LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001106914

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.

Freight Terms ipping Point V HANEYB	1 Ship Via See Details Location / Dept
ipping Point	See Details
	Location / Dept
V HANEYB	•
V HANEYB	
	04ADMN
EIVING OLLEGE PARKWA SOM CA 95630 ed States	AY .
	9 Spanos Court ramento CA 95825-

United States

email: desco4141@gmail.com

(916) 259-2838 (916) 259-2848

Supplier: 0000001466

4141 CITRUS AVE #3 ROCKLIN CA 95677

DESCO INC

Phone:

Fax:

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	PERFORM ANNUAL CALIBRATION VERFICATION AND CURRENT LEAKAGE SAFETY INSPECTION OF PATIENT CARE EQUIPMENT	1.00EA	190.00	190.00	06/30/2020

AUTHORIZED PERSONNEL:

WILL GARCIA

Paid Ch# 94-783004 7/23/19 \$ 190

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

Sub Total Amount Sales Tax Amount Total PO Amount

190.00
0.00
190.00

<u>BU</u>	Acct	Fd	Org	Prog	Sub	<u>Proj</u>	Amount	<u>BYear</u>
	5600	11	FL.VI.KINE	08700	00000	041A	190.00	2020

0001020313CHAVEZA12-JUL-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.

All shipments, invoices, and correspondence must be identified with our Purchase Order	Authorized Signature	
Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.		
	10-21	
	\land	

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.

PURCHASE ORDER NO 0001106914 LOS RIOS COMMUNITY COLLEGE DISTRICT

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145 ACCOUN

ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636	07/15/2019	2
	Payment Terms Freight Ter	ms Ship Via
	NET 30 Shipping Poin	
PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.	Reference:	Location / Dept
	1020313 GARCIAW HANEYB	04ADMN
Supplier: 0000001466		
DESCO INC	Ship To: FOLSOM LAKE C	OLLEGE
4141 CITRUS AVE #3	. RECEIVING	
ROCKLIN CA 95677	10 COLLEGE PAI	RWAY
	FOLSOM CA 956	30
Phone: (916) 259-2838	United States	
Fax: (916) 259-2848		
·	Bill To: 1919 Spanos Cou	
email: desco4141@gmail.com	Sacramento CA 9	5825-3981
	United States	
Tax Exempt? N		
Line-Sch Item/Description	Quantity UOM PO Price	Extended Amt Due Date

Date

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 **Authorized Signature** on Total PO Amount Page

Page

Revision

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Requisition

Supplier:	DESCO INC 4141 CITRUS AVE #3 ROCKLIN CA 95677 United States	0000001466	Req ID 00010 Requi	20313 sition Nam	GENFD Date 07/01/202	OPEN	Page 1
Ship To:	Phone: (916) 259-2838 email: desco4141@gmail.com RECEIVING 10 COLLEGE PARKWAY FOLSOM CA 95630	Fax: (916) 259-2848	Reque Willi Reque Buyer Appro	am Garcia ster Signatur : Brenda	a Haney	л-2019	
Line-Schd	Description		Quantity	UOM	Price	Extended Amt	Due Date
1-1	PERFORM ANNUAL CAL VERFICATION AND CUR SAFETY INSPECTION O EQUIPMENT	RENT LEAKAGE	1	EA	190.00	190.00	07/09/2019
			Total Rec	quisition .	Amount:	190.00 0.00 190.00	

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

ATHLETIC TRAINING; ATTN: WILL GARCIA

<u>BU</u>	<u>Acct</u>	Fd	Org	Prog_	<u>Sub</u>	<u>Proj</u>	Amount
GENFD	5600	11	FL.VI.KINE	08700	00000	041A	190.00

Approval Signature	Approval Signature	Approval Signature

Desco Inc.

4141 Citrus Ave. #3 Rocklin, CA 95677 916-259-2838

Proposal

DATE	ESTIMATE NO.
6/19/19	125974E

NAME / ADDRESS

Los Rios Community College Dist. 1919 Spanos Court Sacramento, CA 95825-3981

			PROJECT
DESCRIPTION	QTY	COST	TOTAL
Perform annual calibration verification and current leakage safety		190.00	190.00
inspection of patient care equipment Sales Tax		7.75%	0.00
Credit card payments gladly accepted. A 2% processing fee added to invo	pice.	TOTAL	\$190.00