

Change Order Request

PO # B117721A

Request Date: 06/30/17

College/Dept: FLC/BSO

Vendor Name CITIBANK

Increase Blanket Purchase Order by \$948.17
Budget: GENFD 5200 11 FL.VA.BSOF 60100 00000 2017 042I

For Final 2017 Statement.

LOS RIOS COMMUNITY COLLEGE DISTRICT

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

**PURCHASE ORDER NO B117721
 CHANGE ORDER**

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date	Revision	Page
11/04/2016	1 - 03/09/2017	1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
1008780 HANEY B	04ADMN	

Supplier: 0000038232
 CITIGROUP
 PO BOX 183071
 COLUMBUS OH 43218

email:

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	BLANKET PURCHASE ORDER FOR FLC, EDC, RCC TRAVEL - CITIBANK VISA CENTRALLY BILLED ACCOUNT NUMBER ENDING IN 003661	1.00 EA	5,000.00	5,000.00	05/01/2017

VALID FROM 7/01/2016 TO 06/30/2017

AUTHORIZED PERSONNEL:
 KATHLEEN KIRKLIN
 JOANY HARMAN
 PAULA SABO

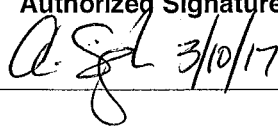
03/09/2017 PER J HARMAN - ADD PAULA SABO AS AN AUTHORIZED SIGNER - NTS

Sub Total Amount	5,000.00
Sales Tax Amount	0.00
Total PO Amount	5,000.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5200	11	FL.VA.BSOF	60100	00000	042I	5,000.00	2017

0001008780KIRKLINK27-OCT-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

 3/10/17

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.

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO B117721

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 11/04/2016	Revision	Page 1
Payment Terms NET 30	Freight Terms Shipping Point	Ship Via Best Metho
Reference: 1008780 HANEY B		Location / Dept 04ADMN

Supplier: 0000038232
 CITIGROUP
 PO BOX 183071
 COLUMBUS OH 43218

email:

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	BLANKET PURCHASE ORDER FOR FLC, EDC, RCC TRAVEL - CITIBANK VISA CENTRALLY BILLED ACCOUNT NUMBER ENDING IN 003661	1.00EA	5,000.00	5,000.00	05/01/2017

VALID FROM 7/01/2016 TO 06/30/2017

AUTHORIZED PERSONNEL:
 KATHLEEN KIRKLIN
 JOANY HARMAN

Sub Total Amount	5,000.00
Sales Tax Amount	0.00
Total PO Amount	5,000.00


BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5200	11	FL.VA.BSOF	60100	00000	0421	5,000.00	2017

0001008780KIRKLINK27-OCT-2016

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

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.

✓

LOS RIOS COMMUNITY COLLEGE DISTRICT

American River College • Cosumnes River College • Folsom Lake College • Sacramento City College

PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

Requisition

Supplier: CITIGROUP
 PO BOX 183071
 COLUMBUS OH 43218
 United States

0000038232

Business Unit: GENFD OPEN	
Req ID: 0001008780	Date: 10/26/2016
Requisition Name: 2017 Citigroup BTA	
Requester: Brenda Haney	
Requester Signature: _____	
Buyer: Nicholas Shewmaker	
Approved: _____	
Entered By: 26-OCT-2016	

email:

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	BLANKET PURCHASE ORDER FOR FLC, EDC, RCC TRAVEL - CITIBANK VISA CENTRALLY BILLED ACCOUNT NUMBER ENDING IN 003661	1	EA	5,000.00	5,000.00	11/01/2016

Total Requisition Amount: 5,000.00

NOTE TO PURCHASING:
 ASSIGN B117__PO#
 NO TAX
 AMOUNT ONLY

AUTHORIZED PERSONNEL:
 KATHLEEN KIRKLIN
 JOANY HARMAN

<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	5200	11	FL.VA.BSOF	60100	00000	042I	5,000.00

Approval Signature 	Approval Signature 	Approval Signature
------------------------	------------------------	------------------------

ARC	<input type="checkbox"/>	DO	<input type="checkbox"/>
CRC	<input type="checkbox"/>	FM	<input type="checkbox"/>
FLC	<input checked="" type="checkbox"/>	ETW	<input type="checkbox"/>
SCC	<input type="checkbox"/>	OTHER	_____

Release No. FL17005	Purchase Order No. B117721A
-------------------------------	---------------------------------------

CITIBANK

**SEE INSTRUCTIONS ON REVERSE SIDE
FOR COMPLETING THIS FORM**

Vendor Name (As it appears on Purchase Order) Vendor Code

see below

Invoice No, Credit Memo No., or Packing Slip No. Date Items Received
(Please check if attached and write total dollar amount below)

DESCRIPTION (Do Not Complete if Attaching Invoice Credit Memo or Packing Slip)	QUANTITY	UNIT	UNIT PRICE	TOTAL
SENECAL/MOLLY FRANCE - #T115588 - NCORE 2017 conference	1		403.60	\$ 403.60
charge to # GENFD 5200 12 FL.VS.EQTY 63000 00000 598H				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of _____			Total Amount or Estimate	\$ 403.60
_____ For grants/special projects _____				
Program Director/Coordinator Signature N/A		Program Name Program/Grant Number		
Program Goal/Objective Number/Explanation				

I 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.

Paula Sabo 5/10/17
AUTHORIZED PURCHASER SIGNATURE Date
(must be listed on Purchase Order)

Jerry Harman 5/11/17
APPROVED: SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date

1	GENFD	5200	11	FL.VA.BSOF	
PO Line #	Bus. Unit	Account	Fund	Org	
60100	00000	2017	0211		\$ 403.60
Program	Sub-Class	BY	Proj/Grant	Amount	
PO Line #	Bus. Unit	Account	Fund	Org	
Program	Sub-Class	BY	Proj/Grant	Amount	\$ 403.60

Out-of-State To DP 4/16/17

LOS RIOS COMMUNITY COLLEGE DISTRICT TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM

(Note: Read instructions on back of set before completing)

Please check box where payment is to be sent:

- ARC FLC D.O. EWC
- CRC SCC FM

T-715588

Employee Name Milly Senechal ID # 0905372

Conference Sponsor NCORE
Name of Organization

Conference/Activity NCORE 2017 Destination FT WORTH TEXAS

Budget No. 1: GENFD 15200 12 FL-VS EQTY 16300 127700000 598H MS
 BusUnit Acct Fund Org Pgm Code SubClass Proj/Grant

Budget No. 2: _____
 BusUnit Acct Fund Org Pgm Code SubClass Proj/Grant

PART I - Request to Attend

Inclusive dates of travel:

From MAY 29 16:00 AM to JUNE 3 9:00 PM
Date Time Date Time

Estimated Expenses: *Indicates Receipt Required for Reimbursement

A. Transportation (Estimate cost of air fare) \$ 403.60 ✓
 Air* Dist. Vehicle Priv. Vehicle 74.2 x 535
 miles c/mile 3270
 Travel Agency (Air fare) POL TRAVEL STORE

The undersigned certifies that the vehicle he/she uses for Los Rios Community College District business carries the legal minimum insurance required by law.

