



**PURCHASE ORDER NO. CBF20057**

10 College Parkway  
Folsom, CA 95630

PO Date: 1/8/2020

Date Required:

Ordered By: GRAHLMAN/WRIGHT Requisition #: 42521

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

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

916-693-3055

Line #	Item/Description	QTY	UOM	PO Price	Extended Amount
1	200D1-000-9 TCK CUSTOM STIRRUP PATTERN D, 9 INCH KNIT IN STIRRUP, BLACK/WHITE/TEAL STRIPES	10.00	EA	\$9.000	\$90.00
	PER QUOTE DATED 1/8/2020				
	PLEASE REFERENCE FLC CUSTOMER NUMBER 21830270				

INSTRUCTIONS:

Sub Total	\$90.00
State Tax %	7.75%
State Tax	\$6.97
Shipping	\$9.00
<b>Total PO Amount</b>	<b>\$105.97</b>

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  
*Augustine Chazy J.* 01/10/2020



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

DATE 12/11/19  
 VENDOR Eastbay REQ. # CBF 42521  
 ADDRESS \_\_\_\_\_ PO REQUIRED(circle one) YES NO  
 CITY \_\_\_\_\_ P.O. # CBF 20057  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DATE REQUIRED 1-3-19

ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1	Attach Quoted dated 12/5/19				
2	for W Softball				
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	<u>90.00</u>
Sales Tax	<u>7.20</u>
Freight	<u>9.00</u>
<b>TOTAL</b>	<b><u>106.20</u></b>

Softball Foundation BAWF / 4500 / 83 FL CP FOUN / 170901 / 00000 / 6422 \$ 106.20

Account Name      Bus Unit      Account      Fund      Department      Program      Class      Project      Amount

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$ \_\_\_\_\_

AUTHORIZED Janeel Coffey  
 Club Officer/Requestor

APPROVED [Signature]  
 Faculty Advisor/Administrator

Business Services Use Only

Budget Checked [Initials] Vendor ID \_\_\_\_\_

Voucher # \_\_\_\_\_ Date \_\_\_\_\_

Warrant # \_\_\_\_\_ Date \_\_\_\_\_