

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

10 College Parkway • Folsom, CA 95630
P: (916) 608-6549

CHECK NO. **FL-01695**

GENFD: NOT TO EXCEED \$500
VENDOR NO. 0000003279
LOCATION 09

CBFUND: NOT TO EXCEED \$1,000
VENDOR NO. 0000000001

DATE 12/19/2016

TO EL DORADO CHAMBER OF COMMERCE
542 MAIN STREET
PLACERVILLE, CA 95667

REQUISITIONED BY
Sally Howard REQ768173

GENFD	5300	11	FL.CP.COAD	67100	00000	2017	041A	260.00
BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

BUS UNIT	ACCOUNT	FUND	DEPARTMENT (ORG)	PROGRAM	CLASS	BY	PROJECT/GRANT	AMOUNT

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EST. TOTAL AMOUNT
1.00	EA	NON-PROFIT ORGANIZATION	160.000	160.00
1.00	EA	VOLUNTARY GOLD MEMBERSHIP	100.000	100.00
INVOICE #2368 12/1/16				
RECEIVED BY:		<u>mailed 12/21/16</u>		
DATE:		_____		

<p>FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT 10 College Parkway • Folsom, CA 95630 (916) 608-6549</p>	<p>BANK OF AMERICA GOVERNMENT BANKING</p>	<p>CHECK No. FL-01695 December 19, 2016 DATE: _____</p>	<p>11-35 1210</p>
<p>Pay to the order of: ***EL DORADO COUNTY CHAMBER OF COMMERCE***</p>		<p>\$ 260.00</p>	
<p>TWO HUNDRED SIXTY AND NO/100-----</p>		<p>DOLLARS</p>	<p>*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN</p>
<p>NON-NEGOTIABLE</p>			



El Dorado County Chamber of Commerce
 542 Main Street
 Placerville, CA 95667
 (530) 621-5885 | fax: (530) 642-1624
 members@eldoradocounty.org

Invoice	
Invoice Date:	12/1/16
Invoice Number:	2368

Folsom Lake College
 Sally Howard
 10 College Parkway
 Folsom, CA 95630

Terms	Due Date
Deduct 10% if paid by due date	1/1/17

Description	Quantity	Rate	Amount
Non-Profit Organization	1	\$160.00	\$160.00
Voluntary PAC contribution + \$25.00 suggested			\$100
Voluntary Gold Membership + \$100.00			
Subtotal:			\$160.00
Tax:			\$0.00
Total:			\$160.00
Payment/Credit Applied:			\$0.00
Balance:			\$160.00

Become a **GOLD MEMBER** by making an additional \$100.00 contribution toward one or more of the following categories: * Economic Development * Film Promotion and Attraction * Membership * Chamber Choice * Tourism Promotion & Attraction * to receive exclusive benefits!

Notice About PAC Voluntary Contributions -

Contributions to Chamber PAC are nondeductible for federal income tax purposes. The notice is made to comply with federal election laws: the El Dorado County Chamber Political Action Committee, ID# 1341257, receives voluntary contributions from El Dorado County Chamber members. These funds are used to support pro-business candidates running for political office and measures of importance to the business community in the area we serve.

Login to your Member Center to pay online.

- Go to www.chamberlogin.com and enter your login and password.

Login:

Please contact the Chamber if you forgot your password.

- Pay online, check out your additional Member Benefits, update your member page and contact information.

Thank you for your support of the **El Dorado County Chamber of Commerce**

Please return this portion with your payment.

Member Name: Folsom Lake College

Invoice #: 2368

Payment Amount: \$ 260.00

Payment Method: Check # FLO1695 Credit Card

Make all checks payable to El Dorado County Chamber of Commerce or enter credit card information below.

Enter Credit Card Billing Address (inc. zip code)

Address _____ City/State/Zip _____

Credit Card #: _____ Exp. Date: _____ CVV Code (3 digits on back of card) _____

Name on Card: _____ Signature: _____

El Dorado County Chamber of Commerce
542 Main Street
Placerville, CA 95667
Phone: (530) 621-5885 · Fax: (530) 642-1624

Folsom Lake College
10 College Parkway
Folsom, CA 95630

Please verify the information below. Mark any corrections and/or omissions. Please return by 03/01/17.

Folsom Lake College

Physical Address: 10 College Parkway
Folsom, CA 95630

Primary Rep: Sally Howard

Mailing Address: 10 College Parkway
Folsom, CA 95630

Billing Address: 10 College Parkway
Folsom, CA 95630

Local Phone: (916) 608-6643

Fax: ~~(530) 642-5652~~

Toll-Free Phone: <none>

Email: howards@flc.losrios.edu

Website: http://www.flc.losrios.edu/

Full-Time Emps: 0

Part-Time Emps: 0

Login Name: 0

Password: 0

Web-Participation: Basic Package

Status:

Categories: Associations - Clubs, Organizations
& Non-Profits
Community College

Education (primary)

Hours of Operation:
(up to 100 chars)

Description:
(up to 200 chars)

Keywords:

Representative Information

Name: Sally Howard

Primary Contact:

Billing Contact:

Title:

Contact Preference: Email

Mailing Address: 10 College Parkway
Folsom, CA 95630

Phone: Work: (916) 608-6643 . Alt.: . Home: . Cell:

Fax: ~~(530) 642-5652~~

Email: howards@flc.losrios.edu

Los Rios Community College District Requisition

Page 1 of 2

Req. No. **768173**
P.O. NO.

Vendor Code	DATE <u>12/6/16</u>
Approved	VENDOR <u>El Dorado County Chamber</u>
Terms	ADDRESS <u>542 Main Street</u>
F.O.B.	CITY <u>Placerville</u> STATE <u>CA</u> ZIP <u>95667</u>
	PHONE <u>530621 5885</u> FAX _____

DELIVERY INSTRUCTIONS	
Location Code _____	
College/District Location _____	Department _____
Division _____	Date Required _____

ITEM	DESCRIPTION <small>GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES</small>	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
	*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.				
1	membership	1			160
2	Gold	1			160
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects		Sales Tax	
This purchase is in compliance with the requirements of _____			
Program Name _____		Total	<u>260.00</u>
For grants/special projects _____			
Program Director/Coordinator Signature _____	Project/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.

REQUESTED BY: Sally Howard 12/6/16
TYPED/PRINT SIGNATURE DATE

REQUESTED BY: Sally Howard 12/6/16
SIGNATURE DATE

AUTHORIZED: Rachel Rosenthal 12/8/16
DEAN OR AUTHORIZED SIGNATURE DATE

APPROVED: Kathleen Gubler 12/9/16
VICEPRESIDENT, ADMINISTRATION DATE

GENFD/ 5300/ 11 / FL. CP. COAD

Bus. Unit	Account*	Fund	Org	
<u>67100</u>	<u>1 0000</u>	<u>12071</u>	<u>041A</u>	<u>\$ 260.00</u>
Program	Sub-Class	BY	Proj/Grnt	Amount

Bus. Unit	Account*	Fund	Org	
				<u>\$</u>
Program	Sub-Class	BY	Proj/Grnt	Amount

***Asset Location - For equipment purchases over \$200 (Accounts 6490, 6495 and computers) complete the area below indicating the final location where equipment will be housed.**

Location Code _____ Dept. _____

Building _____ Room No. _____