



LOS RIOS COMMUNITY COLLEGE DISTRICT

1919 Spanos Court • Sacramento, CA 95825-3981

P.O. No. **F 3431**

Date **5/23/17**

LIMITED PURCHASE ORDER

(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: Judy Mays (ARC) 4700 College Oak Dr. Sacramento, CA 95841	DELIVERY INSTRUCTIONS: <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call Judy Mays (ARC) 4700 College Oak Dr. Sacramento, CA 95841
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1						
2	Celebration of Excellence	1			30.00	30.00
3	posters					
4						
5	Matte Paper	6			7.25	43.50
6						
7						
8						
9						
10						

Purchases Charged to Categorical Programs, Grants or Special Projects
This purchased is in compliance with the requirements of:
Equity

Program Name: **598J**
For grants/special projects: **598J**
Project/Grant Number: **598J**

Program Director/Coord. Signature: *[Signature]*

Program Goal/Objective Number/Explanation:

SUB-TOTAL	73.50
SALES TAX	5.33
TOTAL (Not to Exceed \$200.00)	78.83

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.

Received by _____ Date _____

Melanie Dixon **5/23/17** **GENFD 4500 / 12 / FL.VS. EQTY**

REQUESTED BY: _____ TYPED/PRINT _____ DATE _____

Bus. Unit Account Fund Org

[Signature] **5/23/17**

63000 / 00000 / 207 / 598J \$ 78.83

REQUESTED BY: _____ SIGNATURE _____ DATE _____

Program Sub-Class BY Proj/Grnt Amount

[Signature] **5/30/17**

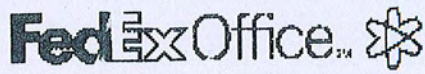
Bus. Unit Account Fund Org

APPROVED: _____ DEAN OR OTHER AUTHORIZED SIGNATURE _____ DATE _____

[Signature] **5/30/17**

Program Sub-Class BY Proj/Grnt Amount

APPROVED: _____ VICE PRESIDENT, ADMINISTRATION _____ DATE _____



FedEx Office is your destination
for printing and shipping.

1927 Douglas Blvd
Roseville, CA 95661
Tel: (916) 773-1150

5/12/2017 11:10:47 AM PST
Team Member: ALLYSON O.
Customer: Judy Mays

SALE

COEA - Donor Poster	Qty 1	73.50
24x36 Foam Mount	1 @	30.0000 T
000400 Reg. Price	30.00	
Matte Paper/SqFt	6 @	7.2500 T
001450 Reg. Price	7.25	
Price per piece	73.50	
Regular Total	73.50	
Discounts	0.00	

Sub-Total	73.50
Tax	5.33
Deposit	0.00

Total 78.83

MasterCard (S) 78.83
Account: 0307
Auth: 011104 (A)

Total Tender	78.83
Change Due	0.00

Total Discounts 0.00



Judy Mays