B. Lodging* \$ 775.00
 Name of Hotel/Motel _____
 days @ \$ _____ day

C. Registration/Conference Fee* (check one) \$ 715.00
 incl. certain meal(s) excl. meal(s)

D. Meals..... \$ 245.00 ✓
 Breakfast \$ 10 x 3 Lunch \$ 15 x 4 Dinner \$ 31 x 5
 # of days # of days # of days

E. Other (describe)* CAR RENTAL \$ 225.87 ✓
 (Admin. Approval required for vehicle rental)

F. Incidental Expenses \$ 25.00 ✓

Total Estimated Expenses \$ 2444.34
 Maximum Allowance, if applicable \$ _____

Travel charged to Categorical Programs, Grants or Special Projects:

This travel is in compliance with the requirements of EQTY
 Program Name _____ Program Director/Coordinator Signature _____

For grants/special projects: _____
 Project/Grant Number 598H

Program Goal/Objective Number/Explanation

Employee _____ Date 11/5/17

Approval _____ Date _____
 Area Dean/Supervisor

Approval Jenny Harman Date 5/5/17
 Vice President, Administration

Approval _____ Date 4/5/17
 President/Designee/or Chancellor

PART II - Request for Cash Advance/Prepaid Expense

(To be completed by Requestor)

A. Employee Cash Advance GENFD / 9161 / 11 \$ _____
 BusUnit Acct Fund

B. Registration (Payee) NCORE 2017 \$ 715.00

Registration Due Date _____
 Vendor I.D. _____

Budget No. 1: \$ _____ Budget No. 2: \$ _____
 Amount Amount

Approval Jenny Harman
 Vice President Administration

PART III - Request for Reimbursement

To be completed no later than 3 days after return from authorized travel.

* Indicates original receipts required - enter all claimable costs incurred, including prepaid amounts.

From _____ To _____
Date Time Date Time

A. Transportation
 Air fare* Bus* Other* \$ _____
 Prepaid to travel agency by district \$ _____
 Private Vehicle _____ X _____
 miles c/mile \$ _____

B. Lodging* \$ _____
 (Single occupancy rate only/exclude phone calls & other costs)

C. Registration Fee (check one) \$ _____
 (Enter full cost even if prepaid)
 Prepaid by DO/College No Prepayment
 (No receipt required if prepaid)

D. Meals (Enter actual expenses not to exceed meal allowance stated per Regulation 8341.)

Date	Breakfast	Lunch	Dinner	Total

Total Meals \$ _____

E. Other Expenses* \$ _____
 (Parking fees, bridge toll, business phone call, Wi-Fi, and other business related expenses)

(Admin. approval required for vehicle rental)
 F. Incidental Expenses - not to exceed \$5/day \$ _____
 (Tips, personal phone call, and other misc. travel expenses)

G. Total Expenses (A - F) \$ _____
 Total Expenses (lesser of Max. Allowance or Total Expenses) \$ _____
 Less Amount(s) Prepaid \$ < 715.00 >
 Subtotal \$ _____
 Less Cash Advance (Part II) \$ _____
 Total Requested for Reimbursement \$ _____

Certification/Approval

I certify that the above claim is an accurate accounting of expenses incurred which does not exceed the allowances provided per Regulation 8341, and complies with District insurance requirements.

Claimant's Signature _____ Date _____

Approved _____ Date _____
 Area Dean/Supervisor

Approved _____ Date _____
 Vice President, Administration

PART IV Vendor I.D.

Enter allocation of Subtotal (PART III.G.) above

Budget No. 1: \$ _____ Budget No. 2: \$ _____
 Amount Amount

D.O. Use: GENFD / 9161 / 11 \$ _____

TO TLK 5-8-17

Airfare

\$ 403.60

car rental

\$ 225.87



45472330011264255000000000000000254

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
XXXX-XXXX-XX26-4255	05/20/2017	\$0.00	\$0.00	

FOLSOM LAKE COLLEGE
 STATE OF CALIFORNIA
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798

Citibank
 P.O. Box 78025
 PHOENIX, AZ 85062-8025

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00

Statement Date
04/25/2017

Payment Date
05/20/2017

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**
XXXX-XXXX-XX26-4255	\$0.00	\$2,500.00	\$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
*****NOTICE MEMO ITEM(S) LISTED BELOW*****				
04/06/2017	04/10/2017	55432867097000882426008	UNITED 01679624167362 800-932-2732 TX SENECAL/MOLLY FRANCE DEPARTURE: 05-29-17 SMF UA S IAH UA S DFW UA L DEN AU L SMF	\$403.60
*****TOTAL AMOUNT OF MEMO ITEM(S):				\$403.60

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.

Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at <https://home.cards.citidirect.com/CommercialCard/Cards.html>. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.

Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

ACCOUNT SUMMARY CURRENT PERIOD	Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
	\$0.00					\$0.00
Purchases	\$0.00					\$0.00
Advances	\$0.00					\$0.00
TOTALS	\$0.00					\$0.00

DAYS IN BILLING PERIOD: 031	Purchases	Cash Advances	Payment Due:	\$0.00
Balance Subject To Interest Charges >	\$0.00	\$0.00	Amount Over Credit Limit:	\$0.00
Periodic Rate >	.0000%	.0000%	Amount Past Due:	\$0.00
ANNUAL PERCENTAGE RATE >	0.00%	0.00%	MINIMUM AMOUNT DUE:	\$0.00

* Cash Advance Limit is a portion of your Total Credit Line

** Available Cash Line is a portion of your Available Credit Line

Information About Your Citibank Corporate Card Account

- **Report a Lost or Stolen Card Immediately:** Our telephone lines are open every day, 24 hours a day. Call the Customer Service telephone number specified on the front of the statement or Directory Assistance for the number to report a lost or stolen Citibank Corporate Card.
- **Credit Reports:** The Bank may report Account information to credit bureaus. Late payments, missed payments, or other defaults on the Account may be reflected in your credit report.
- **Cardmember Credit Line:** Each Cardmember has an individual Credit Line (a portion of which may be used for Cash Advances), which is the maximum amount that the Cardmember can charge at any time. The size of each Cardmember's Credit Line (and Cash Limit, if any), is determined by the Company and is a portion of the total Company Credit Line.
- **To Increase or Reallocate a Company or Cardmember Credit Line:** The Company may request changes to credit lines by contacting Citibank Corporate Card Customer Services. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement.
- **Additional Cardmembers:** The Company may request applications for additional Cardmembers by contacting Citibank Corporate Card Service. Our telephone lines are open every day, 24 hours a day at the telephone number specified on the front of the statement. Limit one Citibank Corporate Card per Cardmember.
- **Payments:** Please allow sufficient mailing time if sending payments via mail. Please write your account number on the front of the check. For centrally billed accounts, please be sure to send on Company check as payment for all Cardmember balances. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day. Payments can also be made by electronic fund transfer, wire transfer, ACH transfer, direct debit, and other methods. Call the number on the front of this statement for details.
- **Company Ratification:** By its payment of any amounts charged to the Account, the Company: (i) ratifies the original Application for the Account and the authority of all persons at the time of their signing such Application, and (ii) authorizes the continued use of the Account under the terms of The Corporate Card Agreement by all Cardmembers to whom Cards are issued.
- **Special Information on Cash Advances:** Cardmembers may get a Cash Advance at over 160,000 locations worldwide.
 - The Cardmember's Cash Advance Limit is a part of the Cardmember's Total Credit Line. It is not an additional line of credit.
 - For Cash Advances from ATMs, a separate Personal Identification Number (PIN) is required for security purposes.
- **Delinquency Fee:** My Account will be delinquent unless the Bank receives the amount shown on the billing statement as the balance due, less any disputed charges, by the payment due date. The Bank will show any unpaid portion of the balance due as a past due balance on subsequent billing statements. If any portion of the past due balance appears on two consecutive billing statements (approximately 55-60 days after the billing cycle date), I agree to pay a delinquency fee monthly based on a percentage of the entire past due balance until my payment is received by the Bank. A late fee may also be imposed monthly until payment for the past due balance is received by the Bank.

Account Inquiries

- **In Case of Errors or Questions About Your Bill:** If you think the Billing Statement is wrong, or if you need more information about a transaction, write to us on a separate sheet at the address specified on the front of this statement as soon as possible. Please notify us no later than 60 days after the date of the bill on which the error or problem first appeared.
 - In the letter please give us the following information:
 - Your name and account number. For centrally billed Company Accounts, the Company name and Individual account number.
 - The dollar amount of the suspected error.
 - Describe the error and explain the reason for the error; if more information is needed about an item, please describe it to us.
 - Merchant Disputes. If the Company or Cardmember was unsuccessful in attempting to resolve a problem with a merchant concerning the quality of goods or services purchased with the Citibank Corporate Card, we may be able to help if we are notified in writing within 60 days of the date of the charge. You will be responsible if we are not able to resolve the dispute or if the Bank finds you responsible for the disputed charge.
 - In the letter to us, please explain in detail the dispute and the results of the attempt to resolve it with the merchant. The letter must include the amount involved, **and must be signed by the individual Cardmember. We will notify you of the results of our efforts.**
 - If you returned merchandise and received a credit slip which has not yet been posted, please allow 30 days from the date it was issued. If it has not been posted to the Account by then, forward a copy of the credit slip to us at the billing dispute address specified on the front of the statement. Along with the copy of the credit slip please include a letter (signed by the individual Cardmember) stating that credit was not received. If a credit slip was not issued, please request one from the merchant. If the merchant refuses, please write to us and explain the details.
 - On non-disputed matters or any matter shown by the Bank not to be in error, the Bank may charge the Company or Cardmember the fee specified in the Corporate Card Agreement for each copy of any document the Company or Cardmember requests, such as duplicate periodic statements, transaction slips, and the like.
 - Please save your charge receipts.

BUibs 1/01

Account Requests

Payments must be remitted to Citibank, N.A. P.O. BOX 78025 Phoenix, AZ 85062-8025. If we receive your mailed payment in proper form at our processing facility by 5:00 p.m. Eastern Time, it will be credited as of that day.

CHANGE OF ADDRESS OR TELEPHONE NUMBER*

*Please note that the request will be rejected if the address is outside of the card issuing country (US or Canada).

Street Address _____

City, State _____ ZIP _____

Home Phone _____ Business Phone _____

CREDIT BALANCE REFUND REQUEST

- Refund full amount (no additional charges are outstanding).
- Refund partial amount of \$ _____ (additional charges are still outstanding).

Signature _____

Date _____

R1410-1410B-0117



0547233001100366100403600040360257

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
5472-3300-1100-3661	05/20/2017	\$403.60	\$403.60	

FOLSOM LAKE
JOANY HARMON
10 COLLEGE PARKWAY

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

FOLSOM CA 95630-6798

Payment coupon: Please cut along perforation and return this portion with your payment. Make check or money order payable in U.S. dollars on a U.S. bank to Citibank. Include account number on check or money order. No cash please. Do not staple or tape your check to this coupon.

