

**FOLSOM LAKE COLLEGE  
REVOLVING FUND ACCOUNT**

CHECK NO. **F- 01841**

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

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

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

DATE 11/2/2017

TO MICHAEL'S  
2715 E. BIDWELL ST  
FOLSOM, CA 95630

REQUISITIONED BY REQ#\_821026 LEE/YAMAMURA

GENFD	5890	11	FL.CP.OFFC	60100	00000	2018	051C	NTE \$500
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	ESTIMATE FOR: CUSTOM FRAMING FOR FLC AERIAL PHOTO PRE-PAYMENT REQUIRED - ORDER# 76167 ESTIMATE \$212.13  THIS CHECK NOT TO EXCEED \$500.00		
		RECEIVED BY: _____		
		DATE: _____		

<p><b>FOLSOM LAKE COLLEGE</b> 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. <b>F- 01841</b></p>
<p>PAY TO THE ORDER OF MICHAEL'S *****</p>		<p>DATE: _____</p>
<p>Two hundred twelve and 13/100</p>		<p>\$ <u>212.13</u></p>
<p>DOLLARS</p>		<p>VOID 6 MONTHS FROM DATE DRAWN</p>
<p><b>NON-NEGOTIABLE</b></p>		
<p>ADMINISTRATIVE SERVICES</p>		

*Pre-Pay*  
**Michael's**  
Where Creativity Happens™

MICHAELS STORE #2046 (916)983-2633

2715 E BIDWELL  
FOLSOM, CA

Rewards Number: LMR90150898675

6-9355-6845-5545-3021-1111-1142-1891-9440



609 FRAMING	9332 2046 030	11/07/17	14:35
ACCOUNT #		76268	
CUSTOM FRAME		525.00	
	400100054611		1 @ 525.00 N
	\$ OFF SAVINGS	328.13-	
	SUBTOTAL	196.87	
	Sales Tax 7.75%	15.26	
	TOTAL	212.13	

ACCOUNT NUMBER \*\*\*\*\*2951  
Check 212.13  
APPROVAL: 00746764 MICR ONLINE

This receipt expires at 180 days on 05/11/18  
Returns allowed after 11/16/17

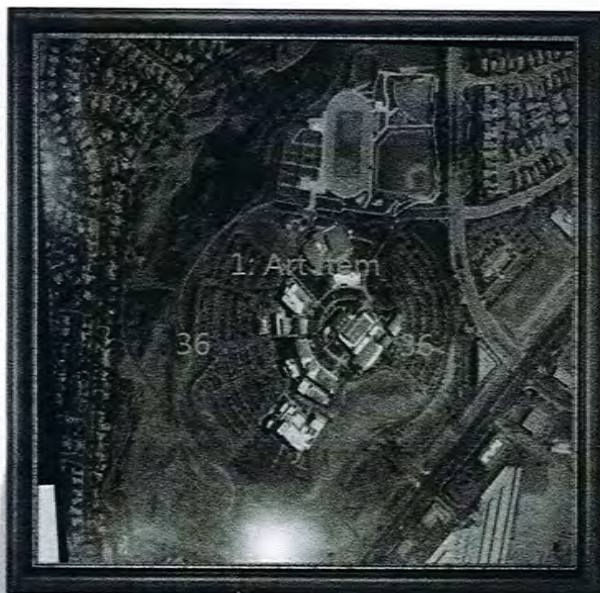
1809-4096-4430-5369-0594-5359-5239-994





ORDER 76268 CUSTOMER Sondra Lee (916) 608-6572

TAKEN BY Jessica ORDER DATE 11/7/2017



Total Size: 36" x 36"

Your order is estimated to be completed on: **Tuesday, November 21, 2017**

We'll call you at (916) 608-6572 when it's ready for pickup.

Your framer Jessica is available to answer any questions about your order, just call (916) 983-2633 or drop by Michaels Stores, Inc. #2046 at 2715 E Bidwell St Broadstone Center Folsom, CA 95630-6404.

**Privacy Policy:**

Michaels Stores, Inc. collects information about you when placing a framing order. This information may include your name, mailing address, e-mail address, or phone number. It may also include any other personal or preference information that you provide. You consent to Michaels Stores, Inc. and its related affiliates using this information to share special opportunities and offers that may be of interest to you. You may withdraw your consent to use this information at any time.

