



FOLSOM LAKE COLLEGE
EL DORADO CENTER | RANCHO CORDOVA CENTER

PURCHASE ORDER NO. CBF20036

10 College Parkway
Folsom, CA 95630

PO Date: Oct 15, 2019 Date Required:

Ordered By: GREGORY/WRIGHT Requisition #: 42432

VENDOR: EASTBAY
111 S. 1ST STREET
WAUSAU WI 54401
jim.mannion@eastbay.com
916-693-3055

SHIP TO: FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM, CA 95630

BILL TO: FOLSOM LAKE COLLEGE
ATTN: BUSINESS SERVICES
10 COLLEGE PARKWAY
FOLSOM, CA 95630

Line #	Item/Description	QTY	UOM	PO Price	Extended Amount
1	BQ5489, NIKE STOCK VAPOR SELECT PIPED PANT, WHITE/BLACK	50.00	EA	\$27.000	\$1,350.00

INSTRUCTIONS:

[Empty box for instructions]

Sub Total	\$1,350.00
State Tax %	7.75%
State Tax	\$104.63
Shipping	\$35.00
Total PO Amount	\$1,489.63

All shipments, invoices, and correspondence must be identified with our Purchase Order Number
Direct all deliveries and delivery documents to the SHIP TO address.
Direct all correspondence and invoices to the BILL TO address.
NO PAYMENT will be made without an invoice.

Payment Terms: NET 30

AUTHORIZED SIGNATURE AND DATE
Regina Chay J. 10/15/19

FOLSOM LAKE COLLEGE
EL DORADO CENTER | RANCHO CORDOVA CENTER

CHECK ONE

- ASG(71,72)
- College Act. Trust(81)
- Foundation(83)
- IR(13,14)
- Harris Ctr(55)

CAMPUS-BASED REQUISITION

10/3/19
DATE

VENDOR Eastbay
ADDRESS _____
CITY _____
STATE _____ ZIP _____

REQ. # CBF 42432
PO REQUIRED(circle one) YES NO
P.O. # CBF 20036
DATE REQUIRED 10/10/19

ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1	BQ 5489 Nike Stock Vapor	50	EA	27.00	1,350.00
2	Select Piped Pant white/black				
3					
4					
5					
6					
7					
8					
9					
10					

Check Distribution

Call Student, Hold for pick up # _____
 Call _____, Hold for pick up # _____
 Forward to _____
 Inter-Campus mail to _____
 USPS mail
 Other _____

Sub-Total	1,350.00
Sales Tax	104.63
Freight	95.00
TOTAL	1,529.63

1489.63
115

<u>Baseball Foundation</u>	<u>BANFL</u>	<u>4500</u>	<u>183</u>	<u>FL.CP.FOUN</u>	<u>70901</u>	<u>100000</u>	<u>16417</u>	<u>1489.63</u>
Account Name	Bus Unit	Account	Fund	Department	Program	Class	Project	Amount
_____	_____	_____	_____	_____	_____	_____	_____	\$ _____

AUTHORIZED Jeanne Croff
Club Officer/Requestor
APPROVED [Signature]
Faculty Advisor/Administrator

Business Services Use Only

Budget Checked _____ Vendor ID _____
 Voucher # _____ Date _____
 Warrant # _____ Date _____