

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

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

CHECK NO. **F- 01817**

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

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

DATE **8/11/2017**

TO **CPP INC.
PO BOX 49156
SAN JOSE, CA 95161-9156**

REQUISITIONED BY **MCHARGUE/PIMENTAL**

GENFD	5890	12	FL.VS.DSPS	64200	00000	2018	428A	195.00
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	SKILLONE SUBSCRIPTION FROM: 6/01/17 - 5/31/18 FOR FLC DSPS	195.000	195.00

RECEIVED BY: _____
DATE: _____

<p>FOLSOM LAKE COLLEGE REVOLVING FUND ACCOUNT ULID 382004 10 College Parkway • Folsom, CA 95630 (916) 608-6549</p>	<p>JPMorgan Chase Bank, N.A. Sacramento, CA</p>	<p>CHECK No. F- 01817</p>
<p>PAY TO THE ORDER OF CPP, INC. *****</p>		<p>DATE: <u>August 11, 2017</u></p>
<p>ONE HUNDRED NINETY-FIVE AND 00/100 *****</p>		<p>\$ <u>195.00</u></p>
<p>DOLLARS</p>		<p>*VOID 6 MONTHS FROM DATE DRAWN</p>
<p>NON-NEGOTIABLE</p>		
<p>ADMINISTRATIVE SERVICES</p>		



The people development people.

CPP, Inc.

For Questions please contact us at: ar@cpp.com

Telephone: 800-624-1765

Fax: 650-969-8608

Federal ID: 94-1337736

www.cpp.com

2018

Invoice

Payment Terms: Net 30 Days
Page: 1 of 1
Invoice Number: IN00210866
Invoice Date: 5/30/2017
Invoice Due Date: 6/29/2017
Order Number: SO-00368668
Customer PO:
Shipping Method: Via Internet
Carrier tracking number:
Currency: USD
Total Amount Due: \$195.00

BILL TO CUSTOMER NO: 453111

Folsom Lake Coll
10 College Pkwy
DSPS
Folsom, CA 95630-6798
United States
Contact: Yelena Piskun

SHIP TO CUSTOMER NO: 453111

Folsom Lake Coll
10 College Pkwy
DSPS
Folsom, CA 95630-6798
United States
Contact:

Line	Item number	Description	Quantity	Unit	Unit price	Discount percent	Discount	Amount
1	10212	SkillsOne® Renewal Fee	1	EA	\$195.0000	0	-	\$195.00
		Subscription start date: 6/1/2017 Subscription end date: 5/31/2018						

REMIT TO:
CPP, Inc.
PO BOX 49156
SAN JOSE CA 95161-9156
USA

CUSTOMER NO: 453111
INVOICE NO: IN00210866

SUB TOTAL: \$ 195.00
TOTAL DISCOUNT: \$ 0.00
TAX TOTAL: \$ 0.00
FREIGHT AND OTHER CHARGES: \$ 0.00
PRE-PAYMENT -
TOTAL AMOUNT DUE: \$195.00



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: CPP, Inc. PO Box 49156 San Jose, CA 95161-9156	DELIVERY INSTRUCTIONS: <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call
---	--

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Skill one Renewal					
2	Fee 6-1-17 to					
3	5-31-18					
4						
5						
6						
7						
8						
9						
10						

Purchases Charged to Categorical Programs, Grants or Special Projects
This purchased is in compliance with the requirements of:

DSPS
 Program Name: 12
 For grants/special projects: 428A
 Project/Grant Number: 428A
 Program Director/Coord. Signature: _____
 Program Goal/Objective Number/Explanation: Services to students with disabilities

	SUB-TOTAL	195.00
	SALES TAX	
	TOTAL (Not to Exceed \$200.00)	195.00

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: TIM McHARGUE 8-10-17
 TYPED/PRINT: _____ DATE: _____

REQUESTED BY: T.E. McHargue 8-10-17
 SIGNATURE: _____ DATE: _____

APPROVED: [Signature] 8-10-17
 DEAN OR OTHER AUTHORIZED SIGNATURE: _____ DATE: _____

APPROVED: [Signature] 8/17/17
 VICE PRESIDENT, ADMINISTRATION: _____ DATE: _____

Received by _____ Date _____

Bus. Unit Account Fund Org Genfd 5890 12 FL-VS-DSPS

Program Sub-Class BY Proj/Grnt Amount 64280 00000 2018 428A \$ 195.00

Bus. Unit Account Fund Org _____

Program Sub-Class BY Proj/Grnt Amount \$ _____