

**LOS RIOS COMMUNITY COLLEGE DISTRICT**

**PURCHASE ORDER NO 0001102606**

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145  
 ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

Date	Revision	Page
11/13/2018		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:	Location / Dept	
1015541 SAATIA ROUILLERS	04ASPH130 SME	

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

**Supplier:** 0000041354  
 FORMECH INC  
 8475 MURPHY DRIVE  
 MIDDLETON WI 53562

**Phone:** (608) 424-2524

**email:** info@formechinc.com

**Ship To:** FOLSOM LAKE COLLEGE  
 RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630-6798  
 United States

**Bill To:** 1919 Spanos Court  
 Sacramento CA 95825-3981  
 United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	VACUUM FORMER COMPAC MINI #M01-01	1.00	EA	2,909.00	2,909.00	11/27/2018
2- 1	MACHINE TROLLEY COMPAC MINI #M01-04	1.00	EA	371.00	371.00	11/27/2018
3- 1	STARTER PACK OF PLASTIC COMPAC MINI #M01-05	1.00	EA	159.00	159.00	11/27/2018
4- 1	REDUCING WINDOW STD 5" X 5" (APERTURE) COMPAC MINI #M01-02-1	1.00	EA	151.00	151.00	11/27/2018
5- 1	DELIVERY DESKTOP MACHINE	1.00	EA	800.00	800.00	11/27/2018

PRE-PAY INVOICE# I-01037

ORDER# CO-00669


INCLUDES: 1 COMPAC MINI SPARE PARTS KIT ITEM #M01-100 - FREE VALUE \$230.00 WITH 100% DISCOUNT

Sub Total Amount	4,390.00
Sales Tax Amount	278.22
Total PO Amount	4,668.22

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	6490	12	FL.VI.SWPA	09000	00000	481Z	4,668.22	2019

0001015541CHAVEZA02-NOV-2018

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

**Authorized Signature**  


Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30  
 MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

## LOS RIOS COMMUNITY COLLEGE DISTRICT

American River College • Cosumnes River College • Folsom Lake College • Sacramento City College

