



**LIMITED PURCHASE ORDER**  
(Not to Exceed \$200.00)

<b>VENDOR NAME AND ADDRESS:</b> Kristy Hart 10 College Parkway Folsom, CA 95630	<b>DELIVERY INSTRUCTIONS:</b> <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call Kristy Hart 10 College Parkway Folsom, CA 95630
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Employee Reimbursement for conference/meeting rooms frames (11/20/19 - Michaels)					543.73
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Paid:**  
**Check#:** 94788242  
**Date:** 12/5/2019  
**Amount:** 543.73  
**Voucher#:**

<b>Purchases Charged to Categorical Programs, Grants or Special Projects</b> This purchased is in compliance with the requirements of:  Program Name _____ For grants/special projects _____ Program Director/Coord. Signature _____ Project/Grant Number _____  Program Goal/Objective Number/Explanation _____	SUB-TOTAL	543.73
	SALES TAX	0
	<b>TOTAL</b> (Not to Exceed \$200.00)	543.73

**VENDOR:** Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$200.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

I/WE hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws.

Requested by: Kristy Hart 11/20/19 DATE

Requested by: Kristy Hart 11/20/19 DATE

Requested by: [Signature] 11/20/19 DATE

Approved: [Signature] DEAN OR OTHER AUTHORIZED SIGNATURE 11/22/19 DATE

Approved: [Signature] VICE PRESIDENT, ADMINISTRATION 11/22/19 DATE

Received by: Jenny Harman 11/22/19 DATE

Bus. Unit: GENFD 4500 Account: 11 Fund: FL CP PISO Org: \_\_\_\_\_

Program: 67100 Sub-Class: 0000 BY: 2020 Proj/Grnt: 041A Amount: \$ 543.73

Bus. Unit: / Account: / Fund: / Org: /

Program: / Sub-Class: / BY: / Proj/Grnt: / Amount: \$

# Michaels

Where Creativity Happens™

MICHAELS STORE #2046 (916)983-2633

2715 E BIDWELL  
FOLSOM, CA

8-9141-0915-9845-0017-4709-9112-1891-3267



2893089 SALE	8657 2046 002 11/20/19 12:09
SD FRM 20X30 BLAC	191518363616 42.00
	1 @ 21.00 21.00 P
SD FRM 18X24 BLAC	191518363609 34.00
	6 @ 17.00 102.00 P
SD FRM 16X20 BLAC	191518363586 27.00
	2 @ 13.50 27.00 P
SD FRM 12X18 BLAC	191518363562 23.00
	2 @ 11.50 23.00 P
SD FRM 18X24 BLAC	886946224973 56.99
	3 @ 28.49 85.47 P
SD FRM 16X20 BLAC	886946224966 44.99
	8 @ 22.49 179.92 P
SD FRM 10X13 BRWN	886946248870 29.99
	4 @ 14.99 59.96 P
1/8" OFF SET CLIP	191518762259 2 @ 2.09 4.18
1/2" OFF SET CLIP	191518762280 1 @ 2.09 2.09

AMOUNT QUALIFIED FOR DISCOUNT \$ 996.85

YOU SAVED \$ 498.50

SUBTOTAL	504.62
Sales Tax 7.75%	39.11
TOTAL	543.73

ACCOUNT NUMBER \*\*\*\*\*1971

Visa 543.73

APPROVAL: 00403D CHIP ONLINE

Application Label: Visa Credit

AID: A0000000031010

TVR: 8080008000

TSI: 6800

This receipt expires at 180 days on 05/23/20