



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

PP

<p>VENDOR NAME AND ADDRESS:</p> <p>MARY HANSEN c/o FLC BSO</p>	<p>DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call</p> <p>EMPLOYEE REIMBURSEMENT</p>
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	HSACCC Membership Renewal	1				\$181.00
2	Reimbursement					
3	(PREPAID RENEWAL - PLEASE SEE					
4	ATTACHED FORM & RECEIPT)					
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 _____ For grants/special projects _____ Project/Grant Number _____</p> <p>Program Director/Coord. Signature _____ Project/Grant Number _____</p> <p>Program Goal/Objective Number/Explanation _____</p>	<p>SUB-TOTAL \$181.00</p> <p>SALES TAX</p> <p>TOTAL (Not to Exceed \$200.00) \$181.00</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.

<p>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.</p>	<p>Received by _____ Date _____</p>
<p>REQUESTED BY: MARY HANSEN TYPED/PRINT DATE 10/23/17</p>	<p>Bus. Unit 6ENFD Account 5300 Fund 11 Org FL.VS. HLTH</p>
<p>REQUESTED BY: <i>Mary Hansen</i> SIGNATURE DATE 10/23/17</p>	<p>Program 64400 Sub-Class 0000 BY 02018 Proj/Grnt 101E Amount \$ 181.00</p>
<p>APPROVED: <i>[Signature]</i> DEAN OR OTHER AUTHORIZED SIGNATURE DATE 10.24.17</p>	<p>Bus. Unit / Account / Fund / Org</p>
<p>APPROVED: <i>[Signature]</i> VICE PRESIDENT, ADMINISTRATION DATE 10/31/17</p>	<p>Program / Sub-Class / BY / Proj/Grnt / Amount</p>



2017-2018 Membership Application

Date Submitted: 10/18/17

First Name: MARY Last Name: HANSEN Licensure: CA 508
 Position: College Nurse Email: hansenm@fcl.losrios.edu
 College Name: Folsom Lake College
 College District: Los Rios Region: 2
 Wk Address: 10 College Parkway
 Wk. Phone: (916) 608-6782 Fax: () n/a M: () n/a
 Home Address: 960 Patrick Circle, Folsom, CA 95630

NEW Membership RENEWAL

MEMBERSHIP CATEGORY	PAYMENT AMOUNT- CHECK ONE
<input checked="" type="checkbox"/> Regular Membership (Voting) One Regular Membership per Institution : Each institution is eligible to cast one vote. Open to Health Care professionals who are responsible for student health services in a California Community College and meet credential requirements compliant with Title V 53411 (unless a standing HSACCC member prior to 2006)	<input type="checkbox"/> \$150 before Oct 1, 2017 <input type="checkbox"/> \$155 Pay Pal before Oct 1, 2017 <input type="checkbox"/> \$175 after Oct 1, 2017 renewals only <input checked="" type="checkbox"/> \$181 PayPal after Oct 1, 2017 renewals only
<input type="checkbox"/> Associate Membership (Non-Voting) Open to health services professionals and other interested persons (substitutes, psychological counselors, consultants, student services administrators, part-time employees) per HSACCC Bylaws Article IIIB.	<input type="checkbox"/> \$50 before Oct 1, 2017 <input type="checkbox"/> \$52 PayPal before Oct 1, 2017 <input type="checkbox"/> \$75 after Oct 1, 2017 renewals only <input type="checkbox"/> \$78 PayPal after Oct 1, 2017 renewals only
<input type="checkbox"/> Community Partner Membership (Non-Voting) Open to community partners who actively collaborate with HSACCC in furthering the purpose/goals of the organization. No institutional membership is required. Community Partner membership requires appointment and approval of the Executive Board.	<input type="checkbox"/> \$50 before Oct 1, 2017 <input type="checkbox"/> \$52 PayPal before Oct 1, 2017 <input type="checkbox"/> \$75 after Oct 1, 2017 renewals only <input type="checkbox"/> \$78 PayPal after Oct 1, 2017 renewals only
<input type="checkbox"/> Emeritus (Non-Voting) Granted by HSACCC upon individual's retirement	No dues
<input type="checkbox"/> Honorary (Non-Voting) For distinguished contribution to the aims of the organization. Appointed by Executive Committee and approved by membership.	No dues

Payment Due: July 1, 2017 Payment is delinquent after October 1, 2017. Sorry, we cannot accept purchase orders.

Mail completed form and payment (made out to HSACCC) to:
 Elizabeth Goold, RN, HSACCC Corresponding Secretary
 College of the Desert
 43-500 Monterey Ave
 Palm Desert, CA 92260

Email: egoold@collegeofthedesert.edu

Please attach a check or a copy of your PayPal receipt when submitting this application.

Are you retiring this year? Yes No

Information held confidential

Please check if you would like more information about:

- Mentorship Program
- Participating in your local region activity planning
- Participating on HSACCC committees
- Conference Planning Committee
- Legislative Committee
- Research Committee
- Participating in a Leadership Role (Executive Board)
- Other (list): _____

See email

10/18/17 c 5³⁴ for receipt

Health Services Association California Comn

You paid \$181.00 USD

to Health Services Association California Community Colleges
Details

Get your PayPal receipts in Messenger

Paid with

Visa x-8593

\$181.00 USD

Shipped to

Mary Hansen

960 Patrick Circle, Folsom, CA 95630

United States

Purchase details

Receipt number: 2263416083713525

We'll send confirmation to:

hansenm@flc.losrios.edu

Merchant details

From: [Haney, Brenda](#)
To: [Hansen, Mary](#)
Cc: [Chueh, Valerie](#); [Gibson, Bernard](#)
Subject: FW: LPO F3792 for Mary Hansen / Instructions for Future Requests
Date: Tuesday, November 7, 2017 12:56:10 PM
Attachments: [F3792_HANSEN_MARY.PDF](#)

LRCCD Requirements – Re: Ship To Address shown on receipt submitted.

Please Note: If you want this membership paid for in the future – please obtain vendor invoice and submit requisition, and FLC BSO or LRCCD Accounting can pay it directly to vendor, to avoid need for employee reimbursement.

Thank you,
Brenda Haney

Business Services

Folsom Lake College | 10 College Parkway | Folsom, CA 95630

☎ 916.608.6635 | ✉ haneyb@flc.losrios.edu

From: Wong, Barbara
Sent: Tuesday, November 7, 2017 12:42 PM
To: Haney, Brenda <haneyb@flc.losrios.edu>
Subject: LPO F3792 for Mary Hansen

Hi Brenda,

LPO F3792 for Mary Hansen has the ship to address on vendor receipt as a non-District address. I realize that the payment is for membership. However, should the employee receive anything tangible from the organization as a member, the tangible items should be shipped to a District address. In the future, please have the employee always use a District address as a ship to address. Thanks for the help with this.

Barbara Wong

Accounting Operations Supervisor

Los Rios Community College District

1919 Spanos Court Sacramento CA 95825

Phone: (916) 568-3038

E-mail: wongb@losrios.edu