CITIBANK CORPORATE CARD

Statement Date
04/25/2017

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
\$9,999,999.00	\$9,999,595.40	\$0.00	\$0.00

Payment Date
05/20/2017

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

COMPANY SUMMARY

FOLSOM LAKE 5472-3300-1100-3661		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	\$2,539.76	- \$2,539.76		\$403.60		\$403.60
	Advances						
	TOTAL	\$2,539.76	- \$2,539.76		\$403.60		\$403.60

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.
Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at <https://home.cards.citidirect.com/CommercialCard/Cards.html>. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.
Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.
Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

CARDMEMBER SUMMARY

FOLSOM LAKE COLLEGE XXXX-XXXX-XX26-4255		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:\$2,500.00	Purchases				\$403.60		
	Advances						
	TOTAL				\$403.60		\$403.60

COMPANY BOOKKEEPING DETAIL

FOLSOM LAKE				5472-3300-1100-3661	
Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**		
\$9,999,999.00	\$0.00	\$9,999,595.40	\$0.00		
Sale Date	Post Date	Reference Number	Type of Activity	Total Amount	
03/24/2017	03/27/2017	75472337086083040060733	PAYMENT - THANK YOU	\$1,996.00 PY	

DAYS IN BILLING PERIOD:	031				
Balance Subject		<u>Purchases</u>	<u>Cash Advances</u>	Payment Due:	\$403.60
To Interest Charges	>	\$0.00	\$0.00	Amount Over Credit Limit:	\$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due:	\$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:	\$403.60



Company Account Number
5472-3300-1100-3661

Statement Date
04/25/2017

04/21/2017	04/25/2017	75472337115111040020186	PAYMENT - THANK YOU	\$543.76 PY
------------	------------	-------------------------	---------------------	-------------

INDIVIDUAL CARDHOLDER ACTIVITY

FOLSOM LAKE COLLEGE			XXXX-XXXX-XX26-4255	
Monthly Limit		Cash Limit*		
\$2,500.00		\$0.00		
Sale Date	Post Date	Reference Number	Type of Activity	Amount
04/06/2017	04/10/2017	55432867097000882426008	UNITED 01679624167362 800-932-2732 TX SENECAL/MOLLY FRANCE DEPARTURE: 05-29-17 SMF UA S IAH UA S DFW UA L DEN AU L SMF	\$403.60
TOTAL PURCHASES/ADVANCES/CREDITS				\$403.60

*Cash Advance Limit is a portion of your Total Monthly Limit.

** Available Cash Line is a portion of your Available Credit Line

Sabo, Paula

From: Concur Travel <TravelWizardApprovals@concur.com>
Sent: Thursday, April 06, 2017 4:28 PM
To: FLC-Travel
Subject: Trip approval confirmation for traveler : Molly Senecal

Trip "NCORE 2017_MS" was successfully approved.
See trip history log below:

Request Created on Wednesday, Wednesday 05, 2017 at 10:34 AM Pacific time by renee russo.

Flight segment *Air Segment* added on Wednesday, Wednesday 05, 2017 at 10:34 AM Pacific time.
No rules were broken.

Car segment *Car Segment in Dallas* added on Wednesday, Wednesday 05, 2017 at 01:35 PM Eastern time.
No rules were broken.

The Itinerary has still been reserved. The travel approver must approve the trip, or the traveler must withdraw the trip request to cancel the reservation.

Email has been sent : travel@flc.losrios.edu

Sabo, Paula

From: Concur Travel <TravelWizardApprovals@concursolutions.com>
Sent: Wednesday, April 05, 2017 11:12 AM
To: FLC-Travel
Subject: Travel approval required for traveler : Molly Senecal

Importance: High

Traveler:: Molly Senecal
Description:NCORE 2017_MS

Note: This trip requires action on your part (approval or rejection) before it is finalized or ticketed.

This trip must be approved by: 04/07/2017 12:00 AM Eastern time (04/06/2017 9:00 PM Pacific time).
If it is rejected, it will be automatically cancelled by that time unless resubmitted.

It will be automatically cancelled if you do not approve it by that time.
Please login to Concur Travel and Expense or follow the instructions below to approve or reject this trip.

To approve or reject this trip via e-mail use the reply function in your email program to send it back for approval or rejection (email address is TravelWizardApprovals@concursolutions.com).

To approve the trip, put an [A] in the brackets where indicated below or reply with the word 'Approve' as the first word of your reply.

To reject the trip, put an [R] in the brackets where indicated below or reply with the word 'Reject' as the first word of your reply.

Approve Trip [] (Enter A to Approve)
Reject Trip [] (Enter R to Reject)

NCORE 2017_MS

Travel Booked By: renee russo

Itinerary Rule Violation

All trips - Require Approval

Trip Overview



Trip Name: NCORE 2017_MS
Start Date: May 29, 2017
End Date: June 03, 2017
Created: April 05, 2017, renee russo (Modified: April 05, 2017)
Description: (No Description Available)
Agency Record Locator: FPEBFT
Passengers: Molly Frances Senecal
Total Estimated Cost: \$629.47 USD

This trip requires approval.
The deadline for approval is: 04/07/2017 12:00 AM Eastern
The trip will be automatically cancelled if it is not approved before the deadline.

Agency Name: CalTravelStore (State of CA RX0F)
Address:
CalTravelStore
707 3rd street 3rd Floor
West Sacramento, CA 94608

Daytime Phone: 877-454-8785

Reservations

Monday, May 29, 2017



Flight Sacramento, CA (SMF) to Houston, TX (IAH)

United 1246

Departure: 06:15 AM

Seat: 28F (Confirmed)

Sacramento International (SMF)

Terminal: A

Duration: 3 hours, 41 minutes

Nonstop

Confirmation: B5ZJN4

Status: Confirmed

Arrival: 11:56 AM

George Bush Intercontinental (IAH)

Terminal: C

Additional Details

Aircraft: Boeing 737-800

Distance: 1607 miles

E-Ticket

Emissions: 621.9 lbs CO₂

Cabin: ECONOMY (S)

Meal: Food for purchase



ir, 9 min layover at George Bush Intercontinental (IAH)

Flight Houston, TX (IAH) to Dallas, TX (DFW)

United 3406

Operated by: REPUBLIC AIRLINES DBA UNITED EXPRESS

Departure: 01:05 PM

Seat: 12A (Confirmed)

George Bush Intercontinental (IAH)

Terminal: B

Duration: 1 hour, 17 minutes

Nonstop

Confirmation: B5ZJN4

Status: Confirmed

Arrival: 02:22 PM

Dallas Ft Worth Intl (DFW)

Terminal: E

Additional Details

Aircraft: Embraer 170

Distance: 226 miles

E-Ticket

Emissions: 142.8 lbs CO₂

Cabin: ECONOMY (S)



Enterprise Car Rental at: Dallas US (DFW)

Pick-up at: Dallas US (DFW)

Pick Up: 02:22 PM Mon May 29

Pick-up at: Dallas US (DFW)

Number of Cars: 1

Confirmation: 1238158276COUNT

Status: Confirmed

Frequent Guest Number: APPLICANT

Rate Code: Z2UBMS

Return: 04:55 PM Sat Jun 3

Returning to: Dallas US (DFW)

