



LOS RIOS COMMUNITY COLLEGE DISTRICT  
1919 Spanos Court • Sacramento, CA 95825-3981

P.O. No. **F 2778**

Date **1/9/17**

**LIMITED PURCHASE ORDER**  
(Not to Exceed \$200.00)

<b>VENDOR NAME AND ADDRESS:</b> Cooler King PO BOX 21066 Carson City, Nevada 89721	<b>DELIVERY INSTRUCTIONS:</b> <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call  Same
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Quarterly Invoice <i>Service Charge</i>					
2	Walk-in cooler filters	5			21.00	105.00
3						
4						
5						
6						
7						
8						
9						
10						

ENTERED  
*inside*

<b>Purchases Charged to Categorical Programs, Grants or Special Projects</b> This purchased is in compliance with the requirements of:  Program Name _____ For grants/special projects _____ Program Director/Coord. Signature _____ Project/Grant Number _____  Program Goal/Objective Number/Explanation _____	SUB-TOTAL <b>105.00</b> SALES TAX <b>8.14</b> <b>TOTAL</b> <b>113.14</b> (Not to Exceed \$200.00) <del>105.00</del>
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**VENDOR:** Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$200.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

I/WE 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.

REQUESTED BY: Melissa Williams TYPED/PRINT DATE: 1/9/17

REQUESTED BY: [Signature] SIGNATURE DATE: 1/9/17

Received by \_\_\_\_\_ Date \_\_\_\_\_

Genl. / 5600 / 11 / FL.VA.OFFC.

Bus. Unit Account Fund Org

Program Sub-Class BY Proj/Grnt Amount

69400 / 00000 / 2010 / 041A \$ 113.14  
~~105.00~~

APPROVED: [Signature] DEAN OR OTHER AUTHORIZED SIGNATURE DATE: 1/10/17

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

Bus. Unit Account Fund Org

Program Sub-Class BY Proj/Grnt Amount

\$ \_\_\_\_\_



# Humidity Control Systems, Inc.

P.O. Box 21066  
 Carson City, NV 89721  
 Phone: 775-246-2000 Fax:  
 775-246-2005  
 Toll Free: 888-900-COLD (2653)  
 www.coolerking.com

# Invoice

Date	Invoice #
12/1/2016	980645

Bill To
Folsom Lake Community College ATTN: Accounts Payable 10 College Parkway Folsom, CA 95630

Ship To
Folsom Lake Community College 10 College Parkway Folsom, CA 95630

*Please Note: Payments not received within 10 days after the invoice due date are subject to a late fee of 10% APR or a minimum finance charge of \$5.00.*

P.O. Number	Terms	Due Date	Rep
	Net 30	12/31/2016	DMG

Item	Description	# Filters	Quarterly Rate	Total
Quarterly CK ...	Quarterly CoolerKING® Service Charge  PLEASE NOTE: 5 filters are replaced quarterly. Each filter costs \$21.00 per quarter or \$7.00 per filter per month.	5	21.00	105.00

**PAY  
ONLINE**

Visit our website at [WWW.COOLERKING.COM](http://WWW.COOLERKING.COM) to learn more about how we keep your refrigerators colder, drier and safer for food storage while improving your bottom line.  
 INTERESTED IN LESS PAPERWORK? Call 888-900-2653 or email [accounting@coolerking.com](mailto:accounting@coolerking.com) to request \*Invoices be e-mailed \*Schedule Automatic Payments or \*Pay with a Credit Card.

**SAVE  
TIME!**

Please remit to above address. Thank you for your business.

**Total Due For This Invoice \$105.00**

\*Customer Total Balance \$105.00

\*Customer Total Balance includes current and past due invoices. Call 888-900-2653 for copies of invoices.