### PURCHASE ORDER TERMS AND CONDITIONS

1. **APPLICABLE LAW:** The contract resulting from this order shall be governed by the laws of the State of California
2. **COMPLETION OF ORDERS:** LRCCD reserves the right to withhold payment until order is completed.
3. **DISCOUNTS:** Please show cash payment discount offered on your invoice in connection with any discount offered, time will be computed from date of delivery of the supplies or equipment, or from date correct invoices are received in the office specified by LRCCD if the latter date is later than the date of delivery. Payment is deemed to be made for the purpose of earning discount, on the date payment is mailed or on behalf of LRCCD.
4. **INVOICES:** Invoices shall be prepared and submitted in duplicate unless otherwise specified. Invoices shall contain Purchase order number, date, description of items, sizes and quantities, unit prices, extended totals, place and date of delivery. Invoices or vouchers not on printed bill heads shall be signed by the CONTRACTOR or person furnishing the supplies or services. Every invoice shall be properly itemized. If LRCCD has not received billing for product or services within a one year period LRCCD will not be held responsible for satisfying the debt.
5. **CHANGES:** No change or modification in terms, quantities, or specifications may be made without express authorization in writing from the LRCCD Purchasing Office and signed by the parties hereto, and no oral understanding or agreement not incorporated herein shall be binding on any of the parties hereto. If unit cost of any item exceeds the amount shown by 10% or \$250.00 whichever is less do not ship. Contact LRCCD Purchasing at the phone number provided.
6. **BILL OF LADING:** If Bill of Lading is applicable to this order, send originals to "Ship to" address and duplicate Bill of Lading with invoices to "Bill to" address. All correspondence, invoices, bills of lading, shipping memos, packages, etc., must show purchase order number. If factory shipment, advise factory to comply.
7. **TRANSPORTATION CHARGES:** Invoices for prepaid transportation charges must be supported by original receipted expense bills.
8. **FOB POINT AND FREIGHT CHARGES:** Unless otherwise specified on this order, all items shall be delivered FOB Destination. No charge for delivery, drayage, express, parcel post, packing, cartage, insurance, license fees, permits, or for any other purpose will be paid by LRCCD unless expressly included and itemized in the order. Unless otherwise shown, on "FOB Shipping Point" transactions, CONTRACTOR shall arrange for lowest cost transportation, prepay and add freight to invoice and furnish supporting freight bills if the amount exceeds \$50.00. On "FOB Shipping Point" transactions, should any shipments under this purchase order be received by LRCCD in a damaged condition and any related freight loss and damage claims filed against the carrier or carriers be wholly or partially declined with the inference that damage was the result of the act of the shipper such as inadequate packaging or loading or some inherent defect in the equipment and/or material, CONTRACTOR on request of LRCCD shall at CONTRACTOR's own expense assist LRCCD in establishing carrier liability by supplying evidence that the equipment and/or materials was properly constructed, manufactured, packaged, and secured to withstand normal transportation conditions. Shipments that are California intrastate in nature and where freight is to be borne by LRCCD shall be tendered to carriers with written instructions that rate and charges may not exceed the lowest lawful rates on file with the California Public Utilities Commission.
9. **PATENT INDEMNITY:** The CONTRACTOR shall hold LRCCD, its officers, agents and employees harmless from alleged liability of any nature or kind, including costs and attorney fees and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the contract or purchase order.
10. **TAXES:** Certain articles sold to LRCCD are exempt from certain Federal excise taxes. LRCCD will reimburse the CONTRACTOR for, or pay directly, all California State and local sales and use taxes applicable to this purchase.
11. **EQUAL OPPORTUNITY EMPLOYER:** The acceptance of this purchase order by a supplier of goods and services is a certification that such supplier complies with all provisions of executive order 11246 and is an equal opportunity employer.
12. **GENERAL SAFETY ORDERS:** All materials, supplies and services sold to LRCCD shall conform to the general safety orders of the State of California. All materials, except as otherwise specified, must be new and of the best quality of their respective kinds.
13. **INDEMNIFICATION:** CONTRACTOR shall indemnify, defend and hold harmless LRCCD, its trustees, officers, agents, employees and volunteers, from any and all claims, demands, suits, causes of action, damages, penalties, breaches of this agreement, infringement of patent rights, costs, expenses, violations of employee occupational health and safety laws, attorney fees, losses or liability, property damage, personal injuries to or death of persons, arising out of, alleged to have arisen out of, or relating in any way to CONTRACTOR's work to be performed under this agreement, except if caused solely by the negligence of LRCCD.
14. **TERMINATION:** LRCCD may terminate this agreement and be relieved of the payment of any consideration to CONTRACTOR should CONTRACTOR fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination LRCCD may proceed with the work in any manner deemed proper by LRCCD. The cost to LRCCD shall be deducted from any sum due the CONTRACTOR under this agreement and the balance if any, shall be paid the CONTRACTOR upon demand.
15. **ASSIGNMENT:** Without the written consent of LRCCD, this agreement is not assignable by CONTRACTOR either in whole or in part.
16. **PUBLIC WORKS PROJECTS:** CONTRACTOR must comply with Public Contract Code.
17. **CA LABOR CODE:** Pursuant to Section 1700, and following, the CONTRACTOR shall pay not less than the prevailing rate of per diem wages as determined by the Director of the California Department of Industrial Relations. Copies of such prevailing rate of per diem wages are on file at the Business Office of the Los Rios Community College District, 1919 Spanos Court, Sacramento, CA 95825. Those copies shall be made available to any interested party upon request. The CONTRACTOR shall forfeit, as penalty to the LRCCD, Fifty Dollars (\$50.00) for each calendar day or portion thereof, for each workman paid less than the stipulated prevailing rates for any work done under the contract by him/her or by any subcontractor under him, in violation of the provisions of such Labor Code.
18. **NOTICE:** Your employees may be exposed to hazardous substances during the course of their work while on LRCCD property. For additional information on the hazardous substances that your employees may be exposed to contact the LRCCD General Services Department at (916) 568-3048.
19. **INSURANCE:** CONTRACTOR shall, at all times, maintain in full force and effect the following insurance: Workers' Compensation, Commercial General Liability, Auto Liability, and Professional Liability if licensed professional. Policy limits for each shall be at least \$1,000,000 AND \$3,000,000 AGGREGATE for bodily injury, personal injury and property damage. Any combination of General Liability and Excess Coverage can be combined to meet the Aggregate. LRCCD shall be named as an additional insured on CONTRACTOR's policies. The CONTRACTOR shall provide a certificate of insurance and required endorsements to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.
20. **DISQUALIFIED EMPLOYEES:** CONTRACTOR shall ensure that persons who perform services on LRCCD property have not been convicted of any felony, or any controlled substance offense or any sex offense as those terms are defined by Education Code section 87008-87010. If LRCCD determines that any person employed by CONTRACTOR to work on LRCCD property is incompetent, unfaithful, intemperate, disorderly, abusive or is otherwise unsatisfactory, CONTRACTOR shall cause that employee to be removed from working on LRCCD property immediately, and that person shall not be employed again on LRCCD property.
21. **WORK AUTHORIZATION:** Prior to LRCCD's acceptance of this Agreement, CONTRACTORS who are not U.S. citizens must provide verification of (a) work authorization status from the appropriate U.S. Department of State; (b) a copy of their U.S. visa; (c) the number of days present in the U.S.; and (d) tax treaty status. LRCCD shall not make any payments to CONTRACTOR unless CONTRACTOR holds the appropriate U.S. visa. CONTRACTOR is responsible for ensuring they are in possession of the appropriate visa.
22. **WARRANTY:** CONTRACTOR expressly warrants that all materials, goods, equipment, services, and/or labor shall conform to the requirements set forth or incorporated into this order and any applicable industry standards or requirements, shall be merchantable and free from defects in workmanship, materials and/or design (including latent defects), and shall perform as specified. CONTRACTOR further warrants that all materials, goods, equipment, services, and/or labor will be fit and sufficient for the particular purposes intended by LRCCD. Unless agreed upon otherwise between LRCCD and CONTRACTOR, the warranty period shall be the longer of: (a) any express warranty included in this service agreement; (b) one year after the materials, goods, equipment, services, and/or labor are accepted by LRCCD; or (c) any warranty period provided under any applicable California law.

