

**FOLSOM LAKE COLLEGE  
REVOLVING FUND ACCOUNT**

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

CHECK NO. **FL-01700**

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

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

DATE 1/27/2017

TO Molly K. Gruber  
1400 Cedar Oak Rd.  
Placerville, CA 95667

REQUISITIONED BY  
REQ#\_821021 E. Cook / B. Gibson

GENFD	7334	12	FL.VS.CARE	73100	00000	2017	412A	\$423.70
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	CARE PROGRAM ASSISTANCE for Molly K. Gruber STID: 1113254 Reimbursement to student for Auto Repair Expense incurred for students vehicle used as primary transportation for attendance at El Dorado Center and Folsom Lake College . This assistance allowable under 2016/2017 CARE Program Guidelines .  See attached: Folsom KIA Repair Receipt, Student CC Receipt, Student CARE/EOPS Statement, and CARE Program Guidelines  RECEIVED BY: _____  DATE: _____	423.700	423.70

<p><b>FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT</b> 10 College Parkway • Folsom, CA 95630 (916) 608-6549</p>	<p><b>BANK OF AMERICA</b> GOVERNMENT BANKING</p>	<p>CHECK No. <b>FL-01700</b> DATE: January 27, 2017</p>	<p>11-35 1210</p>
<p>Pay to the order of: <b>MOLLY K. GRUBER</b> *****</p>		<p>\$ 423.70</p>	
<p>Four Hundred Twenty-Three and 70/100 *****</p>		<p>DOLLARS</p>	<p>*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN</p>
<p><b>NON-NEGOTIABLE</b></p>			

# Los Rios Community College District

## Requisition

Page \_\_\_\_\_ of \_\_\_\_\_

Req. No. <span style="color: red; font-weight: bold; font-size: 1.2em;">821021</span>
P.O. No. <span style="font-size: 1.2em;">REVL FL</span>

Vendor Code
Approved by / Date
Reviewed by / Date
Dispatched Method / Date

DATE \_\_\_\_\_ VENDOR \_\_\_\_\_

ADDRESS MOLLY GRUBER

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

DELIVERY INSTRUCTIONS	
BY ADMIN	
Department Building Location	
College/District Location	Department
Division	Date Required

ITEM	DESCRIPTION	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	Reimbursement to Student:	1			423.70
2	Molly Gruber STID: 1113254				
3	CARE PROGRAM ASSISTANCE				
4	TO STUDENT FOR AUTO				
5	REPAIR OF MAIN VEHICLE				
6	USED AS PRIMARY TRANSPORTATION				
7	FOR ATTENDANCE AT EDC & FLC				
8	CAMPUSES.				
9					
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects			
This purchase is in compliance with the requirements of <span style="font-size: 1.2em;">E. Cook</span>		CARE	Tax
Program Name _____		412A	
For grants/special projects _____		CARE Transportation Reimbursement	Total
Program Director/Coordinator Signature _____		412A	8
Program Goal/Objective Number/Explanation _____			423.70

I hereby certify the items/services listed above are to be obtained in accordance with District Policy, Conflict of Interest Code, P-8611 and all other applicable district, state, and federal policies, rules, regulations and laws.

Libby Cook      01/26/17

REQUESTED BY:      TYPED/PRINT      DATE

Elizabeth Cook      1.26.17

REQUESTED BY:      SIGNATURE      DATE

Jany Forman      2/2/17

AUTHORIZED:      DEAN OR AUTHORIZED SIGNATURE      DATE

APPROVED:      VICE PRESIDENT, ADMINISTRATION      DATE

GENFD/7334/12/FL.VS.CARE				
Bus. Unit	Account	* Fund	Org	
73100	/00000	/2017	/412A	\$423.70
Program	Sub-Class	BY	Proj/Grnt	Amount
	/	/	/	
Bus. Unit	Account	* Fund	Org	
	/	/	/	\$
Program	Sub-Class	BY	Proj/Grnt	Amount

\* Asset Location - For equipment purchases over \$200 (Accounts 6480, 6490, 6491, 6493, 6495, and computers) complete the area below indicating the final location where equipment will be housed.

Location Code \_\_\_\_\_ Dept. \_\_\_\_\_

Building \_\_\_\_\_ Room No. \_\_\_\_\_

Instructions on Reverse

Revised July 2016

Purpose of Expenditure	Object Code	Authorized	Not allowable
Basic auto repair and maintenance	7000(B)	<p>Yes. Students must show proof of ownership and have auto insurance coverage for vehicle, and that vehicle is used as primary means of transportation to classes; no more than \$1,000 per semester shall be awarded per student for all basic auto repair and maintenance, i.e., oil change, lubrication and tune-ups; also, limited purchase of tires, batteries, etc. ; must be administered according to college fairness policy</p> <p>Auto repair and maintenance service <u>must</u> be provided by campus automotive technology program or certified/licensed business off-campus. Service provider shall provide a detailed invoice to campus CARE program for payment.</p>	<p>No engine overhauls or servicing costs exceeding \$1,000 per semester unless preauthorized by Chancellor's Office.</p> <p>No stand-alone diagnostic fees unconnected to actual auto repair procedure.</p>
Gasoline cards	7000(B)	Yes	<p>CARE funds shall not be used to supplant any federal, state and local assistance to which students are entitled, including funds and services provided to student by financial aid, campus programs, public agencies (i.e., county welfare departments) and Tribal TANF.</p> <p><u>Reference:</u> Title 5, section 56252</p>
Other transportation services	7000(B)	Yes, if verified that service is most reasonable means of providing transportation to and from class	<p>CARE funds shall not be used to supplant any federal, state and local assistance to which students are entitled, including funds and services provided to student by financial aid, campus programs, public agencies (e.g., county welfare departments) and Tribal TANF.</p> <p><u>Reference:</u> Title 5, section 56252</p>

Commented [JF1]: No "Uncle Joe"  
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I, Molly Gruber, am a current EOPS and CARE student at Folsom Lake College. Over the winter break, my vehicle (and primary transportation to class) required auto repair service in the amount of \$423.70 at Folsom Lake Kia. The vehicle is fully insured in my name.

