



P.O. No. F 3619

Date 11/19/19

LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: MANKO RESHON MCBANY 1204 FOREST ST. FOLSOM, CA 95430	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Memory SDXC	2				35.98
2	Sharpie Markers	1				5.99
3	5x8 Notepads	3				23.07
4	32G Flash Drive	1				5.99
5	Paid:					
6	Check#: 94-788622					
7	Date: 12/15/19					
8						
9	Amount: 76.54					
10	Voucher#:					

Purchases Charged to Categorical Programs, Grants or Special Projects
This purchased is in compliance with the requirements of:

SWPA *[Signature]*
 Program Name: Custom City pot
 For grants/special projects: 482Z
 Program Director/Coord. Signature: *[Signature]*
 Project/Grant Number: 482Z
 Program Goal/Objective Number/Explanation: program needs

SUB-TOTAL	
SALES TAX	5.51
TOTAL (Not to Exceed \$200.00)	76.54

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.

Received by Jenny Harman 11/22/19
 Date
 *credit card on file w/ Jen

REQUESTED BY: MANKO RESHON MCBANY 11/19/19
 TYPED/PRINT DATE

Bus. Unit Account Fund Org
6000 / 4500 / 12 / FL.VI.SWPA

REQUESTED BY: *[Signature]* 11/19/19
 SIGNATURE DATE

Program Sub-Class BY Proj/Grnt Amount
6000 / 00000 / / 482Z \$ 76.54

APPROVED: *[Signature]* 11/19/2019
 DEAN OR OTHER AUTHORIZED SIGNATURE DATE

Bus. Unit Account Fund Org
 / / / /

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

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

**Office DEPOT
OfficeMax**

FOLSOM - (916) 984-6316
11/07/2019 4:56 PM



22TTG3PPYMQ5X48RH

SALE 682-1-3152-880718-19.10.2
 134000 MRKR, SHARPIE,5 5.99 SS
 306902 PAD, TOPS, 5X8, 1
 3 @ 7.69 23.07
You Pay 23.07SS
 3677386 USE, 32GB, PTRN, 14.99SS
 Instant Savings -9.00
You Pay 5.99SS
 Subtotal: 35.05
 Sales Tax: 2.72
 Total: 37.77
 Visa 0004: 37.77

AUTH CODE 02232D
 TDS Chip Read
 AID A0000000031010 CAPITAL ONE VISA
 TVR 0000008000
 CVS No Signature Required

TERESA PESHON 1220458028

Please create your online rewards
 account at officedepot.com/rewards.
 You must complete your account to
 claim your rewards and view your
 status.

Total Savings:
\$9.00

WE WANT TO HEAR FROM YOU!
 Visit survey.officedepot.com
 and enter the survey code below:
C5FM 8ASN 3F04

Fri Nov 01 03:40:25 PDT 2019

**Office DEPOT
OfficeMax**

FOLSOM - (916) 984-6316
10/28/2019 1:35 PM

***** REPRINT *****

Reprint Transaction # 06821101190041465



D22TTU39P3M5YE4CRH

SALE 682-2-3538-284747-19.10.2
 161861 MEMORY, SDXC, 63
 2 @ 59.99 119.98
 Instant Savings -84.00
You Pay 35.98SS
 Subtotal: 35.98
 Sales Tax: 2.79
 Total: 38.77
 Visa 0004: 38.77

AUTH CODE 09439D
 TDS Chip Read
 AID A0000000031010 4341504954414C204F4E
 TVR 0000008000
 CVS No Signature Required

Member #: 1220458028

Total Savings:
\$84.00

WE WANT TO HEAR FROM YOU!
 Visit survey.officedepot.com
 and enter the survey code below:
15FH B6J7 KKJC