# Requisition

*FORMECHA INC.*

Supplier: MISCELLANEOUS 0000003680  
 \*\*\*\*\*  
 \*\*\*\*\* CA 95825  
 United States

F.I.C BUSINESS SERVICES

email:

2018 OCT 22 P 1:51

Ship To: RECEIVING  
 10 COLLEGE PARKWAY  
 FOLSOM CA 95630-6798

Business Unit: GENFD OPEN	
Req ID: 0001015541	Date: 10/16/2018
Page: 1	
Requisition Name: 2019 Formech for MAKR	
Requester: Amira Saati	Bldg#: SME
Requester Signature	
Buyer: Suzanne Rouiller	
Approved:	
Entered By: SAATIA 16-OCT-2018	

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	VACUUM FORMER COMPAC MINI VACUUM FORMER	1	EA	2,909.00	2,909.00	10/30/2018

ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQUIP 1 PROFILE: EQP:OTHER

Compac Mini spare parts kit included (\$230 value)

2-1	MACHINE TROLLEY COMPAC MINI MACHINE TROLLEY	1	EA	371.00	371.00	10/30/2018
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ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQUIP 1 PROFILE: EQP:OTHER

3-1	PLASTIC STARTER PACK COMPAC MINI STARTER PACK OF PLASTIC	1	EA	159.00	159.00	10/30/2018
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ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQUIP 1 PROFILE: EQP:OTHER

4-1	REDUCING WINDOW COMPAC MINI REDUCING WINDOW STD 5" X 5" (APERTURE)	1	EA	151.00	151.00	10/30/2018
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ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: EQUIP 1 PROFILE: EQP:OTHER

5-1	DELIVERY DELIVERY DESKTOP MACHINE	1	EA	800.00	800.00	10/30/2018
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ASSET DEPT: SME LOCATION: 04ASPH130 CATEGORY: SHP 1 PROFILE: EQP:OTHER

*BAH* 278.23  
 4,390.00 Sub-total  
 340.22 Est. tax  
 Total Requisition Amount: 4,730.22

Formech Inc.  
 8475 Murphy Drive  
 Middleton, WI 53562

Order # 00669  
 Quote Dated: 09/20/2018

ENTERED  
 INS

Approval Signature <i>[Signature]</i>	Approval Signature <i>[Signature]</i>	Approval Signature <i>[Signature]</i>
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# Requisition

