

# LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO 0001096777

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145  
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date	Revision	Page
01/31/2018		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
1010691 MOSKALYUKO SHEWMAKER	ADMN	

**Supplier:** 0000020970  
 SAFEWAY  
 STORE #1794  
 1850 PRAIRIE CITY RD  
 FOLSOM CA 95630

**Ship To:** FOLSOM LAKE COLLEGE  
 RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630  
 United States

**email:**

**Bill To:** 1919 Spanos Court  
 Sacramento CA 95825-3981  
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	GIFT CARDS - STUDENT GIFT CARDS FOR FOOD FOR HUNGER PROGRAM	1.00 LOT	1,960.00	1,960.00	02/01/2018

CARD QUANTITY: 200, CARD DOLLAR AMOUNT: \$10 EACH  
 DISCOUNT: \$40, PURCHASE TOTAL: \$1,960

FOR WILL CALL FROM  
 SAFEWAY - STORE #1794  
 1850 PRAIRIE CITY RD.  
 FOLSOM, CA 95630

PRPAYMENT REQUIRED  
 ORDER CONFIRMATION / INVOICE ATTACHED - MAKE CHECK PAYABLE TO: SAFEWAY  
 AUTHORIZED PERSON TO PICK UP GIFT CARDS: OLGA MOSKALYUK

Sub Total Amount	1,960.00
Sales Tax Amount	0.00
Total PO Amount	1,960.00

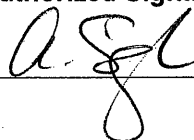
BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	7334	12	FL.VS.HNGR	73250	00000	418A	1,960.00	2018

0001010691KIRKLINK31-JAN-2018

to A/P  
 1/31/17 KE

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature



Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30  
 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

# Requisition

**Supplier:** SAFEWAY 0000020970  
 NON CASH DEPT - BARBARA BENGÉ  
 5918 STONERIDGE MALL RD  
 PLEASANTON CA 94588-3229  
 United States

**Phone:** (925) 467-2620      **Fax:** (925) 467-2637  
**email:**

**Ship To:** RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630-6798

<b>Business Unit:</b> GENFD      OPEN	
Req ID: 0001010691	Date: 01/31/2018
Page: 1	
Requisition Name: SAFEWAY (ALBERTSON'S LLC)	
Requester: Olga Moskalyuk	Bldg#: STUSVC
Requester Signature	
Buyer: Nicholas Shewmaker	
Approved:	
Entered By: MOSKALYO 31-JAN-2018	

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	GIFT CARDS - STUDENT GIFT CARDS FOR FOOD FOR HUNGER PROGRAM	1	LOT	1,960.00	1,960.00	02/01/2018

CARD QUANTITY: 200, CARD DOLLAR AMOUNT: \$10 EACH  
 DISCOUNT: \$40, PURCHASE TOTAL: \$1,960

FOR WILL CALL FROM  
 SAFEWAY - STORE #1794  
 1850 PRAIRIE CITY RD.  
 FOLSOM, CA 95630

Total Requisition Amount:      1,960.00

PRPAYMENT REQUIRED  
 ORDER CONFIRMATION / INVOICE ATTACHED - MAKE CHECK PAYABLE TO: SAFEWAY  
 REQUEST PAYMENT IN 2/1/18 CHECK RUN / FORWARD CHECK TO FLC BUSINESS SERVICES

AUTHORIZED PERSON TO PICK UP GIFT CARDS: OLGA MOSKALYUK


W9 ATTACHED  
 VENDOR CORP. NAME AND ADDRESS CHANGE  
 TO: ALBERTSON'S LLC

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount
GENFD	7334	12	FL.VS.HNGR	73250	00000	418A	1,960.00

**Purchases Charged to Catagorical Programs, Grants or Special Project.**

This purchase is in compliance with the requirement of Food for Hunger Program

For grants/special projects 418A

Name: 

 Approval Signature	Approval Signature	Approval Signature
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Albertsons Companies Gift Cards  
250 Parkcenter Blvd  
Boise, ID 83706

Invoice # 35616106 Date 01/26/18

Confirmation# 99911704

Organization: Folsom Lake College  
10 College Parkway  
Folsom, CA 95630

Qty	Value per Card	Sub-total
<u>200</u>	<u>\$ 10.00</u>	<u>\$ 2,000.00</u>
		<u>\$ -</u>
		<u>\$ -</u>
		<u>\$ -</u>
		<u>\$ -</u>
		<u>\$ -</u>

Sub-total \$ 2,000.00

Discount 2% \$ (40.00)

Total Due \$ 1,960.00

**Instructions:**

Please make the check for payable to SAFEWAY and bring with you to the store to pick up your order.

Pick up / Will Call  
SAFEWAY  
Store # 1794  
1850 PRAIRIE CITY RD.  
FOLSOM CA 95630

THIS WARRANT IS ISSUED FOR PAYMENT IN FULL ON ALL ITEMS SHOWN HEREON AND BY ENDORSEMENT PAYEE ACCEPTS PAYMENT IN FULL.

Warrant Date:	Feb/01/2018	General Fund	Warrant No.:	759010		
Description	Invoice No.	Invoice Date	Voucher ID	Invoice Amount	Discount	Paid Amount
0001096777	35616106	Jan/26/2018	00509988	1,960.00	0.00	1,960.00

916.608.2450

\*\*\*\*\* DUPLICATE RECEIPT \*\*\*\*\*



STORE MGR. Ken. Appel . 916-608-2450  
 ... THANK YOU FOR SHOPPING WITH US!