Additional Details

Rate: \$132.00 USD weekly rate, unlimited miles; \$33.00 USD extra daily rate, unlimited miles; \$11.00 USD extra hourly rate, unlimited miles

Total Rate: \$225.87 USD

Corporate Discount: XXXXXX

Rental Details

Intermediate / Car / Automatic transmission / Air conditioning



Saturday, June 03, 2017



Flight Dallas, TX (DFW) to Denver, CO (DEN)

United 748

Departure: 04:55 PM

Seat: 24F (Confirmed)

Dallas Ft Worth Intl (DFW)

Terminal: E

Duration: 2 hours, 9 minutes

Nonstop

Confirmation: B5ZJN4

Status: Confirmed

Arrival: 06:04 PM

Denver Intl Arpt (DEN)

Additional Details

Aircraft: Boeing 737-900

Distance: 641 miles

E-Ticket

Emissions: 248.1 lbs CO₂

Cabin: ECONOMY (L)

Meal: Meal at Cost



ir, 26 min layover at Denver Intl Arpt (DEN)

Flight Denver, CO (DEN) to Sacramento, CA (SMF)

United 540

Departure: 07:30 PM

Seat: 25A (Confirmed)

Denver Intl Arpt (DEN)

Duration: 2 hours, 32 minutes

Nonstop

Confirmation: B5ZJN4

Status: Confirmed

Arrival: 09:02 PM

Sacramento International (SMF)

Terminal: A

Additional Details

Aircraft: Boeing 737-900

Distance: 905 miles

E-Ticket

Emissions: 350.2 lbs CO₂

Cabin: ECONOMY (L)

Meal: Meal at Cost

Total Estimated Cost

Air

Airfare quoted amount: \$333.02 USD
Taxes and fees: \$70.58 USD
Air Total Price: \$403.60 USD
Car: \$225.87 USD

Total Estimated Cost: \$629.47 USD

Restrictions

Quote: NONREF/0VALUAFTDPT/CHGFEE

TICKET NOT YET ISSUED. AIRFARE QUOTED IN ITINERARY IS NOT GUARANTEED UNTIL TICKETS ARE ISSUED.

Remarks

PLEASE TAKE A MOMENT TO FILL OUT OUR CUSTOMER
SERVICE SURVEY AT WWW.SURVEYMONKEY.COM/S/HQHJ8PF
CALTRAVELSTORE PHONE NUMBER 877 454-8785

Do Not edit anything below this line

:token:1
428ECB9X18AE??585F012C960370FF80DCE4B793127D174A980527E8CBAD31
80D19703294E0982435557588F3FE2CEEA1394367B7B5140C7F663F6C896B2
9BCCB683A7A67635E10156E208042ED0CE54D5982BD7521D49C2AC8A7ABE1E
8EA4C07AA75669CD1B7F2829777CB841E1D6116C2C41FBCE0DE390DFD39F0A
5DFB673113C2FC21FEF18EC4615C49C:

ARC	<input type="checkbox"/>	DO	<input type="checkbox"/>
CRC	<input type="checkbox"/>	FM	<input type="checkbox"/>
FLC	<input checked="" type="checkbox"/>	ETW	<input type="checkbox"/>
SCC	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

Release No. FL17006	Purchase Order No. B117721A
-------------------------------	---------------------------------------

CITIBANK

SEE INSTRUCTIONS ON REVERSE SIDE FOR COMPLETING THIS FORM

Vendor Name (As it appears on Purchase Order) Vendor Code

see below

Invoice No, Credit Memo No., or Packing Slip No. Date Items Received
(Please check if attached and write total dollar amount below)

DESCRIPTION (Do Not Complete if Attaching Invoice Credit Memo or Packing Slip)	QUANTITY	UNIT	UNIT PRICE	TOTAL
CAROL REISNER- #T-114307 - CURRICULUM INSTITUTE	1		200.96	\$ 200.96
AGENT FEE	1		7.00	7.00
charge to # GENFD 5200 FL.CH.FSEN 60300 00000 013I				0.00
				0.00
PHILIP ANGOVE - #115667 - NCORE	1		526.40	526.40
AGENT FEE	1		7.00	7.00
charge to # GENFD 5200 12 FL.VS.EQTY 63000 00000 598H				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of _____			Total Amount or Estimate	\$ 741.36
_____ For grants/special projects		Program Name		
Program Director/Coordinator Signature N/A		Program/Grant Number		
Program Goal/Objective Number/Explanation				

I 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.

1	GENFD	5200	11	FL.VA.BSOF
PO Line #	Bus. Unit	Account	Fund	Org
60100	00000	2017	042I	\$ 741.36
Program	Sub-Class	BY	Proj/Grant	Amount
PO Line #	Bus. Unit	Account	Fund	Org
				\$
Program	Sub-Class	BY	Proj/Grant	Amount

Jenny Harman 6/16/17
 AUTHORIZED PURCHASER SIGNATURE (must be listed on Purchase Order) Date

Paula Sebo 6/16/17
 APPROVED: SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date

\$ 741.36



0547233001100366100741360074136252

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
5472-3300-1100-3661	06/19/2017	\$741.36	\$741.36	

FOLSOM LAKE
JOANY HARMON
10 COLLEGE PARKWAY

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

FOLSOM CA 95630-6798

Payment coupon: Please cut along perforation and return this portion with your payment. Make check or money order payable in U.S. dollars on a U.S. bank to Citibank. Include account number on check or money order. No cash please. Do not staple or tape your check to this coupon.

CITIBANK CORPORATE CARD

Statement Date
05/25/2017

Payment Date
06/19/2017

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
\$9,999,999.00	\$9,999,257.64	\$0.00	\$0.00

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

COMPANY SUMMARY

FOLSOM LAKE 5472-3300-1100-3661		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	\$403.60	- \$403.60		\$741.36		\$741.36
	Advances						
	TOTAL	\$403.60	- \$403.60		\$741.36		\$741.36

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.

Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at <https://home.cards.citidirect.com/CommercialCard/Cards.html>. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.

Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

CARDMEMBER SUMMARY

FOLSOM LAKE COLLEGE XXXX-XXXX-XX26-4255		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:\$5,000.00	Purchases				\$741.36		
	Advances						
	TOTAL				\$741.36		\$741.36

COMPANY BOOKKEEPING DETAIL

FOLSOM LAKE				5472-3300-1100-3661			
Monthly Limit		Cash Limit*		Available Credit Line		Available Cash Line**	
\$9,999,999.00		\$0.00		\$9,999,257.64		\$0.00	
Sale Date	Post Date	Reference Number	Type of Activity		Total Amount		
05/19/2017	05/24/2017	75472337144139040000044	PAYMENT - THANK YOU		\$403.60 PY		

DAYS IN BILLING PERIOD:		030			
Balance Subject		<u>Purchases</u>	<u>Cash Advances</u>	Payment Due:	\$741.36
To Interest Charges	>	\$0.00	\$0.00	Amount Over Credit Limit:	\$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due:	\$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:	\$741.36



Company Account Number
5472-3300-1100-3661

Statement Date
05/25/2017

INDIVIDUAL CARDHOLDER ACTIVITY

FOLSOM LAKE COLLEGE					XXXX-XXXX-XX26-4255
Monthly Limit		Cash Limit*			
\$5,000.00		\$0.00			
Sale Date	Post Date	Reference Number	Type of Activity	Amount	
04/25/2017	04/27/2017	55417347116871163173074	AGENT FEE 89007039008311 TRAVEL STORE CA FOLSOM LAKE/SER DEPARTURE: 04-25-17 XAA XD X XAO	\$14.00	
05/17/2017	05/19/2017	55417347138871382867039	AMERICAN 00186222939512 W SACRAMENTO CA ANGOVE/PHILIP J DEPARTURE: 05-30-17 SMF AA V DFW AA S SMF	\$526.40	
05/23/2017	05/25/2017	55432867144000160279890	SOUTHWES 5268525568906 800-435-9792 TX REISNER/CAROLYN MARIE DEPARTURE: 07-12-17 SMF WN N ONT WN M SMF	\$200.96	
TOTAL PURCHASES/ADVANCES/CREDITS				\$741.36	

*Cash Advance Limit is a portion of your Total Monthly Limit.

** Available Cash Line is a portion of your Available Credit Line

Air Activity

Back Office Data
FOLSOM LAKE COLLEGE
 Invoice dates from 04/26/2017 to 05/25/2017
 Report Parameters: Account = CAL1354

Invoice #	Invoice Date	Ticket #	Traveler Name	Credit Card	From	To	Date	Air-line No.	Fare	Svc Fees
Account: CAL1354 - FOLSOM LAKE COLLEGE										
Break 1: NONE										
Break 2: NONE										
Break 3: NONE										
1570951	05/17/2017	8622293951	ANGOVE/PHILIP JONATHAN	MCXXXXXXXXXXXX4255	SACRAMENTO, CA	DALLAS-FT WORTH, TX	05/30/2017	AA 270	\$526.40	\$0.00
1577046	05/23/2017	8525568906	REISNER/CAROLYN MARIE		DALLAS-FT WORTH, TX	SACRAMENTO, CA	06/03/2017	AA 2478	\$200.96	\$0.00
					SACRAMENTO, CA	ONTARIO, CA	07/12/2017	WN 368		
					ONTARIO, CA	SACRAMENTO, CA	07/15/2017	WN 4031		
Break 3 NONE Subtotal:										\$727.36
% of Total:										100.00%
Break 2 NONE Subtotal:										\$727.36
% of Total:										100.00%
Break 1 NONE Subtotal:										\$727.36
% of Total:										100.00%
Account CAL1354 Subtotal:										\$727.36
% of Total:										100.00%
Report Totals:										\$727.36
Value of Voided Tickets:										
Net # of Voided Tickets:										
Average Ticket Price: \$363.68										
Net # of Tickets: 2										
Including Voids:										

CLIENT ACCT NO	CLIENT NAME	REC.LOC.	AGENT NAME	ISSUE DATE	INVOICE NUMBER	PASSENGER NAME	ITINERARY	DEPART DATE	TRAVEL TYPE	VENDOR NAME	TICKET/CONF NO	TOTAL FARE	Fee Type	Fee Amount
CAL1354	FOLSOM LAKE COLLEGE	HSZVUP	Concur	05/17/17	15709515	Angove/Philip Jonathan	SMF/DFW/SMF	05/30/17	Dom. Air	AMERICAN AIRLINES	8622288851	\$ 528.40	On-line	\$ 7.00
CAL1354	FOLSOM LAKE COLLEGE	DYKLIQ	Concur	05/23/17	1577046S	Reisner/Carolyn Marie	SMF/ONT/SMF	07/12/17	Dom. Air	SOUTHWEST AIRLINES	8525566806	\$ 200.96	On-line	\$ 7.00
	Total													\$ 14.00

From: FLC-Travel
Sent: Tuesday, May 23, 2017 2:16 PM
To: 'TravelWizardApprovals@concurrency.com'; FLC-Travel
Subject: RE: Travel approval required for traveler : Carolyn Reisner

APPROVE

From: Concur Travel [mailto:TravelWizardApprovals@concurrency.com]
Sent: Tuesday, May 23, 2017 1:46 PM
To: FLC-Travel <travel@flc.losrios.edu>
Subject: Travel approval required for traveler : Carolyn Reisner
Importance: High

Traveler: Carolyn Reisner
Description: CONFERENCE

Note: This trip requires action on your part (approval or rejection) before it is finalized or ticketed.

This trip must be approved by: 05/24/2017 8:59 PM Pacific time (05/24/2017 8:59 PM Pacific time).
If it is rejected, it will be automatically cancelled by that time unless resubmitted.

It will be automatically cancelled if you do not approve it by that time.
Please login to Concur Travel and Expense or follow the instructions below to approve or reject this trip.

To approve or reject this trip via e-mail use the reply function in your email program to send it back for approval or rejection (email address is TravelWizardApprovals@concurrency.com).
To approve the trip, put an [A] in the brackets where indicated below or reply with the word 'Approve' as the first word of your reply.
To reject the trip, put an [R] in the brackets where indicated below or reply with the word 'Reject' as the first word of your reply.

Approve Trip [] (Enter A to Approve)
Reject Trip [] (Enter R to Reject)

CURRICULUM INSTITUTE

Trip Description:

CONFERENCE

Travel Booked By: Carolyn Reisner

Itinerary Rule Violation

All trips - Require Approval

Trip Overview



Trip Name: Curriculum Institute
Start Date: 12 July, 2017
End Date: 15 July, 2017
Created: 23 May, 2017, Carolyn Reisner (Modified: 23 May, 2017)
Description: conference
Agency Record Locator: DYKLIQ
Passengers: Carolyn Marie Reisner
Total Estimated Cost: \$200.96 USD

This trip requires approval.
The deadline for approval is: 24/05/2017 8:59 PM Pacific
The trip will be automatically cancelled if it is not approved before the deadline.