**Supplier:** MISCELLANEOUS

000003680

\*\*\*\*\*  
\*\*\*\*\* CA 95825  
United States

**email:**

**Ship To:** RECEIVING  
10 COLLEGE PARKWAY  
FOLSOM CA 95630-6798

<b>Business Unit:</b> GENFD OPEN	
Req ID: 0001015541	Date: 10/16/2018
Requisition Name: 2019 Formech for MAKR	
Requester: Amira Saati	Bldg#: SME
Requester Signature	
Buyer: Suzanne Rouiller	
Approved:	
Entered By: SAATIA 16-OCT-2018	

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
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BU	Acct	Fd	Org	Prog	Sub	Proj	Amount
GENFD	6490	12	FL.VI.SWPA	09000	00000	481Z	4,390.00


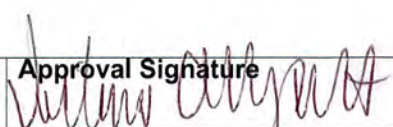
**Purchases Charged to Catagorical Programs, Grants or Special Project.**

This purchase is in compliance with the requirement of Strong Workforce

For grants/special projects 481Z

Eligible Equipment Victoria Alyson

Name: Call

<p><b>Approval Signature</b> </p>	<p><b>Approval Signature</b> </p>	<p><b>Approval Signature</b></p>
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## Quotation I-00724

<b>Date:</b>	20/09/2018	<b>Vendor:</b>	Formech Inc
<b>Due date:</b>	20/10/2018		8475 Murphy Drive
<b>Buyer:</b>	Folsom Lake College Innovation Center		Middleton, WI 53562
	10 College Parkway		USA
	Folsom, CA 95630		608-424-2524
	USA		info@formechinc.com
	+1 916.608.6605		www.formechinc.com
<b>Order:</b>	CO-00669		

	Part #	Name	Quantity	Price per unit	Discount	Subtotal
1	M01-01	Compac Mini vacuum former	1 Piece	USD 2,909.00		USD 2,909.00
2	M01-04	Compac Mini machine trolley	1 Piece	USD 371.00		USD 371.00
3	M01-100	Compac Mini spare parts kit	1 Piece	USD 230.00	100%	USD 0.00
4	M01-05	Compac Mini starter pack of plastic	1 Piece	USD 159.00		USD 159.00
5	M01-02-1	Compac Mini reducing window std 5"x5" (aperture)	1 Piece	USD 151.00		USD 151.00
6	P&P-0100	Delivery desktop machine	1 Piece	USD 800.00		USD 800.00
7	A-01075	Sales Tax	1 Piece	USD 278.23		USD 278.23
<b>Total:</b>						USD 4,668.23
<b>Tax:</b>						0% USD 0.00
<b>Total including tax:</b>						<b>USD 4,668.23</b>

Lead time: 3-4 weeks

**Payment terms:** Full payment due before items dispatched/collected  
This quotation is valid for a period of 30 days from the date of issue

If you would like to accept this quote, please email us your purchase order confirmation.



**LOS RIOS COMMUNITY COLLEGE DISTRICT**  
**Sole Source Purchase Justification**

Vendor: Formech Inc Requisition No: 0001015541  
Commodity/Service: Compac Mini Vacuum  
Estimated annual expenditure for the above commodity or service: \$: 4731

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Pursuant to Purchasing Policy, Sole Source purchase requests & approvals must be performed in advance and shall be supported by written documentation. This form and appropriate supporting documentation fulfills that requirement.

Initial all entries below that apply to the proposed purchase. Attach support documentation justification memo as described below (More than one entry will apply to most sole source products/services for purchase requested).

1. CU SOLE SOURCE REQUEST IS FOR THE ORIGINAL MANUFACTURER OR PROVIDER, THERE ARE NO REGIONAL DISTRIBUTORS. (Attach the manufacturer's written certification that no regional distributors exist. Item no. 4 also must be completed).
  
2. \_\_\_\_\_ SOLE SOURCE REQUEST IS FOR ONLY GREATER SACRAMENTO AREA DISTRIBUTOR OF THE ORIGINAL MANUFACTURER OR PROVIDER. (Attach the manufacturers — not the distributor's — written certification that identifies all regional distributors. Item no. 4 also must be completed).
  
