

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

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

16/17 Closed CHECK NO. **FL- 01706**

DATE **2/10/2017**

GENFD: NOT TO EXCEED \$500
VENDOR NO. 000003279
LOCATION 09

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

TO **Sally Howard**

2/14/17 to AOPS

PAID
3/2/17
94-744219

REQUISITIONED BY
REQ_768172 HOWARD / KIRKLIN

GENFD	5300	11	FL.CP.COAD	67100	00000	2017	041A	\$50.00
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	Reimbursement to Sally Howard, Director of College Advancement for payment of Cordova Community Coucil Membership Receipt# 20385663345 01/26/17	50.0000	50.00

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-01706 DATE: February 10, 2017
Pay to the order of: SALLY HOWARD *****	\$ 50.00	11-35 1210
Fifty and 00/100 *****	DOLLARS	*THIS CHECK VOID 6 MONTHS FROM DATE DRAWN
NON-NEGOTIABLE		

Howard, Sally

From: Auto-Receipt <noreply@mail.authorize.net>
Sent: Thursday, January 26, 2017 3:10 PM
To: Howard, Sally
Subject: Transaction Receipt from Cordova Community Council for \$50.00 (USD)

Order Information

Description: Dues

Billing Information

Sally Howard
87 Sluice Way
Folsom, CA 95630
United States
howards@flc.losrios.edu
916-608-6643

Shipping Information

Total: \$50.00 (USD)

Payment Information

Date/Time: 26-Jan-2017 15:09:59 PST
Transaction ID: 20385663345
Payment Method: Visa xxxx4610
Transaction Type: Purchase
Auth Code: 00005B

Merchant Contact Information

Cordova Community Council
Rancho Cordova, CA 95670
US
shelly@cordovacouncil.org

Los Rios Community College District Requisition

Page 1 of 2

Req. No. 768172
P.O. NO. FL01706

VendorCode	DATE <u>2/3/17</u>
Approved	VENDOR <u>Sally Howard</u>
Terms	ADDRESS <u>87 Stone way</u>
F.O.B.	CITY <u>Folsom</u> STATE <u>CA</u> ZIP <u>95630</u>
	PHONE _____ FAX _____

DELIVERY INSTRUCTIONS	
<u>FLC</u>	
Location Code <u>Advancement</u>	
College/District Location _____	Department _____
Division _____	Date Required _____

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	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	<u>Cordova Community Council membership</u>	1			50.00
2					
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 _____			
For grants/special projects _____			
Program Director/Coordinator Signature _____	Project/Grant Number _____	Total	<u>50.00</u>
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:	<u>Sally Howard</u>	TYPED/PRINT	DATE	<u>2/3/17</u>
REQUESTED BY:	<u>Sally Howard</u>	SIGNATURE	DATE	<u>2/3/17</u>
AUTHORIZED:	<u>Kathleen Gerblin</u>	DEAN OR AUTHORIZED SIGNATURE	DATE	<u>2/6/17</u>
APPROVED:	<u>Kathleen Gerblin</u>	VICE PRESIDENT, ADMINISTRATION	DATE	

<u>GEN 45300 / 11 / FLC CP. 15000 COAD</u>				
Bus. Unit	Account*	Fund	Org	
<u>67100</u>	<u>00000</u>	<u>17</u>	<u>041A</u>	\$ <u>50.00</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 6490, 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