MISCELLANEOUS  
 MR. MO... SIG. GIFT CARD.....1,960.00  
 .....TAX.....0.00  
 ...\*\*\*.BALANCE.....1,960.00  
 ...MO...Personal Check.....1,960.00  
 .....CHANGE.....0.00  
 TOTAL NUMBER OF ITEMS SOLD = 0  
 02/07/18. 13:37. 1794.23.43.9068

.OLGA.MOSKALYUK.....7804



00179402300431802071337  
 ...LET US HEAR FROM YOU!  
 1-877-723-3929.or.visit.SAFEWAY.COM

\*\*\*\*\* DUPLICATE RECEIPT \*\*\*\*\*

Vendor Number	Vendor Name	Warrant Number	Date	Total Amount
0000020970	SAFEWAY	759010	Feb/01/2018	\$1,960.00

Order Number:

**35616106**

Card Information

Contact: **Brenda Haney**  
Phone: **9166086635**  
Company: Folsom Lake College  
Address: 10 College Parkway  
Folsom CA 95630

Qty	Value
200	\$ 10.00
0	\$ -
0	\$ -
0	\$ -
0	\$ -
0	\$ -
0	\$ -

Card Range  
6039535019002541908 6039535019002543896

Financial Information

Shipping Information

<b>Total Value</b>	2,000.00	<b>Order Date</b>	1/26/2018
<b>Discount</b>	40.00		
<b>Total Amount Due</b>	1,960.00	<b>Method</b>	2nd Day
		<b>Total Cards</b>	200
		<b>Store</b>	1794

**Delivery and Bookkeeping Instructions**

- 1- The enclosed gift cards were shipped to your store per the customer request. They have no value until they are activated. Do not add to your safe count. Do not attempt to load additional value to these cards. Keep this order in an accessible, secured location.
- 2- The customer must be contacted immediately upon receipt of this order.
- 3- Please attempt to contact the customer at least 3 times before completing the process to return this order.
- 4- When the customer arrives, open the sealed package and validate the card quantity, card numbers, and amounts against those listed on this packing slip. Complete a CTF (Currency Transaction Form) if the order is over \$10,000 and paid in CASH!

Bookkeeping Instructions	
5a Collect total Amount Due	<b>1,960.00</b>
5b Ring on PLU# 22000	
5c Book to Tender Received sub type 016 - Safeway Gift Cards bulk on the day the order is sold	

**\*\*For further bookkeeping instructions, contact Nancy or Jodi via email GiftCard.Accounting@safeway.com OR call the CSC at 877-SAFEWAY\*\***

- 6- **Customers** must understand that **activated gift cards are like cash**. If they are lost or stolen they are nonrefundable and a stop payment cannot be placed on the cards.
- 7- **To activate the order, email GCActivate@Albertsons.com**. The customer must provide their name, contact phone number, order number and confirmation number. A confirmation email will be sent when the order is submitted for activation. The activation process can take as long as 24 hours. The other option is to call the CSC at 1-877-723-3929. You will need to provide your order and confirmation number.

*Completed 2/9/18.*

- 8- If the cards are not picked up within 2 weeks, call 1-877-723-3929 for return processing instructions.



# LOS RIOS

COMMUNITY  
COLLEGE  
DISTRICT

## AUTHORIZATION FOR THE PURCHASE OF GIFT CARDS/GIFT CERTIFICATES

This form must be completed PRIOR to the purchase of gift cards or gift certificates ("Cards") by Los Rios Community College District employees. Requests for purchase submitted without a copy of properly completed Authorization Form will be rejected. Please complete all required information below and submit for the required signatures. (Not required for purchases of gift cards/certificates purchased with EOPS or CalWORKs funds.)

1. Purchaser's Name: Gibson, Bernard

2. Purchaser's Department: Student Services

3. Purchaser's Signature: [Signature]

4. Vendor Name (entity from which cards are to be purchased): Raleys, Safeway

5. Date: 1/17/2018 Aggregate Amount: \$3,000

6. Description of what is going to be purchased (number & face amount of cards to be purchased):

Gift cards for all three FLC sites, 100 gift cards for each campus in the amount of \$10.00

7. Description of Intended Use of Cards (e.g., drawing, wellness program):

Food for Hunger Program

8. Method of Purchase/Acquisition (e.g., purchase order, donation):

Purchase order

9. Month/Year Cards are to be Distributed: April 2018

10. Fund/Budget to be Charged: GENFD 7334 12 FL.VS.HNGR 73250 2018 418A

*Any backup withholding due for cards issued to nonresident aliens will also be charged to this account.*

Christine Thomas  
Authorized Signer's Name

Interim Vice President of Student Services  
Title

[Signature]  
Signature

1/17/2018  
Date

VID: 20970

Change Remit to Address

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

### Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
AB ACQUISITION LLC

2 Business name/disregarded entity name, if different from above  
Albertson's LLC

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.)  
P.O. BOX 20

6 City, state, and ZIP code  
BOISE, ID 83726

7 List account number(s) here (optional)

Requester's name and address (optional)

#### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

			-					
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or

Employer identification number

4	2	-	1	6	8	7	8	8	5
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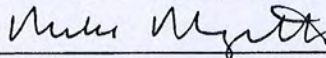
**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

#### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ 3/21/13

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.