3. CU THE PARTS/EQUIPMENT IS NOT INTERCHANGEABLE WITH SIMILAR PARTS OF ANOTHER MANUFACTURER. (Explain in separate memorandum).
  
4. CU THIS IS THE ONLY KNOWN ITEM OR SERVICE THAT WILL MEET THE SPECIALIZED NEEDS OF THIS DEPARTMENT OR PERFORM THE INTENDED FUNCTION. (Attach memorandum with details of specialized function or application).
  
5. \_\_\_\_\_ THE PARTS/EQUIPMENT IS REQUIRED FROM THIS SOURCE TO PERMIT STANDARDIZATION. (Attach memorandum describing basis for standardization request).
  
6. \_\_\_\_\_ CALIFORNIA MULTIPLE AWARD SCHEDULE (CMAS)PURCHASE CONTRACT NO: \_\_\_\_\_
  
7. \_\_\_\_\_ "PIGGY-BACK"/UMBRELLA PURCHASE ON ANOTHER GOVERNMENT ENTITY'S CONTRACTS
  
8. \_\_\_\_\_ NONE OF THE ABOVE APPLIES. A DETAILED EXPLANATION AND JUSTIFICATION FOR THIS SOLE SOURCE REQUEST IS CONTAINED IN ATTACHED MEMORANDUM.

The undersigned requests commodities and services to be procured from the vendor identified as the sole source supplier of the service or material described in this sole source justification and is authorized as a sole source for the service or material.

CU \_\_\_\_\_ 16 Oct 2018  
AUTHORIZED SIGNATURE DATE

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**SOLE SOURCE AUTHORIZATION: (PURCHASING USE ONLY)**

**APPROVED**  **DISAPPROVED**

By: \_\_\_\_\_ Date: \_\_\_\_\_ Guidelines Div. #: \_\_\_\_\_

9/23/18

To Whom It May Concern:

This letter is to inform Folsom Lake College that Formech Inc. is the sole supplier for vacuum formers of their specifications in North and South America. Formech has a small network of resellers in North America; however, all pricing is standardized globally by Formech International Limited.

Please let me know if there are any questions, I am available by phone or email and my contact details are below. Thank you for your interest.

Sincerely,



Nic Neath

**Formech, Inc.**

Head of North American Sales

773.656.2757 - direct

[nicneath@formechinc.com](mailto:nicneath@formechinc.com)

Formech Inc  
1 South Dearborn, Suite 2100, Chicago, IL 60603  
Phone: 312-396-4072 Fax: 312-396-4073

Email: [sales@formechinc.com](mailto:sales@formechinc.com)

see our full range of vacuum forming machines at [www.formech.com](http://www.formech.com)

## **Folsom Lake College Innovation Center**

To: Greg McCormac, Brenda Haney  
From: Dowell, Zachary  
CC: Linda Santoro  
Date: 10.02.18  
Re: Sole Source Justification, Formech Compac Mini

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3. The parts/equipment is not interchangeable with similar parts of another manufacturer. There are no other small form factor thermoplastic forming stations available that meet project requirements.

4. This is the only known item or service that will meet the specialized needs of this department or perform the intended function.

Based on extensive research, the only appropriate, affordable and well-supported small format thermoplastic forming station that meets the needs of the Innovation Center is the Formech Compac Mini. The only vendor for the Formech Compac Mini and associated hardware is Formech.



**LOS RIOS COMMUNITY COLLEGE DISTRICT**

1919 Spanos Court, Sacramento, CA 95825  
Phone (916) 568-3071 FAX (916) 568-3145  
Purchasing Department  
[lrcddpurchase@losrios.edu](mailto:lrcddpurchase@losrios.edu)



Sacramento City College    American River College    Cosumnes River College    Folsom Lake College

**CONFLICT OF INTEREST STATEMENT**

This is to certify that the undersigned employee(s) has/have no economic interests which may foreseeably be materially affected by having participated in the development of the specifications for service, equipment and/or material represented by the referenced requisition.

