	Approval Signature	Approval Signature
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FLC-Printing

From: Shane Pitto <Shane.Pitto@tbs.toshiba.com>
Sent: Wednesday, April 29, 2015 1:16 PM
To: FLC-Printing
Cc: Kelly, Laura; Kimberly Cope
Subject: RE: contracts

Importance: High

Please see below for contract details:

EID#: 31487
SN: SC2CD31076
Model #: ES506
Monthly payment: \$25.00 plus sales tax
Allowance: 7,500
Overage Rate: .012

EID#: 27608
SN: CSK157785
Model #: ES203SD
Monthly payment: \$0 BASE, COST PER COPY CONTRACT
Allowance: 0
ALL usage billed at .02 per copy

EID#: 30656
SN: SC7IC24549
Model #: es2555c
Monthly payment: \$30.00 plus sales tax
B/W Allowance: 3,000
B/W Overage Rate: .012
ALL color billed at .039

EID#: 30261 (1)
SN: C2DC31474
Model #: ES206L
Monthly payment: \$8.00 plus sales tax
Allowance: 1,000
Overage Rate: .008

EID#: 30259 (2)
SN: CND328193
Model #: ES3040C
Monthly payment: \$8.00 plus sales tax
B/W Allowance: 1,000
B/W Overage Rate: .008
ALL color billed at .039

FLC-Printing

From: Kimberly.Cope@tbs.toshiba.com
Sent: Wednesday, May 27, 2015 8:57 AM
To: FLC-Printing
Cc: Barnes, Kathy; Kelly, Laura; 'Shane.Pitto@tbs.toshiba.com'
Subject: Re: quarterly
Attachments: Scan150526154730.pdf

Hello Kathy,

Thank you for your response - this works just fine. I'll re-do the contracts to bill quarterly effective 7/1/15. Please let me know if you have any other questions.

Best Regards,
Kimberly Cope
Contract Billing - Major Accounts
Toshiba Business Solutions

Phone: (949) 267-4226
Email: kimberly.cope@tbs.toshiba.com

Toshiba Business Solutions
9740 Irvine Blvd.
Irvine, CA 92618



www.tbs.toshiba.com

From: FLC-Printing <flc-printing@flc.losrios.edu>
To: "Shane.Pitto@tbs.toshiba.com" <Shane.Pitto@tbs.toshiba.com>, "Kimberly.cope@tbs.toshiba.com" <Kimberly.cope@tbs.toshiba.com>
Cc: "Kelly, Laura" <kellyla@flc.losrios.edu>
Date: 05/26/2015 04:14 PM
Subject: quarterly
Sent by: "Barnes, Kathy" <BarnesK@flc.losrios.edu>

Hi Kimberly. Attached is a scan of an email I received from Shane Pitto. I cannot find the original email, I am typing up my requisitions for next year's maintenance agreements and noticed for the first time that I was supposed to respond to the original email letting you know that we are changing our billing cycle to QUARTERLY starting with our new contracts on July 1, 2015. I hope this email with attachment will work instead of responding to the original email. Let me know if you need anything different. Thanks,

Kathy

Kathy Barnes Liguori
Printing Department
916-608-6650
Folsom Lake College

Los Rios Community College District FY 2016

Requisition

Page 1 of 2

Req. No. **815692**
P.O. No. _____

Vendor Code 18967
Approved by / Date
Reviewed by / Date
Dispatched Method / Date

DATE 6/1/15 VENDOR Toshiba Business
ADDRESS 1170 National Dr #60
CITY Sacramento STATE CA ZIP 95834
E-MAIL shane.pitto@tbs.toshiba.com
PHONE _____ FAX _____

DELIVERY INSTRUCTIONS	
04 OPER 207	Building Name
FLC	Printing
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	C2DC31474, estudio 206L, located in	1	ea		325.00
2	A&R. Base price \$24/quarter includes				
3	3000 images, overages billed @ .008,				
4	estimated annual usage 30,000.				
5	Plus tax @ 35%. ID30261				
6	CND328193, estudio 3040C, 10:30259,	1	ea		500.00
7	located in Str.Srv, workroom. Base				
8	price \$24/quarter B/W; includes 3000				
9	images, overages billed @ .008, all				
10	color billed @ .039 per image, plus				
11	tax on 35%, est annual usage				
12	39,000 B/W, 1200 color.				
13	Cont.-				

Purchases Charged to Categorical Programs, Grants or Special Projects		Tax
This purchase is in compliance with the requirements of _____		
Program Name		
For grants/special projects _____		
Program Director/Coordinator Signature	Project/Grant Number	Total
		825.00
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: Kathy Barnes Liguori TYPED PRINT DATE 6/1/15
REQUESTED BY: Kathy Barnes Liguori SIGNATURE DATE 6/1/15
AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 6/2/15

Genfd / 5600 / 11 / FL VS. ENRL
Bus. Unit Account *Fund Org
62100 / 00000 / 16 / 051C \$ 325.00
Program Sub-Class BY Proj/Grnt Amount

Genfd / 5600 / 11 / FL VS. OFFC
Bus. Unit Account *Fund Org
67900 / 00000 / 16 / 051C \$ 500.00
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

Los Rios Community College District

Requisition

Page 2 of 2

Req. No. <u>815692</u>
P.O. No.

Vendor Code	DATE _____	VENDOR <u>Toshiba</u>
Approved by / Date	ADDRESS _____	
Reviewed by / Date	CITY _____	STATE _____ ZIP _____
Dispatched Method / Date	E-MAIL _____	
	PHONE _____	FAX _____

DELIVERY INSTRUCTIONS	
Building Name	
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	Maintenance agreement includes all				
2	parts, labor, service calls, preventive				
3	maintenance, and consumables except				
4	paper. Billed quarterly				
5	7/1/15 - 6/30/16				
6					
7					
8					
9					
10					
11					
12					
13	<u>14/15 PO 0001077185</u>				

Purchases Charged to Categorical Programs, Grants or Special Projects				Tax
This purchase is in compliance with the requirements of _____				Total
Program Director/Coordinator Signature _____		Program Name _____		
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.

Bus. Unit	Account	* Fund	Org	
/	/	/	/	\$
Program	Sub-Class	BY	Proj/Grnt	Amount
/	/	/	/	
Bus. Unit	Account	* Fund	Org	
/	/	/	/	\$
Program	Sub-Class	BY	Proj/Grnt	Amount
/	/	/	/	

REQUESTED BY: _____ TYPED/PRINT _____ DATE _____

REQUESTED BY: _____ SIGNATURE _____ DATE _____

AUTHORIZED: DEAN OR AUTHORIZED SIGNATURE _____ DATE _____

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.

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Instructions on Reverse