

**FOLSOM LAKE COLLEGE
REVOLVING FUND ACCOUNT**

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

CHECK NO. **F- 01921**

DATE **11/7/2018**

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

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

TO **BROOKSIDEN LLC dba VOLLEYS TENNIS SHOP
231 G STREET, STE. 5
DAVIS, CA 95616**

REQUISITIONED BY **F3462 CROFF / WRIGHT**

| | | | | | | | | |
|----------|---------|------|------------------|---------|-------|------|---------------|---------|
| GENFD | 4300 | 12 | FL.VI.KINE | 08700 | 00000 | 2019 | 700P | \$97.43 |
| 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 |
|----------|------|--|------------|-------------------|
| 10.00 | EA | EDWARDS CENTER STRAP | 9.000 | 90.00 |
| | | SALES TAX (8.25%) - FOR WILL CALL FROM DAVIS CA, 95630 | | 7.43 |
| | | ORDER TOTAL | | 97.43 |
| | | PRE-PAY PER QUOTE# 18 10/31/18 | | |
| | | Athletics Dept., Jeff Chale to Will Call this Order | | |
| | | RECEIVED BY: _____ | | |
| | | DATE: _____ | | |

| | | | |
|---|---|---|---|
| <p>FOLSOM LAKE COLLEGE 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 November 7, 2018 DATE: _____</p> | <p>No. F- 01921 90-7162 3222</p> |
| <p>PAY TO THE ORDER OF Brooksiden LLC dba Volley's Tennis Shop *****</p> | | <p>\$ 97.43</p> | |
| <p>Ninety-seven and 43/100 *****</p> | | <p>DOLLARS</p> | <p>*VOID 6 MONTHS FROM DATE DRAWN</p> |
| <p>NON-NEGOTIABLE</p> | | | |
| <p>ADMINISTRATIVE SERVICES</p> | | | |



11-1-18

P.O. No. F 3462

Date 11-1-18

LIMITED PURCHASE ORDER

(Not to Exceed \$200.00)

| | |
|---|--|
| VENDOR NAME AND ADDRESS: Volleys Tennis Shop 231 G. Street, Suite 5 Davis, CA 95616 | DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call <i>merchandise</i> Jeff Chate to FLO & drop off Revolving check. Please have check ready by Nov. 8, 2018. |
|---|--|

| ITEM | DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES | ORDERED | | | UNIT PRICE | TOTAL |
|------|--|----------|------|-----------|------------|-------|
| | | QUANTITY | UNIT | STOCK NO. | | |
| 1 | Edwards Center Strap | 10 | ea | | 9.00 | 90.00 |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | Please issue revolving check. | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | M&W Tennis Supplies | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

RWL FLO 1921

| | |
|---|--|
| Purchases Charged to Categorical Programs, Grants or Special Projects This purchased is in compliance with the requirements of: <u>Lottery</u> Program Name <u>700P</u> Project/Grant Number Program Director/Coord. Signature: <u>[Signature]</u> | SUB-TOTAL <u>90.00</u> SALES TAX <u>7.43</u> TOTAL <u>\$97.43</u> (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. <u>Jeanne Croff</u> 11/1/18 REQUESTED BY: TYPED/PRINT DATE | Received by _____ Date _____ <u>GEFF 4300 / 12 FL.VI. KTNE</u> Bus. Unit Account Fund Org |
| <u>Jeanne Croff</u> REQUESTED BY: SIGNATURE DATE | <u>08700 / 00000 / 2019 / 700P</u> \$ <u>97.43</u> Program Sub-Class BY Proj/Grnt Amount |
| <u>[Signature]</u> 11.2.18 APPROVED: DEAN OR OTHER AUTHORIZED SIGNATURE DATE | Bus. Unit Account Fund Org |
| <u>[Signature]</u> 11/02/18 APPROVED: VICE PRESIDENT, ADMINISTRATION DATE | Program Sub-Class BY Proj/Grnt Amount |

Volleys

TENNIS SHOP

Davis, California

Volleys Tennis Shop
231 G Street
Davis, CA 95616
530-759-0109

Sales Receipt

Sales: 26,163
Account #: 000-000-5684
Date: 11/19/2018 Time: 1:46:26 PM
Cashier: 714 Register #: 1

| Item | Description | Amount |
|-------------|---|---------|
| 84256908327 | Edwards Center Strap, 10.00 @ \$9.00 | \$90.00 |
| | Sub Total | \$90.00 |
| | Yolo County Sales Tax | \$7.43 |
| | Total | \$97.43 |
| | Check Tendered | \$97.43 |
| | Check: | |
| | Auth: | |
| | Change Due | \$0.00 |



26163

Thank you for shopping at
Volleys Tennis Shop
We hope you'll come back soon!

Volleys Tennis Shop

231 G Street
Suite 5
Davis, CA 95616

Estimate

| Date | Estimate # |
|------------|------------|
| 10/31/2018 | 18 |

| Name / Address |
|---|
| Folsom Lake College Athletics 10 College Parkway Folsom, CA 95630 |

| | | | Project |
|---|-----|--------------------------|---------|
| Description | Qty | Rate | Total |
| Edwards Center Strap | 10 | 9.00 | 90.00T |
| Thank you for supporting Volleys, your local tennis and badminton shop! | | Subtotal | \$90.00 |
| | | Sales Tax (8.25%) | \$7.43 |
| | | Total | \$97.43 |

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

| | |
|--|---|
| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Brooksiden, LLC | |
| 2 Business name/disregarded entity name, if different from above Volleys Tennis Shop | |
| 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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ <u> S </u> <small>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.</small> <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small> |
| 5 Address (number, street, and apt. or suite no.) See instructions. 231 G Street, Ste. 5 | Requester's name and address (optional) |
| 6 City, state, and ZIP code Davis, CA 95616 | |
| 7 List account number(s) here (optional) | |

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 | |
| 4 6 - 1 4 4 1 0 6 6 | |

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ <u>9/15/18</u> |
|------------------|--------------------------|-----------------------|

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.

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.



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: Scot Siden

| | | | |
|---|------------|---|--|
| NAME OF FIRM Brooksiden, LLC dba Volleys Tennis Shop | | FEDERAL ID# OR SOCIAL SECURITY # 46-1441066 / - - - | |
| MAILING ADDRESS 231 G Street, Ste. 5 Davis, CA 95616 | | REMIT ADDRESS Same | |
| PHONE 530-759-0109 | FAX | EMAIL volleystennisshop@gmail.com | |

| | | | |
|--|--|-------|------|
| WEBSITE www.volleystennisshop.weebly.com | ORGANIZATION CLASSIFICATION (Check all that apply) | | |
| AUTHORIZED COMPANY REPRESENTATIVES | Individual | _____ | MBE |
| | Partnership | _____ | WBE |
| | Non Profit | _____ | DVBE |
| | Calif Corporation (List State Incorporated) | _____ | |
| | Contractor s License # _____ | | |

| PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES AVAILABLE TO THE DISTRICT | | |
|--|--|--|
| Tennis equipment | | |
| | | |
| | | |
| | | |

| | | | |
|--|--|---|-----------------|
| VENDOR CERTIFICATION I certify that all statements contained herein are correct. understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. 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. understand the requirements for fulfilling and invoicing orders. further certify this firm is an equal opportunity employer. _____ SS INITIALS | OTHER BUSINESS INFORMATION | | |
| | Payment Terms _____ Refund/Returns _____ SIGNATURE | Discounts Extended _____ Co-Owner TITLE | 11/1/18 DATE |