**Damage and Return Policy:**

Michaels Stores, Inc.'s total liability for any loss or damage to a customer's property shall not exceed \$250, and Michaels Stores, Inc. shall have no liability for any property left over 60 days from today. All returns will be processed based upon the original payment method. If the order is cancelled the same day, a full refund will be issued. Refunds on orders cancelled after the original order date are limited to unprocessed custom components only.

Artwork	Size	Condition	Mounts
1: Art Item	36" x 36"	OK	None

Description	List Price	Price
1 3/16 Acid Free Foam Core Backing	\$8.00	\$3.00
1 Med Mahogany w/gold bevel	\$490.00	\$183.75
1 Preservation Fit	\$27.00	\$10.13

**NOTES:**

Art is premounted and wavy. We are using customer's estimate discount. 50% + 25%.

SUBTOTAL	\$196.87
QUANTITY	1
TAX	\$15.26
<b>TOTAL:</b>	<b>\$212.13</b>
You saved	\$328.13

*Pre Payment Required*

MAKE CREATIVITY HAPPEN™



# Los Rios Community College District REVL

## Requisition

Page \_\_\_\_\_ of \_\_\_\_\_

Req. No. <span style="color: red; font-size: 1.5em;">821026</span>
P.O. No. <span style="color: red; font-size: 1.5em;">FL01849</span> <span style="color: blue; font-size: 1.5em;">(at)</span>

Vendor Code
Approved by / Date
Reviewed by / Date
Dispatched Method / Date

DATE 11/1/17 VENDOR Michael's Stores  
 ADDRESS 2715 E. Bidwell St  
 CITY Folsom STATE CA ZIP 95630  
 E-MAIL \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_

DELIVERY INSTRUCTIONS	
Department Building Location	
College/District Location	Department
Division	Date Required

ITEM	DESCRIPTION <small>GIVE COMPLETE DESCRIPTION, ITEM NUMBER, COLOR &amp; SIZE</small>	ORDERED		AMOUNT	
		QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
*Use additional paper if necessary and please reference requisition number. DO NOT USE A SECOND REQUISITION.					
1	Framing one (1) foam-mounted photo	Estimate			\$196.87
2	of FLC, 36"x36", with frame sku:				
3	0739871 (Med. Mahogany w/gold				
4	bevel), <u>no</u> glass or acrylic				
5					
6	Order # 76167 10/31/17				
7	pre pay required				
8					
9					
10					
11					
12					
13					

<b>Purchases Charged to Categorical Programs, Grants or Special Projects</b>		Tax	\$15.26
This purchase is in compliance with the requirements of _____		<b>Total</b>	\$212.13
Program Name _____			
For grants/special projects _____			
Program Director/Coordinator Signature _____	Project/Grant Number _____		
Program Goal/Objective Number/Explanation _____			

I hereby certify the items/services listed above are to be obtained in accordance with District Policy, Conflict of Interest Code, P-8611 and all other applicable district, state, and federal policies, rules, regulations and laws.

REQUESTED BY:	TYPED/PRINT	DATE	
	Sandra Lee	11/1/17	
REQUESTED BY:	SIGNATURE	DATE	
		11/1/17	
AUTHORIZED:	DEAN OR AUTHORIZED SIGNATURE	DATE	
		11/6/17	
APPROVED:	VICE PRESIDENT, ADMINISTRATION	DATE	

GENFD/5890/11 /FL.CR.OFFC			
Bus. Unit	Account	* Fund	Org
60100	/00000	/2018	/051C
Program Sub-Class BY Proj/Grnt			Amount
/ / /			\$ 212 <sup>13</sup>
Bus. Unit Account * Fund Org			\$
/ / /			
Program Sub-Class BY Proj/Grnt			Amount

\* Asset Location - For equipment purchases over \$200 (Accounts 6480, 6490, 6491, 6493, 6495, and computers) complete the area below indicating the final location where equipment will be housed.

Location Code \_\_\_\_\_ Dept. \_\_\_\_\_

Building \_\_\_\_\_ Room No. \_\_\_\_\_

Instructions on Reverse