



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: <i>Soyce Neiland</i> <i>PO Box 6873</i> <i>Folsom CA 95763</i>	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	<i>Mix of Cookies by TRAE</i>	<i>3</i>			<i>29.99</i>	<i>89.97</i>
2						
3						
4	<i>FOR: RCC Promise Open House</i>					
5	<i>Thursday April 27, 2017</i>					
6						
7	<i>Thank you -</i>					
8						
9						
10						

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

FL.VS. EQTY
Program Name

Soyce Neiland For grants/special projects *598I*
Program Director/Coord. Signature Project/Grant Number

promise program
Program Goal/Objective Number/Explanation

SUB-TOTAL	<i>—</i>
SALES TAX	<i>—</i>
TOTAL (Not to Exceed \$200.00)	<i>\$ 89.97</i>

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 *5200 12* Date _____
GENRO \$500 FL.VS. EQTY

REQUESTED BY: *Soyce Neiland* TYPED/PRINT DATE *5-2-17*

Bus. Unit	Account	Fund	Org	Amount
<i>63000</i>	<i>00000</i>	<i>598I</i>		<i>\$ 89.97</i>

REQUESTED BY: *[Signature]* SIGNATURE DATE *5.9.17*

Program	Sub-Class	BY	Proj/Grnt	Amount

APPROVED: *[Signature]* DEAN OR OTHER AUTHORIZED SIGNATURE DATE _____

Bus. Unit	Account	Fund	Org	Amount
				<i>\$</i>

APPROVED: *[Signature]* VICE PRESIDENT, ADMINISTRATION DATE *5/23/17*

BELAIR

Get Something Extra
at Raleys.com

TERM# 14 STORE# 524 OPERATOR# 7114
04/27/17 BEL AIR (800)925-9989 09:14:26

Bakery Items

100 CT COOKIE TRAY	Q1	29.99	F
100 CT COOKIE TRAY	Q1	29.99	F
100 CT COOKIE TRAY	Q1	29.99	F
2 BITE CUPCAKES M	Q1	1.79	F
Regular Price		3.99	
2 BITE CUPCAKES M	Q1	1.79	F
Regular Price		3.99	
2 BITE CUPCAKES M	Q1	1.79	F
Regular Price		3.99	

SUBTOTAL *89.97* 95.34

TAX DUE .00

TOTAL \$ *89.97* 95.34

CREDIT CARDS
XXXXXXXXXXXX3203

05022A

Cas Ref# 21334

CASH CHANGE .00

NUMBER OF ITEMS 6

SALE

MID: 542929801005240
TID: 796671

04/27/2017 09:14:55
Entry Method: C

CONTINUED ON BACK SIDE