View your plans in [TriplIt](#) to stay one step ahead while traveling.

Agency Name: CalTravelStore (State of CA RX0F)

Address:
CalTravelStore
707 3rd street 3rd Floor
West Sacramento, CA 94608

Daytime Phone: 877-454-8785

Reservations

Wednesday, 12 July, 2017



Flight Sacramento, CA (SMF) to Ontario, CA (ONT)

Southwest 368

Departure: 02:00 PM

Seat: No seat assignment
Sacramento International (SMF)
Duration: 1 hour, 15 minutes
Nonstop

Confirmation: WVIXXA

Status: Booked directly in Southwest /WVIXXA

Arrival: 03:15 PM

Ontario Intl (ONT)

Additional Details

Distance: 390 miles

E-Ticket

Emissions: 246.5 lbs CO₂

Cabin: Wanna Get Away (N)

Saturday, 15 July, 2017



Flight Ontario, CA (ONT) to Sacramento, CA (SMF)

Southwest 4031

Departure: 10:30 AM

Seat: No seat assignment
Ontario Intl (ONT)
Duration: 1 hour, 15 minutes
Nonstop

Confirmation: WVIXXA

Status: Booked directly in Southwest /WVIXXA

Arrival: 11:45 AM

Sacramento International (SMF)

Additional Details

Distance: 390 miles
E-Ticket
Emissions: 246.5 lbs CO₂
Cabin: Wanna Get Away (M)

Total Estimated Cost

Air

Airfare quoted amount: \$160.52 USD

Taxes and fees: \$40.44 USD

Total Estimated Cost: \$200.96 USD

TICKET NOT YET ISSUED. AIRFARE QUOTED IN ITINERARY IS NOT GUARANTEED UNTIL TICKETS ARE ISSUED.

Remarks

PLEASE TAKE A MOMENT TO FILL OUT OUR CUSTOMER SERVICE SURVEY AT WWW.SURVEYMONKEY.COM/S/HQHJ8PF
CALTRAVELSTORE PHONE NUMBER 877 454-8785

Do Not edit anything below this line

:token:1

428ECB9X18AE??585F012C9696670C9EB10E90FFEDEEB8E48B95960A4EE4B0
D987C31B3208BF3BE00A6A1E2D06E6D8E2F17402AD03C9F571F8838F174D1F
18A0F1A0B0CBAB4B4BE558B5981A4D1B40AE2DCBBE44268F1121520CB3501D
A8035C2F7D2445D0BEE0CD17E6779367C03F6DF9EBC00587A594D61403989D
005C7BFF22E1D9D365BA4E1B3788BB8:

Out-Of-State

LOS RIOS COMMUNITY COLLEGE DISTRICT TRAVEL AUTHORIZATION AND REIMBURSEMENT CLAIM

(Note: Read instructions on back of set before completing)

Please check box where payment is to be sent:

- ARC FLC D.O. EWC
- CRC SCC FM

T-115887

Employee Name Philip Arave ID # 00567520

Conference Sponsor Univ of Oklahoma
Name of Organization

Conference/Activity ACUPE Destination Int. Union TX

Budget No. 1: GENFD / 5200 / 12 / FL.VS. EQTY / 6300 / 0000 / 598 H
BusUnit Acct Fund Org Pgm Code SubClass Proj/Grant

Budget No. 2: _____
BusUnit Acct Fund Org Pgm Code SubClass Proj/Grant

PART I - Request to Attend

Inclusive dates of travel:

From 5.30.17 / 12:00am to 6.3.17 / 7:02pm
Date Time Date Time

Estimated Expenses: *Indicates Receipt Required for Reimbursement

A. Transportation (Estimate cost of air fare) CONCUR \$ 400

Air* Dist. Vehicle Priv. Vehicle _____ X _____
miles c/mile

Travel Agency (Air fare) _____

The undersigned certifies that the vehicle he/she uses for Los Rios Community College District business carries the legal minimum insurance required by law.

B. Lodging* _____ \$ 640

4 days @ \$ 160 day
Name of Hotel/Motel _____

C. Registration/Conference Fee* (check one) _____ \$ 715

incl. certain meal(s) excl. meal(s)

D. Meals _____ \$ 230

Breakfast \$ 10 x 3 Lunch \$ 15 x 3 Dinner \$ 31 x 5
of days # of days # of days

E. Other (describe)* AIRPORT TRAVEL _____ \$ 85

(Admin. Approval required for vehicle rental)

F. Incidental Expenses _____ \$ _____

Total Estimated Expenses _____ \$ 2070

Maximum Allowance, if applicable _____ \$ _____

Travel charged to Categorical Programs, Grants or Special Projects:

This travel is in compliance with the requirements of:

Program Name _____ Program Director/Coordinator Signature _____

For grants/special projects: _____ Project/Grant Number 594H

Program Goal/Objective Number/Explanation _____

Employee Philip Arave Date 5.4.17

Approval Philip Arave Date 5.4.17
Area Dean/Supervisor

Approval Philip Arave Date 5/23/17
Vice President, Administration

Approval Philip Arave Date 5/14/17
President/Designee/Chancellor

PART II - Request for Cash Advance/Prepaid Expense

(To be completed by Requestor)

A. Employee Cash Advance GENFD / 9161 / 11 \$ _____
BusUnit Acct Fund

B. Registration (Payee) Univ of Oklahoma \$ 715.00

Registration Due Date _____

Budget No. 1: \$ _____ Budget No. 2: \$ _____
Amount Amount

Approval Philip Arave
Vice President Administration

PART III - Request for Reimbursement

To be completed no later than 3 days after return from authorized travel.

* Indicates original receipts required - enter all claimable costs incurred, including prepaid amounts.

