

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

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

CHECK NO. **FL-01703**

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

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

DATE 2/2/2017

TO LEE'S FEED
4110 MOTHERLODE DR.
SHINGLE SPRINGS, CA 95682

REQUISITIONED BY
REQ#_823697 DOWELL/ HARTLEY

GENFD	4500	12	FL.CP.MAKR	61900	00000	2017	696A	NTE \$500
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
		SUPPLIES FOR AQUAPONICS PROJECT		
		THIS CHECK NOT TO EXCEED \$500.00		
		RECEIVED BY: _____		
		DATE: _____		

FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT 10 College Parkway • Folsom, CA 95630 (916) 608-6549	BANK OF AMERICA GOVERNMENT BANKING	CHECK No. FL-01703 February 2, 2017 DATE: _____	11-35 1210
Pay to the order of: Lee's Feed *****		\$ <u>180.65</u>	
<u>One Hundred Eighty Dollars and 65/100</u>		DOLLARS	*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN
NON-NEGOTIABLE			



Lees' Feed Shingle

4110 Mother Lode Dr
Shingle Springs Ca 95682
530-677-4891
leesfeed.net

Clerk: SARAHT Cashier: SARAHT
Receipt #: 190546 Store: 001

2/2/2017 1:18:14 PM 0:07:05

Bill To: COMMUNITY COLLEGE DISTRICT LOS R
1919 SPANOS CRT
SACRAMENTO CA 95825

ITEM#	ORIG	QTY	PRICE	EXT PRICE
46922	32.99	1.00	32.99	32.99
A792 FLUVAL M 100W			SUBMERSIVLE	
8	5.99	3.00	5.99	17.97
LIVE FISH				# #
8	6.99	2.00	6.99	13.98
LIVE FISH				# #
8	9.99	1.00	9.99	9.99
LIVE FISH				# #
8	2.49	2.00	2.49	4.98
LIVE FISH				# #
062517	5.59	1.0	5.59	5.59
21208 HIKARI			MICRO WAFER	1.58Z
13	9.99	2.00	9.99	19.98
FEED/GNRL MRCHND				# #
8	6.99	1.00	6.99	6.99
LIVE FISH				# #
8	6.00	5.00	6.00	30.00
LIVE FISH				# #
8	2.99	2.00	2.99	5.98
LIVE FISH				# #
8	3.99	1.00	3.99	3.99
LIVE FISH				# #
8	16.00	1.00	16.00	16.00
LIVE FISH				# #
			22.000 Unit(s) Subtotal:	168.44
			ELDORADO 7.25 % Tax:	12.212
			RECEIPT TOTAL:	180.65

Tendered: 180.65

Check: \$180.65

Auth# 01703

Our Return Policy:

Returns within 30 days
accompanied with a receipt will be
returned in the manner payment was
received.

No returns on clearance or
discounted items.

Checks maybe subjected to a 15
day waiting period.

Returns without a receipt will be
issued a store credit at the lowest
sold price.

Thank You for shopping at Lees' Feed.

2/2/2017 1:18:16 PM



190546

Los Rios Community College District

Requisition

Page _____ of _____

Req. No.	823697
P.O. No.	FL01703

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

DATE 1/31/17 VENDOR Lee's Feed
 ADDRESS 4110 Motherload DR
 CITY Shungla Springs STATE CA ZIP 95682
 E-MAIL _____
 PHONE (530) 677-4891 FAX _____

DELIVERY INSTRUCTIONS	
04 ASPH 130	
Department Building Location	SME
FLC	MAKR
College/District Location	Department
MSE	1/31/17
Division	Date Required

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, ITEM NUMBER, COLOR & SIZE	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					
2					
3	<u>Supplies for Aquaponics Project</u>				<u>180.65</u>
4					
5					
6	<u>Requesting Revolving Check</u>				
7	<u>0 - Not to exceed \$500.00</u>				
8					
9	<u>Tj!</u>				
10					
11					
12					
13					

Purchases Charged to Categorical Programs, Grants or Special Projects		Tax
This purchase is in compliance with the requirements of <u>Maker Space</u> Program Name <u>696A</u>		
For grants/special projects Program Director/Coordinator Signature <u>[Signature]</u> Program Goal/Objective Number/Explanation <u>eligible materials + supplies</u>		Total
		<u>180.65</u>

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.

REQUESTED BY: T. Hendricks for Z. Dowell DATE 1/31/17
 REQUESTED BY: [Signature] DATE 1/31/17
 AUTHORIZED: [Signature] DEAN OR AUTHORIZED SIGNATURE DATE 1/31/17
 APPROVED: _____ VICE PRESIDENT, ADMINISTRATION DATE _____

<u>GENFD / 4500 / 12 / FL.CP. MAKR</u>				
Bus. Unit	Account	* Fund	Org	
<u>61900</u>	<u>00000</u>	<u>2017</u>	<u>696A</u>	\$ <u>180.65</u>
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