# LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001109233

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: 0000000730

CAPITAL CITY GLASS & MIRROR

INC

4080 ATTAWA AVE

SACRAMENTO CA 95822

Phone:

(916) 451-2818

(916) 451-9608 Fax:

email: CAPITALCITYG@COMCAST.NET

Date	Revision	Page
11/06/2019	2 - 01/23/202	0 1
Payment Ter	ms Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:		Location / Dept
1023148 WII	LIAMSM HANEYB	04OPER

Ship To:

FOLSOM LAKE COLLEGE

RECEIVING

10 COLLEGE PARKWAY FOLSOM CA 95630 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	FURNISH AND INSTALL AS REQUIRED: (2)- 23 X 69 5/16 - 1/4 CLEAR TEMP	1.00EA	530.06	530.06	10/31/2019

PROPOSAL/QUOTE 10-14-2019

PER PO TERMS AND CONDITIONS ITEM #19 CONTRACTOR IS TO PROVIDE PROOF OF INSURANCE CERTIFICATES LISTING LRCCD AS ADDITIONALLY INSURED

1/23/20 PER JOANY H INCREASE PO FROM \$527.86 TO \$530.06 JK

Sub Total Amount Sales Tax Amount **Total PO Amount** 

530.06 0.00 530.06

BU GENED

FL.VA.OPER

Prog 65100 00000

Sub

Proj 041A

Amount 530:06 **BYear** 2020

0001023148CHAVEZA31-OCT-2019

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.



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

## PURCHASE ORDER NO 0001109233

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: 0000000730

CAPITAL CITY GLASS & MIRROR

INC

4080 ATTAWA AVE SACRAMENTO CA 95822

Phone: Fax:

(916) 451-2818 (916) 451-9608

email: CAPITALCITYG@COMCAST.NET

Date	Revision	Page
11/06/2019	1 - 11/07/201	9 1
Payment Terr	ns Freight Terms	Ship Via
NET 30	Shipping Point	See Details
Reference:		Location / Dept
1023148 WILLIAMSM HANEYB		04OPER

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

tem/Description	Quantity UOM	PO Price	Extended Amt	Due Date
URNISH AND INSTALL AS REQUIRED:	1.00EA	527.86	527.86	10/31/2019
		URNISH AND INSTALL AS REQUIRED: 1.00EA	URNISH AND INSTALL AS REQUIRED: 1.00EA 527.86	URNISH AND INSTALL AS REQUIRED: 1.00EA 527.86 527.86

PROPOSAL/QUOTE 10-14-2019

PER PO TERMS AND CONDITIONS ITEM #19 CONTRACTOR IS TO PROVIDE PROOF OF INSURANCE CERTIFICATES LISTING LRCCD AS ADDITIONALLY INSURED

Paid Ch# 94-789985 01/23/20 Amt \$568.77

**Sub Total Amount** Sales Tax Amount **Total PO Amount** 

527.86 40.91 568.77

<u>BU</u> GENFD

<u>Fd</u> Acct

<u>Org</u> FL.VA.OPER

Prog Sub 65100 00000 <u>Proj</u>

<u>Amount</u>

**BYear** 2020

0001023148CHAVEZA31-OCT-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.

## Requisition

000000730

Supplier: CAPITAL CITY GLASS & MIRROR

INC

4080 ATTAWA AVE SACRAMENTO CA 95822

**United States** 

**Phone:** (916) 451-2818

**Fax:** (916) 451-9608

email: CAPITALCITYG@COMCAST.NET

Ship To: RECEIVING

10 COLLEGE PARKWAY FOLSOM CA 95630-6798

email. CAPITALCIT IG@COMCAST.NET

Business Unit: GENFD OPEN

Req ID: Date Page
0001023148 10/24/2019 1

Requisition Name:
CAPITAL CITY GLASS & MIRROR

Requester
Melissa Williams

Requester Signature

Buyer: Brenda Haney
Approved:

Line-Schd	Description	Quantit	y UOM	Price	Extended Amt Due Date
1-1	FURNISH AND INSTALL AS REQUIRED: (2)- 23 X 69 5/16 - 1/4 CLEAR TEMP	1	EA	527.86	527.86 10/24/2019

527.86 Sub-total 0.00 Est. tax

Total Requisition Amount: 527.86

Entered By: CHADWICS 24-OCT-2019

PROPOSAL DTD 10/14/2019

<u>BU</u> <u>Acct</u> <u>Fd</u> <u>Org</u> <u>Prog</u> <u>Sub</u> <u>Proj</u> <u>Amount</u> 5600 11 FL.VA.OPER 65100 00000 041A 527.86

Approval Signature	Approval Signature	Approval Signature



#### CAPITAL CITY GLASS & MIRROR, INC.

**CONTRACTORS LICENSE NUMBER 426124** 

CLASS C-17

4080 ATTAWA AVE., SACRAMENTO, CA 95822- O: (916) 451-2818 F: (916) 451-9608 E: capitalcityg@comcast.net

<b>Proposal Submitted</b>	to:
LOS RIOS	

T: Melissa C: 916-608-6588

E: william@flc.losrios.edu

**Date: October 14, 2019** Work to be performed at:

Folsom Lake College Gym Bldg 8

#### FURNISH AND INSTALL AS REQUIRED:

❖ (2)- 23 X 69 5/16 – ¼ CLEAR TEMP

TOTAL....\$527.86

Cleaning, protection of installed materials, temporary board-up, installation, floor slab imbeds, testing, field testing, GSM flashing or trim, engineering-unless specifically included, caulking-unless specifically included, HM framing or HM stops, fire-proofing, bond premiums, insurance form CG 20 10 11/85, waiver of subrogation, listing Architect as additionally insured or primary insurance.NOTE: A DEPOSIT OF 25% MAY BE REQUIRED AT TIME OF ORDER & BALANCE DUE AT THE TIME OF

### INSTALL OR DELIVERY

The above work is to be performed in accordance with the drawings and specifications and/or as defined above and completed in a substantial workmanlike manner for the sum of @8.25% tax (included)-Dollars. Any alteration from the above specifications involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements are contingent upon strikes, accidents, or delays beyond our control. Owner is to carry fire, tornado and other necessary insurance upon above work. Workman's Compensation and Public Liability Insurance on above work will be taken out by Capital City

Thank you for the opportunity to bid this s job. Please keep us in mind for any future projects that arise

Respectfully submitted by: RANDY WILSEY

(ESTIMATOR / FOREMAN)

Note- this proposal may be withdrawn by us if not accepted within thirty (30) days

#### **Acceptance of Proposal**

The above prices, specifications, and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified.

Accepted _	 Signature	
Date		

\*\* Acceptance of bid requires a signature \*\*