



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: Christy Pimental	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" 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	Sam's Club					53.72
2						
3						
4	Reimbursement for					
5	Celebration of success.					
6	Thursday, May 2, 2019					
7	Event was for DSPS					
8	Students + Center for					
9	Excellence.					
10						

Purchases Charged to Categorical Programs, Grants or Special Projects This purchased is in compliance with the requirements of:		SUB-TOTAL	53.72
Program Name: DSPS		SALES TAX	
Program Director/Coord. Signature: <i>[Signature]</i>	For grants/special projects: 428A	TOTAL	53.72
Program Goal/Objective/Number/Explanation: Support to students with disabilities	Project/Grant Number	(Not to Exceed \$200.00)	

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.

Received by _____ Date _____

REQUESTED BY: *[Signature]* TYPED/PRINT: **CHRISTY PIMENTAL** DATE: **5.3.19**

Bus. Unit: **64200** Account: **00000** Fund: **2019** Org: **428A** Amount: **53.72**

REQUESTED BY: _____ SIGNATURE: *[Signature]* DATE: **5/8/19**

Program: _____ Sub-Class: _____ BY: _____ Proj/Grnt: _____ Amount: _____

APPROVED: _____ DEAN OR OTHER AUTHORIZED SIGNATURE: *[Signature]* DATE: **5/22/19**

Bus. Unit: _____ Account: _____ Fund: _____ Org: _____ Amount: \$ _____

✓ mic
 5/24/19
 Aeps
 2

S A N ' S C L U B
Self Checkout

CLUB MANAGER TIMOTHY COOK
(916) 817 - 8965

05/02/19 15:12 9546 06620.096 9096

WN

E	461025	CUPCAKES	F	13.43	N
E	461025	CUPCAKES	F	13.43	N
E	461025	CUPCAKES	F	13.43	N
E	461025	CUPCAKES	F	13.43	N
		SUBTOTAL		53.72	

TOTAL 53.72

VISA 53.72

CHASE VISA **** * 6095 I 3
APPROVAL # 09700A

AID A0000000031010
TC AF38FD286298076D
TERMINAL # SC011026
*NO SIGNATURE REQUIRED

CHANGE DUE 0.00

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ITEMS SOLD 4

TC# 8374 1937 1220 2336 8058



*** MEMBER COPY ***



Center for Excellence

ColMBRKs • CARE • NSPS • EGPS • NextUp

CELEBRATION OF SUCCESS

MAY 2 2017 | THURSDAY • 5-7PM | FLG ROOST

~ Save the date ~