



(PP)

LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: TRAVIS MILLER W001311Z (Employee Reimbursement)	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	IMPRESSION LOCK					37.50
2	KEYS	2			3.25	6.50
3						
4						
5	(SEE ATTACHED RECEIPT)					
6						
7						
8						
9						
10						

Purchases Charged to Categorical Programs, Grants or Special Projects 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 _____	<table style="width:100%"> <tr> <td style="text-align:right">SUB-TOTAL</td> <td style="text-align:right">44.⁰⁰</td> </tr> <tr> <td style="text-align:right">SALES TAX</td> <td style="text-align:right">3.52</td> </tr> <tr> <td style="text-align:right">TOTAL (Not to Exceed \$200.00)</td> <td style="text-align:right">47.52</td> </tr> </table>	SUB-TOTAL	44. ⁰⁰	SALES TAX	3.52	TOTAL (Not to Exceed \$200.00)	47.52
SUB-TOTAL	44. ⁰⁰						
SALES TAX	3.52						
TOTAL (Not to Exceed \$200.00)	47.52						

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: TRAVIS J. MILLER 10/20/16
 TYPED/PRINT DATE

REQUESTED BY: [Signature] 10/20/16
 SIGNATURE DATE

APPROVED: [Signature] 10-20-16
 DEAN OR OTHER AUTHORIZED SIGNATURE DATE

APPROVED: [Signature] 10/20/16
 VICE PRESIDENT, ADMINISTRATION DATE

Received by _____	Date _____		
5600 GEN FND / 4500 / 11 / FL VA OFFC 62400 6500 / 00000 / 2017 041 A \$ 47.52			
Bus. Unit	Account	Fund	Org
Program	Sub-Class	BY	Proj/Grnt
			Amount

F3258

SPECIAL ORDER

FOLSOM LOCK & KEY
311 East Bidwell St.
FOLSOM, CA 95630
(916) 983-2708

THANK YOU
FOR YOUR VISIT

TRAVIS MILLER
FOLSOM LAKE COLLEGE
(530) 830-8268

#031478 10/20/2016 9:02:32AM
01 CLERK01 000000
1@ 37.50 T\$37.50
DEPT. 01
2@ 3.25 T\$6.50
DEPT. 01
HDSE ST \$44.00
TAXI \$3.52
ITEMS 30
***TOTAL \$47.52
CASH \$50.00
CHANGE \$2.48

PERSON		DATE
QUANTITY	DESCRIPTION	AMOUNT
1	IMPRESSION LOCK	37.50
2	KEYS @ 3.25	6.50
TAX		3.52
TOTAL		
DEPOSIT		
BALANCE DUE		47.52
CUSTOMER NAME (Please print)		
CUSTOMER SIGNATURE		

FOLSOM LOCK and KEY
no refunds

SS	DATE RECEIVED	INVOICE NO.
PHONE	NOTIFIED	PICKED UP