

LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASE ORDER NO 0001110917

COMPL

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.

Date	Revision	Page
02/28/2020		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:	Location / Dept	
1024995 ZWERENZK HANEYB	04EDCA103 EDC	

Supplier: 0000000117
ASCP
AMER SOCIETY OF CLINICAL PATHOLOGY
33 W MONROE ST STE 1600
CHICAGO IL 60603

Phone: (312) 541-4999
Fax: (312) 541-4998

email:

Ship To: EL DORADO CENTER
RECEIVING
6699 CAMPUS DRIVE
PLACERVILLE CA 95667
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	PPRMLT 2020 PROGRAM PERFORMANCE REPORT MEDICAL LAB TECHNICIAN SCHOOL CODE 004128 CUSTOMER #25468423	1.00 EA	150.00	150.00	03/04/2020

PAY PPR INVOICE ORDER #4005267036 10-04-2019

Paid Ch#94-792039
3/03/20 AMT \$150.00

Sub Total Amount	150.00
Sales Tax Amount	0.00
Total PO Amount	150.00

BU	Acct	Ed	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4300	12	FL.VI.ALHT	12050	00000	700P	150.00	2020

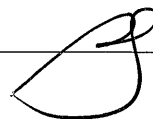
0001024995CHAVEZA27-FEB-2020

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.

Requisition

Supplier: ASCP 0000000117
 AMER SOCIETY OF CLINICAL PATHOLOGY
 33 W MONROE ST STE 1600
 CHICAGO IL 60603
 United States

Phone: (312) 541-4999 **Fax:** (312) 541-4998
email:

Ship To: RECEIVING
 6699 CAMPUS DR
 PLACERVILLE CA 95667

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001024995	02/25/2020	1	
Requisition Name:			
ASCP			
Requester			
Kimberly Zwerenz			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: ZWERENZK 25-FEB-2020			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt Due Date
1-1	PPRMLT 2020 PROGRAM PERFORMANCE REPORT MEDICAL LAB TECHNICIAN SCHOOL CODE 004128 CUSTOMER #25468423	1	EA	150.00	150.00 03/04/2020

150.00 Sub-total
 0.00 Est. tax

Total Requisition Amount: 150.00

PLEASE SET UP AS TWO-WAY MATCH AND PAY ATTACHED PPR INVOICE ORDER #4005267036

<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.ALHT	12050	00000	700P	150.00

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: LOTTERY
 Project Grant: 700P
 Program Director: MARYATT
 Program Goal: program report information

Approval Signature

Approval Signature

Approval Signature



American Society for Clinical Pathology
33 W Monroe St, Suite 1600, Chicago, IL 60603-5617, USA
Phone: 312-541-4890 Fax: 312-541-4472

Date: 02/20/2020

PPR INVOICE

Order: 4005267036

Order Date: 10/4/2019

School Code: 004128

Ship-To 04215325
Jason R Pedro
MLT Program
Folsom Lake College
6699 Campus Dr
Placerville, CA 95667-7744

Bil-To 25468423
Jason R Pedro
MLT Program
Folsom Lake College
6699 Campus Dr
Placerville, CA 95667-7744

Product	Unit Price	QTY	Amount
PPRMLT 2020 Program Performance Report Medical Laboratory Technician	\$150.00	1	\$150.00

Customer: 25468423 Folsom Lake College

Order No: 4005267036

Balance Due (USD): \$150.00

If paying by check, make check payable to : ASCP BOARD OF CERTIFICATION

Mail check payments to:
American Society for Clinical Pathology
3462 Eagle Way
Chicago, IL 60678-1034

Payment Amount: _____

Online Payment

To pay online, login to www.ascp.org.