I am requesting a one-time amount of \$423.70 cover the cost of the auto repairs to my vehicle. Attached to this request is the receipt of the cost of the repairs.

Molly Gruber  
Student Name (printed)

1113254  
Student ID

Molly Gruber  
Student Name (signed)

# FOLSOM LAKE



12749 FOLSOM BLVD. • FOLSOM, CA 95630 • (916) 353-2047

service@folsomlakekia.com

BAR# AC245421

NOTICE TO CUSTOMER: PLEASE READ IMPORTANT INFORMATION ON BACK

EPA CAR000178467

CUSTOMER NO. <b>32623</b>	ADVISOR <b>TRAMPUS BETTENCOUR</b>	TAG NO. <b>593 4205</b>	INVOICE DATE <b>12/28/16</b>	INVOICE NO. <b>K1CS140705</b>
MOLLY GRUBER 1400 CEDAR OAK RD PLACERVILLE, 95667	LICENSE NO.	MILEAGE <b>107,400</b>	COLOR	STOCK NO.
	YEAR / MAKE / MODEL <b>08/KIA/SPECTRA/4DR SDN EX MT</b>	DELIVERY DATE	DELIVERY MILES	
	VEHICLE I.D. NO. <b>K N A F E 1 2 2 0 8 5 5 8 1 9 8 1</b>	SELLING DEALER NO.	PRODUCTION DATE	
	F.T.E. NO.	P.O. NO.	R.O. DATE <b>12/22/16</b>	REPRINT# <b>1</b>
RESIDENCE PHONE <b>530-957-5918</b>	BUSINESS PHONE	COMMENTS	MO: 107400	

JOB# 1 CHARGES-----

LABOR-----

# 1 10K1Z-13300D ACCESSORIES REPAIR TECH(S):525 260.00

CUSTOMER STATES BLOWER MOTOR NOT WORKING HAD MOUSE IN IN CAR  
CHECKED POWER AT BLOWER MOTOR 14.5V WITH ENGINE ON  
REMOVED BLOWER MOTOR AND BENCH TESTED. CHECKED MOSFET  
OPERATION- NO CHANGE- CHECKED CONNECTION AT MOSFET-OK  
MOSFET NOT CHANGING BLOWER SPEED. CHECKED CABIN FILTER-  
CHECK AND DIAG FOUND WRONG MSFET SENOR IN CAR REPLACED  
TEST OPERATION OK  
RECHECKING OPERATION.

PARTS-----QTY---FP-NUMBER-----DESCRIPTION-----LIST PRICE-UNIT PRICE-					
1 97179-1F210	TRANSISTOR-FIELD	151.57	151.57		151.57
	TOTAL - PARTS				151.57

JOB# 1 TOTALS-----

	LABOR	260.00
	PARTS	151.57
JOB# 1 JOURNAL PREFIX K1CS	JOB# 1 TOTAL	411.57

ESTIMATE-----

CUSTOMER HEREBY ACKNOWLEDGES RECEIVING  
ORIGINAL ESTIMATE OF \$130.00 (+TAX)  
APPROVED REVISED ESTIMATE (# 1) OF \$500.00 (+TAX) ON 12/28/16 AT 02:02pm  
BY MOLLY GRUBER COMMENTS

COMMENTS-----

SP  
535.00 OUT THE DOOR

FOLSOM LAKE KIA  
12751 FOLSOM BLVD  
FOLSOM, CA 95630  
12/28/2016 14:45:40

CREDIT CARD  
MC SALE  
Card # XXXXXXXXXXXX6607  
SEQ #: 16  
Batch #: 392  
INVOICE 140705  
Approval Code: 614053  
Entry Method: Swiped  
Mode: Online

TOTALS-----

OUR SERVICE DEPARTMENT HOURS ARE 7:00 TO 5:30 MON-FRI  
ALSO WE ARE OPEN ON SATURDAYS 8:00 TO 4:30 FOR YOUR  
CONVENIENCE. SERVICE PHONE # IS 916-353-2047.

TOTAL LABOR....	260.00
TOTAL PARTS....	151.57
TOTAL SUBLET...	0.00
TOTAL G.O.G....	0.00
TOTAL MISC CHG.	0.00
TOTAL MISC DISC	0.00
TOTAL TAX.....	12.13
<b>TOTAL INVOICE \$</b>	<b>423.70</b>

YOU MAY RECEIVE AN E-MAIL SURVEY IN THE NEXT COUPLE DAYS.  
WE HOPE YOU CAN GIVE US TOP MARKS ON EACH OF THE QUESTIONS.  
IF YOU ARE NOT 100% SATISFIED FOR ANY REASON, PLEASE CONTACT  
DOUG PETERSON (SERVICE MANAGER) FOR ADDITIONAL ASSISTANCE.  
THANK YOU FOR CHOOSING FOLSOM LAKE KIA.  
dougpeterson@folsomlakekia.com  
\*\*\*\*\*

I ACKNOWLEDGE NOTICE AND ORAL APPROVAL OF AN  
INCREASE IN THE ORIGINAL ESTIMATED PRICE.....

SALE AMOUNT \$423.70

CUSTOMER COPY

CUSTOMER SIGNATURE

The Reynolds and Reynolds Company ER991111V01 (01/15) GQ516486.Q