

# LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001108823 COMPL

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.

Date	Revision	Page
10/11/2019		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	See Details
Reference:	Location / Dept	
1022717 ALDEAS HANEYB	04EDCF	

Supplier: 0000042805  
GARCIA RAFAEL  
3970 MISSOURI FLAT RD #H  
PLACERVILLE CA 95667

email:

Ship To: EL DORADO CENTER  
RECEIVING  
6699 CAMPUS DR  
PLACERVILLE CA 95667  
United States

Bill To: 1919 Spanos Court  
Sacramento CA 95825-3981  
United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	DELIVERY CATERING - \$14.00 PER PERSON 65PEOPLE	65.00EA	14.00	910.00	10/11/2019

PAY ORDER 8916GWA35PGHA DATED 9/26/19

**Paid Ch# 94-786251**  
**10/14/19 Amt \$ 975.98**

Sub Total Amount	910.00
Sales Tax Amount	65.98
Total PO Amount	975.98

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5200	12	FL.VS.SEAP	63260	00000	570A	975.98	2020

0001022717CHAVEZA10-OCT-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.

<http://www.losrios.edu/purchasing/povalidation>

PO & INVO  
to A/P  
10-11-19

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:** MISCELLANEOUS 0000003680  
 \*\*\*\*\*  
 \*\*\*\*\* CA 95825  
 United States

**email:**

**Ship To:** See detail below

<b>Business Unit: GENFD OPEN</b>		
Req ID:	Date	Page
0001022717	10/03/2019	1
Requisition Name:		
MISC. (FRESH MEX)		
Requester		
Sarah Aldea		
Requester Signature		
Buyer: Brenda Haney		
Approved:		
Entered By: KRAVCHUA 03-OCT-2019		

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	DELIVERY CATERING - \$14.00 PER PERSON 65PEOPLE	60	EA	14.00	840.00	
	Ship To: RECEIVING 6699 CAMPUS DRIVE PLACERVILLE CA 95667 USA					
2-1	TAX	1	EA	65.98	0.00	<b>CANCELED</b>
	Ship To: RECEIVING 10 COLLEGE PARKWAY FOLSOM CA 95630-6798 USA					
3-1	TAX ON FOOD	1	EA	65.98	65.98	
	Ship To: RECEIVING 6699 CAMPUS DRIVE PLACERVILLE CA 95667 USA					
					905.98	Sub-total
					5.11	Est. tax
Total Requisition Amount:					911.09	

PREPAY ATTACHED RECEIPT  
 FOR SARAH ALDEA -  
 LOCATION: TO BE CATERED AT EDC  
 TIME: 11 AM

VENDOR PACKAGED SENT 10/3/2019  
 FRESH MEX EXPRESS MEXICA  
 ADDRESS: 3970 MISSOURI FLAT RD H, PLACERVILLE, CA 95667  
 PHONE #: (916)871-0724  
 CONTACT PERSON: MANUEL  
 WEBSITE: <http://thefreshmex.com/locations-contact-us/>  
 VENDOR INSURANCE ATTACHED

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	5200	12	FL.VS.SEAP	63260	00000	570A	905.98

Approval Signature	Approval Signature	Approval Signature
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# Requisition

**Supplier:** MISCELLANEOUS  
\*\*\*\*\*  
\*\*\*\*\* CA 95825  
United States

0000003680

**email:**

**Ship To:** See detail below

<b>Business Unit:</b> GENFD OPEN		
Req ID:	Date	Page
0001022717	10/03/2019	2
Requisition Name:		
MISC. (FRESH MEX)		
Requester		
Sarah Aldea		
Requester Signature		
Buyer: Brenda Haney		
Approved:		
Entered By: KRAVCHUA 03-OCT-2019		

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
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## Purchases Charged to Catagorical Programs, Grants or Special Project.