*(Pursuant to District Regulation R-8323 and District Policy P-8611*

*This form must be signed and submitted with the Purchase Requisition (GS Form 127) for those transactions listed below.)*

- ❖ Sole Source
- ❖ Professional Service Agreements
- ❖ Service Agreements (GS Form 78: Rev. 2/2012)
- ❖ Selection Committee Recommendations (formal process)

**READ CAREFULLY BEFORE SIGNING:**

16-Oct 2018  
Employee/Date

  
Selection Committee Member/Date

0601015541  
Requisition Number

\_\_\_\_\_  
Selection Committee Member/Date

\_\_\_\_\_  
Selection Committee Member/Date

\_\_\_\_\_  
Selection Committee Member/Date

\_\_\_\_\_  
Selection Committee Member/Date

\_\_\_\_\_  
Selection Committee Member/Date

OFFICIAL USE ONLY:	
PURCHASE ORDER#	
BUYER/DATE:	



American River College ■ Cosumnes River College ■ Folsom Lake College ■ Sacramento City College

# VENDOR PACKET

1. REVIEW :

Welcome Letter

Vendor Application

Contractor Requirements for public works projects including maintenance

Insurance Requirements for vendors providing onsite or contract services

Purchase Order Terms and Conditions

2. COMPLETE AND RETURN:

Vendor Application

Federal Tax Form W-9

CA Tax Form(s) - 590, 587, 588, 589 as applicable

Insurance Certificate

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VENDOR NAME: Formech Inc.

Return the following documents via email, mail or fax:

Application     W-9     CA Tax Form     Insurance

Email – [lrcddpurchase@losrios.edu](mailto:lrcddpurchase@losrios.edu)

Mail – 1919 Spanos Court, Sacramento, CA 95825

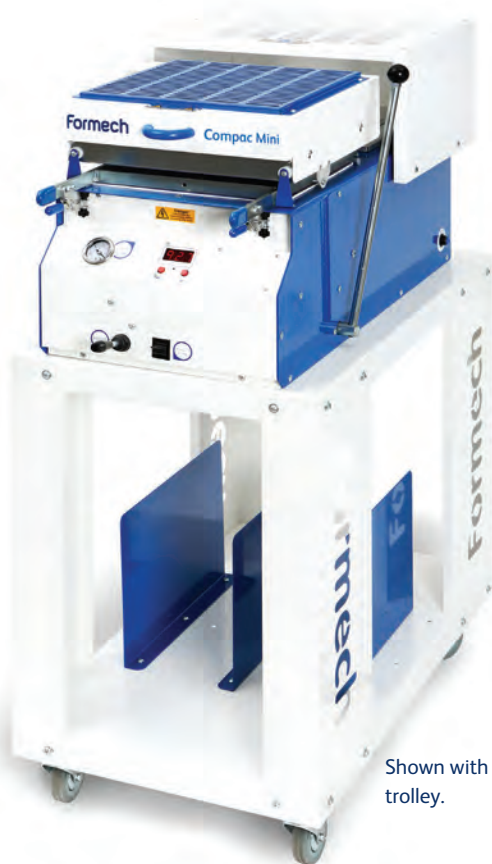
Fax – (916) 568-3145

# Formech Compac Mini

## Desktop Vacuum Forming Machine

Easy to operate and experiment with, Formech's plug n' play single zone compac mini is the perfect solution for hobbyists and first time users. Incredibly compact and efficient with the latest quartz heaters, yet hugely capable and robust enough for professional use.

Formech's interlocking feature prevents the table from being raised whilst the heater is in the forward position ensuring safe operation for inexperienced operators. A digital timer with audible warning helps achieve consistent cycle times.



Shown with optional trolley.

### Key Features

- Quartz Heaters
- Safety Interlock
- Vacuum & Release
- Vacuum Gauge
- Digital Timer

### Options

- Reducing Windows
- Trolley
- Starter Pack of Plastic
- Spare Parts Kit

### Technical Specifications

Forming Area (mm / inches)		Sheet Size (mm / inches)		Max Depth of Draw	Max Material Thickness	Heating Zones	Heater Type
230 x 280mm / 9 x 11"		250 x 300mm / 10 x 12"		130mm / 5"	4mm / 0.15"	1	Quartz