From 5/30/17 / 12:00am To 6/3/17 / 7:02 pm
Date Time Date Time

A. Transportation _____ \$ 526.40

Air fare* Bus* Other* CONCUR \$ PAID

Prepaid to travel agency by district

Private Vehicle _____ X _____ \$ _____
miles c/mile

B. Lodging* _____ \$ 830.30

(Single occupancy rate only/exclude phone calls & other costs)

C. Registration Fee (check one) _____ \$ 715

(Enter full cost even if prepaid)

Prepaid by DO/College No Prepayment

(No receipt required if prepaid)

D. Meals (Enter actual expenses not to exceed meal allowance stated per Regulation 8341.)

Date	Breakfast	Lunch	Dinner	Total

Total Meals \$ _____

E. Other Expenses* _____ \$ _____

(Parking fees, bridge toll, business phone call, Wi-Fi, and other business related expenses)

Transportation to/from Airport \$ 81.76

(Admin. approval required for vehicle rental)

F. Incidental Expenses - not to exceed \$5/day _____ \$ _____

(Tips, personal phone call, and other misc. travel expenses)

G. Total Expenses (A - F) _____ \$ 2153.40

Total Expenses (lesser of Max. Allowance or Total Expenses) _____ \$ _____

Less Amount(s) Prepaid 715 + airfare _____ \$ _____

of 526.40 = 1211.40

Subtotal _____ \$ _____

Less Cash Advance (Part II) _____ \$ _____

Total Requested for Reimbursement _____ \$ 912.06

Certification/Approval

I certify that the above claim is an accurate accounting of expenses incurred which does not exceed the allowances provided per Regulation 8341, and complies with District insurance requirements.

Approved Philip Arave Date 6.3.17
Claimant's Signature

Approved Philip Arave Date 6.12.17
Area Dean/Supervisor

Approved _____ Date _____
Vice President, Administration

PART IV Vendor I.D.

Enter allocation of Subtotal (PART III.G.) above

Budget No. 1: \$ _____ Budget No. 2: \$ _____
Amount Amount

D.O. Use: GENFD / 9161 / 11 \$ _____
BusUnit Acct Fund Amount

may 20 2017

Sabo, Paula

From: Concur Travel <TravelWizardApprovals@concursolutions.com>
Sent: Wednesday, May 17, 2017 10:46 AM
To: FLC-Travel
Subject: Travel approval required for traveler : Philip Angove

Importance: High

Traveler:: Philip Angove
Description: NCORE CONFERENCE

Note: This trip requires action on your part (approval or rejection) before it is finalized or ticketed.

This trip must be approved by: 05/19/2017 12:00 AM Eastern time (05/18/2017 9:00 PM Pacific time).
If it is rejected, it will be automatically cancelled by that time unless resubmitted.

It will be automatically cancelled if you do not approve it by that time.
Please login to Concur Travel and Expense or follow the instructions below to approve or reject this trip.

To approve or reject this trip via e-mail use the reply function in your email program to send it back for approval or rejection (email address is TravelWizardApprovals@concursolutions.com).
To approve the trip, put an [A] in the brackets where indicated below or reply with the word 'Approve' as the first word of your reply.
To reject the trip, put an [R] in the brackets where indicated below or reply with the word 'Reject' as the first word of your reply.

Approve Trip [] (Enter A to Approve)
Reject Trip [] (Enter R to Reject)

TRIP FROM SACRAMENTO TO DALLAS

Trip Description:

NCORE CONFERENCE

Travel Booked By: Paula Sabo

Itinerary Rule Violation

All trips - Require Approval

Trip Overview



Trip Name: Trip from Sacramento to Dallas
Start Date: May 30, 2017
End Date: June 03, 2017
Created: May 17, 2017, Paula Sabo (Modified: May 17, 2017)
Description: NCORE Conference
Agency Record Locator: HSZVUP
Passengers: Philip Jonathan Angove
Total Estimated Cost: \$526.40 USD

This trip requires approval.
The deadline for approval is: 05/19/2017 12:00 AM Eastern
The trip will be automatically cancelled if it is not approved before the deadline.

Agency Name: CalTravelStore (State of CA RX0F)
Address:
CalTravelStore
707 3rd street 3rd Floor
West Sacramento, CA 94608

Daytime Phone: 877-454-8785

Reservations

Tuesday, May 30, 2017



Flight Sacramento, CA (SMF) to Dallas, TX (DFW)

American Airlines 270

Departure: 12:40 AM
Seat: 22B (Confirmed)
Sacramento International (SMF)
Terminal: A
Duration: 3 hours, 18 minutes
Nonstop

Confirmation: HSZVUP
Status: Confirmed

Arrival: 05:58 AM
Dallas Ft Worth Intl (DFW)
Terminal: A

Additional Details

Aircraft: Boeing 737-800
E-Ticket
Emissions: 552.2 lbs CO₂
Cabin: MAIN CABIN (V)

Distance: 1427 miles

Meal: Food for purchase



Saturday, June 03, 2017



Flight Dallas, TX (DFW) to Sacramento, CA (SMF)

American Airlines 2478

Departure: 05:30 PM
Seat: No seat assignment
Dallas Ft Worth Intl (DFW)
Terminal: A
Duration: 3 hours, 32 minutes
Nonstop

Confirmation: HSZVUP
Status: Confirmed

Arrival: 07:02 PM
Sacramento International (SMF)
Terminal: A

Additional Details

Aircraft: Boeing 737-800
E-Ticket
Emissions: 552.2 lbs CO₂
Cabin: MAIN CABIN (S)

Distance: 1427 miles

Meal: Food for purchase

Total Estimated Cost

Air

Airfare quoted amount: \$463.26 USD

Taxes and fees: \$63.14 USD

Total Estimated Cost: \$526.40 USD

Restrictions

Quote: NONREF/SVCCHGPLUSFAREDIF/CXL BY FLT TIME OR NOVALUE

TICKET NOT YET ISSUED. AIRFARE QUOTED IN ITINERARY IS NOT GUARANTEED UNTIL TICKETS ARE ISSUED.

Remarks

PLEASE TAKE A MOMENT TO FILL OUT OUR CUSTOMER
SERVICE SURVEY AT WWW.SURVEYMONKEY.COM/S/HQHJ8PF
CALTRAVELSTORE PHONE NUMBER 877 454-8785

Do Not edit anything below this line

:token:1

428ECB9X18AE??585F012C9672A8857BBCF5A3E25425107E096B42590F7320

2585C33883DB8FA98B601C68FEDCA5DE5CD1A622B1C540925295235D5B4FE9

BBD2F156D94A3B339591E10E41C1C45A4C878A00B84E981137A733BA6F722F

6AE7F4FFA656EB2FA3DFD6EAC7FFC6C065199CE9EA071F5E20332256B99CF0

1679434CF909360DCD8740080C8C8D8: