## LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001110517

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: 0000017647

EL DORADO HILLS CHAMBER OF COMMERCE

2085 VINE ST STE 105

EL DORADO HILLS CA 95762

email:

. 1		COMP
Date	Revision	Page
01/31/2020		1
Payment Terms	Freight Terms	Ship Via
NET 30 Sh	ipping Point	Best Method
Reference:		Location / Dept
1024546 WARD-P	ALOSA HANEYB	04ADMINFLC FOUNDTN

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 EXCHIPT:					
Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	EL DORADO HILLS CHAMBER OF COMMERCE CONNECTOR - BASE LEVEL MEMBERSHIP	1.00EA	290.00	290.00	01/31/2020
	10/01/2019-09/30/2020 MEMBER ID#1273				

PREPAY INVOICE #16438 DATED 10/1/19

Paid Ch# 94-790785 02/04/20 Amt \$290.00

> Sub Total Amount Sales Tax Amount Total PO Amount

 290.00	0
0.00	)
290.00	)

FL.CP.COAD

67100 00000

Proj

<u>Amount</u> 290.00 <u>BYear</u> 2020

0001024546CHAVEZA30-JAN-2020

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

PO & invo to A/P 1/31 /E

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

Supplier: EL DORADO HILLS CHAMBER OF COMMETRO 647

2085 VINE ST STE 105 EL DORADO HILLS CA 95762

**United States** 

email:

Ship To:

RECEIVING 10 COLLEGE PARKWAY FOLSOM CA 95630

Business Unit:	GENFD	OPEN	
Req ID:	Date		Page
0001024546	01/28/2020		1
Requisition Na	me:		
EDH Chamber of	Commerce		
Requester			Bldg#
Anne Ward-Palo	S	1	FOUNDTN
Requester Signatu	re		

Buyer: Brenda Haney

Approved:

Entered By: A.S 28-JAN-2020

Line-Schd	Description	Quanti	ty UOM	Price	Extended Amt Due Date
1-1	EL DORADO HILLS CHAMBER OF COMMERCE CONNECTOR - BASE LEVEL MEMBERSHIP 10/01/2019-09/30/2020 MEMBER ID#1273	1	EA	290.00	290.00 02/11/2020

290.00 Sub-total 0.00 Est. tax

Total Requisition Amount: 290.00

PLEASE SET UP AS TWO WAY MATCH AND PAY ATTACHED INVOICE #16438

 
 Org
 Prog
 Sub
 Proj

 FL.CP.COAD
 67100
 00000
 041A
<u>BU</u> **Amount** 290.00

Approval Signature	Approval Signature	Approval Signature



El Dorado Hills Chamber of Commerce 2085 Vine St., Ste. 105 El Dorado Hills, CA 95762 (916) 933-1335

## Invoice

Invoice No. 16438

**Invoicing Date:** 

08/21/2019

Kristi Hart Folsom Lake College 10 College Pkwy. Folsom, CA 95630

Member ID:

1273

**Invoice Due:** 

10/01/2019

Description	Qty	Rate	Amount
Connector - Base Level Membership	1.00	290.00	290.00
10/01/2019 to 09/30/2020			
Donation to Chamber	1.00	0.00	
Voluntary BACPAC Contribution	1.00	0.00	(
Membership dues are not deductible as charitable contributions for Income Tax purposes.		Total:	290.00
Dues may be considered ordinary and necessary business deductions. Up to 1% of dues nay be used for lobbying purposes and may not be used as a business deduction.		Amt Paid:	0.00
	1	Balance Due:	290.00

Membership dues are not deductible as charitable contributions for income tax purposes. Dues may be considered ordinary and necessary business deductions.

Folsom Lake College 10 College Pkwy. Folsom, CA 95630	Member ID: Invoice: Due Date: Total Due:	1273 16438 10/01/2019 290.00	Payment Enclosed: \$	ommerce
Please verify address and provide co	orrections below:		Convenient online payment on http://www.eldoradohillscham	•
Organization Name:			Charge:	
Primary Billing Person:		VISA	American Express	
Mailing Address:			Mastercard	
			Card No.	Exp. Date
City, State, Zipcode:			Signature	Sec. Code