



FOLSOM LAKE COLLEGE
EL DORADO CENTER | RANCHO CORDOVA CENTER

PURCHASE ORDER NO. CBF20009B

10 College Parkway
Folsom, CA 95630

PO Date: Aug 26, 2019 Date Required:

Ordered By: QUINTELL/SNOWDEN Requisition #: 42042

VENDOR: **LOWE'S**
800 E. BIDWELL
FOLSOM CA 95630

SHIP TO: BILL TO:
FOLSOM LAKE COLLEGE FOLSOM LAKE COLLEGE
RECEIVING ATTN: BUSINESS SERVICES
10 COLLEGE PARKWAY 10 COLLEGE PARKWAY
FOLSOM, CA 95630 FOLSOM, CA 95630

Line #	Item/Description	QTY	UOM	PO Price	Extended Amount
1	BLANKET PO FOR THEATER ARTS FOR FALL 19 PRODUCTION OF "HOT L BALTIMORE"	1.00	EA	\$1,000.000	\$1,000.00
	AUTHORIZED USERS: IAN WALLACE, DAVID HARRIS, CAMERON HOYT, REBECCA REDMOND				


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


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

42042

VENDOR Lowe's
ADDRESS 800 E. Bidwell
CITY Folsom
STATE CA ZIP 95630

REQ. # CBF _____
PO REQUIRED(circle one) YES _____ NO _____
P.O. # CBF ~~20020~~ 20009B
DATE REQUIRED 8-26-19

ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1	<u>Lowe's Blanket PO</u>			<u>#</u>	<u>4,000.00</u>
2	<u>for Theatre Arts Fall 19</u>				
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	
TOTAL	<u>4,000.00</u>

Account Name _____ Bus Unit SCOFL Account 4300 Fund 14 Department FL.VI-THTR Program 10070 Class 100000 Project 077A Amount \$ 4,000.00

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

AUTHORIZED M. Quintal
Club Officer/Requestor

APPROVED B. [Signature]
Faculty Advisor/Administrator

Business Services Use Only

Budget Checked _____ Vendor ID _____

Voucher # _____ Date _____

Warrant # _____ Date _____