



**LIMITED PURCHASE ORDER**  
 (Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS:  <b>Jane Crandell</b> <b>10 College Parkway</b> <b>Folsom, CA 95630</b>	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Employee reimbursement					10.72
2	for FLC Blood Drive					
3	Supplies					
4	Party City - 10.72					
5						
6						
7						
8						
9						
10						

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

Program Name \_\_\_\_\_  
 For grants/special projects \_\_\_\_\_  
 Program Director/Coord. Signature \_\_\_\_\_ Project/Grant Number \_\_\_\_\_  
 Program Goal/Objective Number/Explanation \_\_\_\_\_

SUB-TOTAL	
SALES TAX	
<b>TOTAL</b> (Not to Exceed \$200.00)	<b>10.72</b>

**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.

Received by \_\_\_\_\_ Date \_\_\_\_\_

REQUESTED BY: **Jane Crandell** TYPED/PRINT DATE: **11-1-17**

Bus. Unit Account Fund Org: **GENFD/4500 / 11 / FL.CP, PISO**

REQUESTED BY: **Jane Crandell** SIGNATURE DATE: **11-1-17**

Program Sub-Class BY Proj/Grnt Amount: **67100 / 00000 / 2018 / 041A \$ 10.72**

APPROVED: **Anty L. Hart** DEAN OR OTHER AUTHORIZED SIGNATURE DATE: **11/1/17**

Bus. Unit Account Fund Org: / / / /

APPROVED: **Kathleen Kuklen** VICE PRESIDENT, ADMINISTRATION DATE: **11/2/17**

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

# Party City

2780-100 EAST BIDWELL ST  
FOLSOM, CA 95630  
916-984-6591

013051266400 54X108IN RBN \$9.95 T  
54x108IN RBN EGG B.U TC PLSTC  
5 @ \$1.99

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SUBTOTAL	\$9.95
GEN MERCH TAX @ 7.750%	\$0.77
TOTAL	\$10.72
CR VISA	\$10.72

ITEMS = 5

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CR VISA SALE \$10.72  
XXXXXXXXXXXX8369 CHIP  
APPR: 557742  
JOURNAL: 1305160707173499

AID: A0000000031010  
Application Label: VISA CREDIT  
Cryptogram Type: TC  
Cryptogram: 25ECT757205F13E2

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STORE 1305 TRN 96 REG 6  
10-03-2017 04:01:57 PM

269 15NK 006 040E



\*26915NK006040E\*

WE WILL GLADLY ACCEPT RETURNS  
AND EXCHANGES ONLY WITH UNOPENED  
PACKAGES ACCOMPANIED WITH A RECEIPT  
WITHIN 30 DAYS OF PURCHASE. RETURNS  
ON HALLOWEEN COSTUMES, HALLOWEEN  
DECORATIONS, AND HALLOWEEN  
ACCESSORIES BY TUESDAY, OCTOBER 24  
WITH AN ORIGINAL RECEIPT. ONLY  
EXCHANGES WILL BE ACCEPTED AFTER  
OCTOBER 24 WITH ORIGINAL RECEIPT.  
SORRY, NO RETURNS.