This purchase is in compliance with the requirement of \_\_\_\_\_

For grants/special projects \_\_\_\_\_

Name: \_\_\_\_\_

Approval Signature

Approval Signature

Approval Signature

# Catering Receipt

Rando / Manuel  
**FRESH MEX EXPRESS MEXICA**

3970 MISSOURI FLAT RD H  
PLACERVILLE, CA 95667  
9168710724

## For Here

Cashier: manuel  
26-Sep-2019 4:48:40P

65 Delivery Catering	\$910.00
<b>Subtotal</b>	<b>\$910.00</b>
<b>Tax</b>	<b>\$65.98</b>
<b>total</b>	<b>\$975.98</b>

Online: <https://clover.com/r/8916GWA35PGHA>



8916GWA35PGHA

Order 8916GWA35PGHA





3970 H Missouri Flat Rd.

Pleasantville, CA 95667

Restaurant Phone: (530) 642-9778

Fax Alt No: (530) 642-9035

Name: Sarah Aldea Phone #: 916-608-6858

No. of People: ~~75~~ 65 Date & Time of Order: 10-25-19  
11: AM

Pick-Up - \$11.00/person ☐

Delivery - \$14.00/person ☒

Service - \$20.00/person ☐

Choices of Meat: ☒ Chicken ☒ Carne Azada (Steak) ☒ Carnitas (Pork)

Choices of Beans: ☒ Refried ☐ Black ☐ Pinto

Included Toppings: Rice Cheese Lettuce Onions Cilantro

Guacamole Sour Cream

Choices of Salsa: ☒ Medium ☒ Mild ☒ Hot

Choices of Tortillas: ☒ Corn ☒ Flour

Chips Included w/ Every Order

Notes or Extras: YES

Employee Signature: CAHO- GARCIA

Address (If Applicable)

6699 Campus Drive Pville 95667





High School Counselors Conference  
Internal Agenda - Draft  
*El Dorado Center*  
October 25, 2019  
8:30-1:30 p.m.

- ◇ 8:30 Mix & Mingle – Fitness Center (*Falco: Deanne Handler*)
  
- ◇ 9:00 Welcome
  - John Alexander, Kellie Butler, Sonia Ortiz
  - Mike Tavares & Chris Clark - MC for the Day
  - Introduce EDC/FLC staff, and HS counselors
  
- ◇ 9:30 What's New- Updates (PANEL – w/Q&A)
  - Steps to Success/Priority Registration- Christine Wurzer and Sarah Aldea
  - TAG Update – Chris Clark
  - Placement Updates and Student Success Workshops - Renee Hyder
  - Promise Program Update – Kou Yang
  - eServices- Christine Wurzer and Sarah Aldea
  
- ◇ 10:30 Break
  
- ◇ 10:45 Guest Speakers - 30 min each
  - **Advanced Education Process** – Christine Wurzer and Sarah Aldea
  - **Guided Pathways** – Carlos Lopez and Amber Longhitano
  
- ◇ 11:45 – Break Brunch
  
- ◇ 12:15– Guest Speakers – 30 min each
  - **Viticulture** – Cecilia Osorio
  - **Student Engagement** – Deanne Repetto
  
- ◇ 1:15 Wrap Up and Evaluation





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/04/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  D PASCUA INS & FIN SVCS INC 3031 FOOTHILLS BLVD STE 160 ROSEVILLE CA 95747	<b>CONTACT NAME:</b> Michael Pascua <b>PHONE (A/C, No, Ext):</b> 916-773-5700 <b>E-MAIL ADDRESS:</b> michael.a.pascua.rcwi@statefarmc.com <b>FAX (A/C, No):</b> 916-773-5711
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm General Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b>  RAFAEL GARCIA DBA FRESH MEX 108 FARGO WAY FOLSOM CA 95630	<b>NAIC #</b> 25151

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		90-C3-Z471-5	03/14/2019	03/14/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 BUSN PROP \$ 26,100
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		4565865-A16-55	07/16/2019	01/16/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 Medical \$ 5,000
<input type="checkbox"/>	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

LOCATION: 3970 MISSOURI FLAT RD, PLACERVILLE, CA 95667

## CERTIFICATE HOLDER

## CANCELLATION

FOLSOM LAKE COLLEGE 10 COLLEGE PKWY FOLSOM CA 95630	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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