LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001105473

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

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Supplier: 0000003216 LIFE ASSIST INC

11277 SUNRISE PARK DRIVE RANCHO CORDOVA CA 95742

Phone: Fax:

(800) 824-6016 (800) 290-9794

email: customerservice@life-assist.com

Date	Revision	Page
05/13/201	9	1
Payment To	erms Freight Terms	Ship Via
NET 30	Shipping Point	Best Metho
Reference:		Location / Dept
1018914 HENDRICKST HANEYR		04CVPH210 CTT

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	EXTRICATION DEVICE: KED SW101 FERNO WASHINGTON # 0313676	2.00 EA	143.00	286.00	05/10/2019
2- 1	REGULATOR: INOVO; BRASS CORE OXYGEN REGULATOR OG888-05 INOVO, INC. # IN3125-R	3.00 EA	56.50	169.50	05/10/2019
3- 1	O2 MASK: NON-REBREATHER CASE	1.00CS	86.00	86.00	05/10/2019
	OM1059 TELEFLEX MEDICAL # 1059				
4- 1	SHIPPING EST	1.00EA	50.00	50.00	05/13/2019

Sub Total Amount
Sales Tax Amount
Total PO Amount

591.50
41.98
633.48

BU GENFD

Acct Fd 4300 12

<u>Org</u> FL.VI.VTEA

Prog TEA 49990

Prog Sub 49990 00000 Proj

<u>Amount</u> 633.48

BYear 2019

0001018914CHAVEZA29-APR-2019

Verification of this purchase order can be made using the Los Rios Community College District web site listed below. If you have any questions, please contact the Purchasing Office at (916)568-3071.

http://www.losrios.edu/purchasing/povalidation

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.

Change Order Request

Email Completed Change Order Request Form to: FLC-BSOChangeOrder@flc.losrios.edu

(One PO per Change Order) REQUEST DATE: 5/16/19 COLLEGE/DEPT.: CTE
VENDOR NAME: Life Assist
CANCEL PURCHASE ORDER (a purchase order can only be cancelled if there is no receiver or voucher against it)
CLOSE REMAINING BALANCE ON PO.
☐ INCREASE BLANKET PO BY \$ BUDGET:
☐ DECREASE BLANKET PO BY \$ BUDGET:
☐ ADD AUTHORIZED SIGNER TO BLANKET PO:
☐ DELETE AUTHORIZED SIGNER TO BLANKET PO:
CANCEL LINE(S) # DESCR: (Cannot cancel items that have been received or invoiced)
☐ INCREASE QTY on LINE# BY BUDGET:
☐ DECREASE QTY on LINE# BY BUDGET:
x CHANGE UNIT PRICE on LINE# 2 TO \$72.15
x CHANGE DESCR on LINE# 2 TO MERET™ Brass EMS BRUUT™ O2 Regulator, Liter Flow Only
☐ CHANGE BUDGET TO ON ☐ ALL LINES; ☐ LINE(S)#
☐ ADD THE FOLLOWING ITEMS TO THE PURCHASE ORDER:
QTY: UOM: UNIT PRICE: DESCR:
QTY: UOM: UNIT PRICE: DESCR:
QTY: UOM: UNIT PRICE: DESCR:
BUDGET: GENFD 4300 12 FL.VI.VTEA 49990 00000 314A
FUND 12 REQUIREMENT – COMPLETE ONLY IF ADDING A BUDGET WITH NEW DEPT/ORG OR PROJ/GRANT#:
Program Name: VTEA / Perkins Project/Grant Number:
314A 1
Program Director/Coordinator Signature:
COMMENTS: QTY of line #2 to remain the same - th

Requisition

Supplier: LIFE ASSIST INC 0000003216 **Business Unit:** GENFD OPEN 11277 SUNRISE PARK DRIVE Reg ID: Date Page RANCHO CORDOVA CA 95742 0001018914 04/24/2019 **United States** Requisition Name: 2019 LifeAssist EMT s5 **Phone:** (800) 824-6016 Fax: (800) 290-9794 Bldg# Requester email: customérservice@life-assist.com Theresa Hendricks CTE Requester Signature Ship To: **RECEIVING** 10 COLLEGE PARKWAY Buyer: Brenda Haney FOLSOM CA 95630-6798 Approved: Entered By: HENDRICT 24-APR-2019 Line-Schd Description Quantity UOM Extended Amt Due Date Price 1-1 EXTRICATION DEVICE: KED EΑ 143.00 286.00 05/10/2019 SW101 FERNO WASHINGTON # 0313676 2-1 REGULATOR: INOVO; BRASS CORE OXYGEN EΑ 56.50 169.50 05/10/2019

> 591.50 Sub-total 45.86 Est. tax

86.00

50.00

86.00 05/10/2019

50.0005/10/2019

Total Requisition Amount: 637.36

CS

EΑ

1

WEB QUOTE

3-1

4-1

PERKINS EXPENDITURE CHECKLIST

PERKIN EXPENDITURE CHECKLIST REVISION

<u>BU</u> <u>Acct</u> <u>Fd</u> <u>Org</u> <u>Prog</u> <u>Sub</u> <u>Proj</u> <u>Amount</u> GENFD 4300 12 FL.VI.VTEA 49990 00000 314A 591.50

REGULATOR OG888-05

TELEFLEX MEDICAL

SHIPPING EST

O2 MASK: NON-REBREATHER CASE

INOVO, INC. # IN3125-R

OM1059

1059

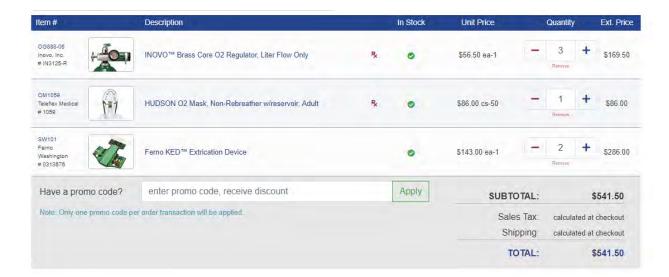
Purchases Charged to Catagorical Programs, Grants or Special Project.

This purchase is in compliance with the requirement of _______

For grants/special projects ______

Name: _____

Approval Signature	Approval Signature	Approval Signature



Free shipping