Width	Height	Depth	Weight	Single Phase Power Requirements	Europe – 3 Phase Power Requirements	USA – 3 Phase Power Requirements	Power Consumption	Air Requirements
440mm / 17.3"	425mm / 16.7"	835mm / 32.9"	33kg / 73lbs	208-240V / 13A	n/a	n/a	0.95kW	n/a

### Formech Compac Mini customers include:

- Clear Step (Medical – UK)
- Anahuac (Education – Mexico)
- Ecole de Technologie Superieure (Education – Canada)
- Cacao Prieto (Artisan Chocolatier – USA)
- Cocoa Atelier (Artisan Chocolatier – Ireland)
- Claremont Secondary School (Education – Canada)
- Coining of America (Preforms – USA)
- Motorola (R&D – USA)
- Hallmark Cards (Prototyping – USA)
- Chicago School of Mold Making (Education – USA)
- Lutron Electronics (Electronics – USA)
- Inserm (Education – France)
- Laney College (Education – USA)
- Cr8 Packaging GmbH (Packaging – Germany)
- NAFENA Industries sp. z o.o. (Construction – Poland)
- Chocolate Tree (Chocolate & Confectionery – UK)
- Rick Jordan Chocolatier (Chocolate & Confectionery – USA)

For more information and product videos [formech.com](https://www.formech.com)

## Haney, Brenda

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**From:** Dowell, Zachary  
**Sent:** Thursday, October 25, 2018 6:48 PM  
**To:** Haney, Brenda  
**Subject:** RE: Voice Mail from Haney, Brenda (1 minute and 7 seconds)  
**Attachments:** Spec-sheet-Formech Compac Mini.pdf; RPT-ENTLRCC-DPGMA-WORKORDERNOGROUPS-9-5-2018.HTM

Brenda,

No special install. Some potential electrical improvements that FM has provided a quote for (attached). Cut sheet for the machine also attached.

Thanks,  
Zack

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**From:** Microsoft Outlook **On Behalf Of** Haney, Brenda  
**Sent:** Thursday, October 25, 2018 2:45 PM  
**To:** Dowell, Zachary <DowellZ@flc.losrios.edu>  
**Subject:** Voice Mail from Haney, Brenda (1 minute and 7 seconds)

**You received a voice mail from Haney, Brenda at w0003246@losrios.edu**

Caller-Id: [w0003246@losrios.edu](mailto:w0003246@losrios.edu)  
Job Title: Account Clerk III  
Company: FLC  
Work: [+1 \(916\) 608-6635](tel:+19166086635)  
E-mail: [haneyb@flc.losrios.edu](mailto:haneyb@flc.losrios.edu)  
IM Address: [w0003246@losrios.edu](mailto:w0003246@losrios.edu)

Learn how to listen to your voicemail from your desk. See the [Play-on-Phone guide](#).





**Work Order FM-113561**

Facilities Maintenance  
 Issued (Pending Campus Approval)  
 Sent 9/5/2018 - 11:48 AM (Duplicate Copy)

**Maintenance Details**

**Requested By:** Williams, Melissa on  
 8/28/2018 12:44:00 PM  
**Taken By:** Williams, Melissa  
**Problem:** Work Order Estimate  
 Required (WOER)  
**Last PM:** 5/15/2018

**Target:** 8/28/2018 (1) hr  
**Priority/Type:** 2-Normal / Work Order  
**Supervisor:** Flores, Kenneth  
**Shop:** EL

Folsom Lake College  
 FLC09-FL1 Aspen Hall  
 Floor 1  
**Room 130**

**Contact:** Williams, Melissa  
**Phone:**

**Reason:** FL1-130, Makerspace. Please advise if a 208V can be added to the side wall (wall with the sink) for a possible new machine that the Makerspace may purchase. Need to confirm that if this machine is used, it won't overload the circuits. Please reach out to Missy for cut sheet. Russell and Mike have spoke with Missy and saw the space where the power in question would need to go. Makerspace not sure if they will purchase, however they have asked if it is possible.Thank you!

