



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: <i>Cooler King</i> <i>P.O. Box 21066</i> <i>Carson City, NV 89721</i>		DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input 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	<i>Quarterly Invoice</i>					<i>105.00</i>
2	<i># 985235</i>					
3	<i>Walk-in cooler filters</i>					
4						
5						
6	<i>(Please pay attached invoice)</i>					
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	
TOTAL (Not to Exceed \$200.00)	<i>\$105.00</i> <i>105.00</i>

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: *TALINA BURKE* **TYPED/PRINT** *9/15/17* **DATE**

REQUESTED BY: *[Signature]* **SIGNATURE** *9/15/17* **DATE**

APPROVED: *[Signature]* **DEAN OR OTHER AUTHORIZED SIGNATURE** *9/15/17* **DATE**

APPROVED: *[Signature]* **VICE PRESIDENT, ADMINISTRATION** *9/19/17* **DATE**

Received by _____ Date _____

GENFD 5600 / 11 / FL VA OPER

Bus. Unit Account Fund Org

6 9400 00000 2018 / 041A

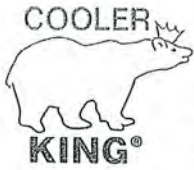
Program Sub-Class BY Proj/Grnt

Amount *\$ 105.00*

Bus. Unit Account Fund Org

Program Sub-Class BY Proj/Grnt

Amount \$



Humidity Control Systems, Inc.

(H.C.S., INC.)

P.O. Box 21066
 Carson City, NV 89721
 Phone: 775-246-2000 Fax:
 775-246-2005
 Toll Free: 888-900-COLD (2653)
 www.coolerking.com

Invoice

Date	Invoice #
9/1/2017	985235

Bill To
Folsom Lake Community College ATTN: Accounts Payable 10 College Parkway Folsom, CA 95630

Ship To
Folsom Lake Community College 10 College Parkway Folsom, CA 95630

Please Note: Payments not received within 10 days after the invoice due date are subject to a late fee of 10% APR or a minimum finance charge of \$5.00.

P.O. Number	Terms	Due Date	Rep
	Net 30	10/1/2017	DMG

Item	Description	# Filters	Quarterly Rate	Total
Quarterly CK ...	Quarterly CoolerKING® Service Charge PLEASE NOTE: 5 filters are replaced quarterly. Each filter costs \$21.00 per quarter or \$7.00 per filter per month.	5	21.00	105.00

**PAYMENT
OPTIONS**

Visit our website at WWW.COOLERKING.COM to learn more about how we keep your refrigerators colder, drier and safer for food storage while improving your bottom line.
 INTERESTED IN LESS PAPERWORK? Call 888-900-2653 or email accounting@coolerking.com to request *Invoices be e-mailed *Schedule Automatic Payments or *Pay with a Credit Card.

**SAVE
TIME!**

Please remit to above address. Thank you for your business.

Total Due For This Invoice **\$105.00**

***Customer Total Balance** **\$105.00**

***Customer Total Balance includes current and past due invoices. Call 888-900-2653 for copies of invoices.**

Kazantsev, Alex

From: Kazantsev, Alex
Sent: Monday, September 11, 2017 1:23 PM
To: Williams, Melissa; Burke, Talina
Cc: Haney, Brenda
Subject: For Your Review & Approval_ Requires LPO
Attachments: DOC091117.pdf

Good afternoon Melissa,

We have received Humidity Control Systems invoice and are waiting for an LPO after your review & approval.

Thankyou!



Alex Kazantsev | Business Services
Folsom Lake College | 10 College Parkway | Folsom, CA 95630
p. 916.608.6549 | KazantA@flc.losrios.edu