



LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

COMPL

VENDOR NAME AND ADDRESS: <i>Jane Pickering-Crandell 10 College Parkway Folsom, CA 95630</i>	DELIVERY INSTRUCTIONS: <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call <i>Jane Pickering-Crandell 10 College Parkway Folsom, CA 95630</i>
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	<i>Employee reimbursement</i>					<i>24.90</i>
2	<i>for meeting room</i>					
3	<i>framing supplies</i>					
4						
5	<i>(12/2 - Home Depot receipt</i>					
6	<i>attached)</i>					
7						
8						
9						
10						

PAID CH# 94-790271
1/23/20 AMT \$ 24.90

Purchases Charged to Categorical Programs, Grants or Special Projects
This purchased is in compliance with the requirements of:

Program Name _____
For grants/special projects _____
Program Director/Coord. Signature _____ Project/Grant Number _____
Program Goal/Objective Number/Explanation _____

SUB-TOTAL	
SALES TAX	
TOTAL (Not to Exceed \$200.00)	<i>24.90</i>

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: *Jane Pickering-Crandell* TYPED/PRINT DATE *12-4-19*

Bus. Unit Account Fund Org
GENFD 4500 / 11 / FL CP.PISO

REQUESTED BY: *Jane Crowder* SIGNATURE DATE *12-4-19*

Program Sub-Class BY Proj/Grnt Amount
67100 00000 2020 / 041A \$ 24.90

APPROVED: *Kristy Hunt* DEAN OR OTHER AUTHORIZED SIGNATURE DATE *12/4/19*

Bus. Unit Account Fund Org

APPROVED: *Angela Cruz* VICE PRESIDENT, ADMINISTRATION DATE *12/11/19*

Program Sub-Class BY Proj/Grnt Amount

Sent to DO - AOPS 12/16/19



More saving.
More doing.™

2675 EAST BOWELL STREET
FOLSOM, CA. 95630 (916)983-0401

6675 00008 72945 12/02/19 06:52 PM
CASHIER RAFAEL

051131949270 PICTR HNGR <A>
COMMAND MED PICTURE HANGING VALUE PK
306.28 18.84
051141322698 LRG WHT STRP <A> 4.28
COMMAND PICTURE HANG STRIPS-WHT-LG

SUBTOTAL 23.12
SALES TAX 1.78
TOTAL \$24.90

XXXXXXXXXXXX3257 VISA USD\$ 24.90
AID A0000000031010 TA
VISA CREDIT



6675 08 72945 12/02/2019 3973

RETURN POLICY DEFINITIONS
POLICY ID DAYS POLICY EXPIRES ON
A 1 90 03/01/2020

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H89 152854 146187
PASSWORD: 19602 146179

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.