- Warranty     Shutdown     Lockout     Attach     Charge

**Tasks**

#	Description	Rating	Meas.	Initials	Failed	N/A	Complete
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Labor**

Labor	Account	Assigned	Work Date	Start	End	Reg Hrs	OT Hrs	Other Hrs
Wilson,Michael		8/31/2018 / 1						

**Parts/Tools**

Item	Location	Account	Est Qty	Actual Qty

**Other Costs**

Name	Description	Invoice #	Account	Date	Est Cost	Actual Cost
Materials					\$300.00	

**Labor Report**

**Completed:** \_\_\_\_\_ **Failure:** \_\_\_\_\_

**Report:**



**LOS RIOS**  
**COMMUNITY COLLEGE DISTRICT**  
 1919 Spanos Court ■ Sacramento, CA 95825  
 PURCHASING DEPARTMENT (916) 568-3071  
 Fax (916)568-3145 ■ lrccdpurchase@losrios.edu

# VENDOR APPLICATION

Return signed completed form to Purchasing via fax or email.

NAME: \_\_\_\_\_

<b>NAME OF FIRM</b> Formech Inc.		<b>FEDERAL ID# OR SOCIAL SECURITY #</b> 13-3432509	
<b>MAILING ADDRESS</b> 8475 Murphy Drive - Middleton, WI 53562		<b>REMIT ADDRESS (if different)</b>	
<b>PHONE</b> 6084242524	<b>FAX</b>	<b>EMAIL</b> admin@formechinc.com	

<b>WEBSITE</b>			<b>ORGANIZATION/REGISTRATION</b> (Check all that apply)	
			Individual	Contractor License# _____
<b>AUTHORIZED COMPANY REPRESENTATIVES</b>			Partnership	DIR Registration# _____
Name	Title/Capacity	Email	Non Profit	_____
Nic Neath	Director of Sales	nic@formechinc.com	WI & CA	_____
			Corporation (List State Incorporated)	_____
			Is business registered in the State of California?	
			Yes	No

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT		
vacuum forming machinery	plastic material	
tooling supplies		

<b>VENDOR CERTIFICATION</b>		<b>OTHER BUSINESS INFORMATION</b>	
I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios, nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer. NLP _____ INITIALS		Payment Terms upfront _____	Discounts Extended _____
		Refund/Returns _____	
		_____ SIGNATURE TITLE DATE	
		Sales Admin 10/12/2018	



# Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Formech Inc**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**8475 Murphy Drive**

6 City, state, and ZIP code  
**Middleton WI 53562**

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Print or type.  
See Specific Instructions on page 3.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-			-			
--	--	--	--	---	--	--	---	--	--	--

or

Employer identification number

1	3	-	3	4	3	2	5	0	9
---	---	---	---	---	---	---	---	---	---

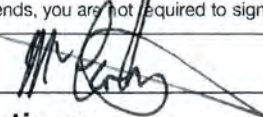
## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ 

Date ▶ **20 June - 2018**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding, later.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/09/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Ralph Weiner & Associates 720 Astor Lane  Wheeling IL 60090-6256	<b>CONTACT NAME:</b> Patricia Koziol <b>PHONE (A/C, No, Ext):</b> (847)465-1212 <b>FAX (A/C, No):</b> (847)465-1414 <b>E-MAIL ADDRESS:</b> pkoziol@ralphweiner.com														
<b>INSURED</b>  Formech Inc. 2324 Pinehurst Dr. Suite A Middleton WI 53562	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : United Specialty Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B : Rated by Multiple Companies</td> <td>00914</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : United Specialty Insurance Co		INSURER B : Rated by Multiple Companies	00914	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															

COVERAGES

CERTIFICATE NUMBER: CL187909606

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR \$500 ded applies to BI/PD per claim GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			USA-4214589	03/27/2018	03/27/2019	EACH OCCURRENCE    \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence)    \$ 300,000 MED EXP (Any one person)    \$ 5,000 PERSONAL & ADV INJURY    \$ 1,000,000 GENERAL AGGREGATE    \$ 2,000,000 PRODUCTS - COMP/OP AGG    \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)    \$ BODILY INJURY (Per person)    \$ BODILY INJURY (Per accident)    \$ PROPERTY DAMAGE (Per accident)    \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE    \$ AGGREGATE    \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		83WECCB5809	09/27/2017	09/27/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT    \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE    \$ 1,000,000 E.L. DISEASE - POLICY LIMIT    \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

General certificate	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <div style="text-align: right; font-family: cursive; font-size: 1.2em;">                     Patricia A. Koziol                 </div>
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