



**FOLSOM LAKE COLLEGE**  
EL DORADO CENTER | RANCHO CORDOVA CENTER

10 College Parkway  
Folsom, CA 95630

**PURCHASE ORDER NO. CBF20008B**

PO Date: Aug 21, 2019 Date Required:

Ordered By: QUINTELL/SNOWDEN Requisition #: 42036

VENDOR: HOME DEPOT  
2675 E. BIDWELL STREET  
FOLSOM CA 95630

SHIPTO: 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	BLANKET PURCHASE ORDER FOR HOME DEPOT FOR THEATER ARTS SCOFL PURCHASES	1.00	EA	\$1,000.000	\$1,000.00
	FROM 7/1/19 THROUGH 6/30/20				

INSTRUCTIONS:

State Tax %

Sub Total	<input type="text" value="\$1,000.00"/>
State Tax	<input type="text" value="\$0.00"/>
Shipping	<input type="text"/>
Total PO Amount	<input type="text" value="\$1,000.00"/>

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 Chy J.* 8/22/19

**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**

8-21-19  
DATE

VENDOR Home Depot  
ADDRESS 2675 E. Bidwell St.  
CITY Folsom  
STATE CA ZIP 95630

REQ. # CBF 42036  
PO REQUIRED(circle one) YES NO  
P.O. # CBF \_\_\_\_\_  
DATE REQUIRED 8-26-19

ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1	Home Depot Blanket PO	1			1,000.00
2	for Theatre Arts Fall '19				
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	
Sales Tax	
Freight	
<b>TOTAL</b>	<u>1,000.00</u>

Account Name SCOFL / Bus Unit 4300 / Account 14 / Fund FL-VI-THR / Department 10070 / Program 00000 / Class 071A / Project  / Amount \$ 1,000.00

Account Name \_\_\_\_\_ / Bus Unit \_\_\_\_\_ / Account \_\_\_\_\_ / Fund \_\_\_\_\_ / Department \_\_\_\_\_ / Program \_\_\_\_\_ / Class \_\_\_\_\_ / Project \_\_\_\_\_ / Amount \$ \_\_\_\_\_

AUTHORIZED M. Quintel  
Club Officer/Requestor  
APPROVED [Signature]  
Faculty Advisor/Administrator

Business Services Use Only

Budget Checked \_\_\_\_\_ Vendor ID \_\_\_\_\_  
Voucher # \_\_\_\_\_ Date \_\_\_\_\_  
Warrant # \_\_\_\_\_ Date \_\_\_\_\_