



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

Date 2/6/18

<p>VENDOR NAME AND ADDRESS:</p> <p><i>Valerie Chueh</i> <i>Reimbursement</i></p> <p><i>Employee Reimbursement</i></p>	<p>DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call</p> <p><i>PAID 94-759468</i> <i>2/14/18</i></p>
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	<i>Pier 1 Imports</i>					<i>\$31.79</i>
2	<i>butterflies</i>					
3	<i>DACA Event Feb 23rd</i>					
4	<i>& Related Issues FL3-173</i>					
5						
6						
7						
8						
9						
10						

<p>Purchases Charged to Categorical Programs, Grants or Special Projects This purchased is in compliance with the requirements of:</p> <p>Program Name _____</p> <p>For grants/special projects _____</p> <p>Program Director/Coord. Signature _____ Project/Grant Number _____</p> <p>Program Goal/Objective Number/Explanation _____</p>	<p>SUB-TOTAL</p> <p>SALES TAX</p> <p>TOTAL (Not to Exceed \$200.00) <i>\$31.79</i></p>
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VENDOR: Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$200.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

I/WE 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: *Valerie Chueh* 2/6/18

Requested by: *Jal Ch...* 2/6/18

Approved: *[Signature]* 2.6.18

Approved: *[Signature]* 2/9/18

Received by _____ Date _____

GENFD 4500 11 / FL.VS.DIVS

Bus. Unit Account Fund Org

60100 00000 051C

Program Sub-Class BY Proj/Grnt Amount *\$ 31.79*

Bus. Unit Account Fund Org

Program Sub-Class BY Proj/Grnt Amount

Pier1 imports

SACRAMENTO/FOLSOM CA
2775 E BIDWELL ST
FOLSOM, CA 956306405

Telephone: (916) 984-0766
Store: 1026 Reg: 01 Tran: 7542
Date: 2/1/2018

SALES

NR BUTTERFLY 3291288	10 @ 2.95	29.50
ZODIAC JOURNAL 3247366	1 @ 9.95	9.95
Gift Item		
NPKN WOVEN TEAL 3016020	1 @ 4.95	4.95
Gift Item		
NPKN WOVEN TEAL 3016020	1 @ 4.95	4.95
Gift Item		
GLS FRG S&P SHK 3271080	1 @ 14.95	14.95
Gift Item		
SUCCULENT PCH 3268860	2 @ 4.95	9.90
Gift Item		

29.50
+ 2.29 (7.75% TAX)

31.79

Subtotal	\$74.20
Sales Tax 7.7500%	5.75
Total	\$79.95
Visa	\$79.95
Card No. XXXXXXXXXXXX3586 <I>	
Expiration Date XX/XX	
Auth. No. 75899D	
VISA CREDIT	
Chip Read	
Signature Verified	
Mode: Issuer	
AID: A000000000000000	
TVR: 8000000000	