



LOS RIOS COMMUNITY COLLEGE DISTRICT

1919 Spanos Court • Sacramento, CA 95825-3981

P.O. No. F 3228

Date 11/27/19

LIMITED PURCHASE ORDER

(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: <i>Mountain Democrat 2889 Ray Lawyer Dr Placerville, CA 95667-3914</i>	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input 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	<i>1 YEAR subscription</i>					<i>162.00</i>
2						
3						
4	Paid:					
5	Check#: <i>94-788382</i>					
6	Date: <i>12/5/19</i>					
7	Amount: <i>162.00</i>					
8	Voucher#:					
9						
10						

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

Lottery
Program Name

[Signature] For grants/special projects *700P*
Program Director/Coord. Signature Project/Grant Number

ELIGIBLE Library MATERIAL
Program Goal/Objective Number/Explanation

SUB-TOTAL	
SALES TAX	
TOTAL (Not to Exceed \$200.00)	<i>162.00</i>

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: *TANYA George* 11/27/19
TYPED/PRINT DATE

REQUESTED BY: *[Signature]* 11/27/19
SIGNATURE DATE

APPROVED: *[Signature]* 11-27-19
DEAN OR OTHER AUTHORIZED SIGNATURE DATE

APPROVED: *[Signature]* 12/3/19
VICE PRESIDENT, ADMINISTRATION DATE

Received by _____ Date _____

GENFD/6300/12/PL.VI.LIBR
Bus. Unit Account Fund Org

61200/00000/2020/700P \$ *162.00*
Program Sub-Class BY Proj/Grnt Amount

Bus. Unit Account Fund Org

Program Sub-Class BY Proj/Grnt \$ Amount

Mountain Democrat

2889 Ray Lawyer Dr., Placerville, CA 95667-3914

Address Service Requested

530-344-5000 | www.mtdemocrat.com



FOLSON LAKE COLLEGE
10 COLLEGE PKWY
FOLSON CA 95630-6798

First Renewal

Account Number:	463612
Expiration Date:	11/28/2019
Amount Enclosed:	_____
Carrier Tip:	_____
NIE School Donation:	_____
Total Amount:	\$_____



- Check here to pay by credit card or sign up for EasyPay. (see reverse side)
- Check here for a change of address. (see reverse side)

MOUNTAIN DEMOCRAT
PO BOX 1088
PLACERVILLE, CA 95667-1088



Please detach and return above portion with your payment.

Mountain Democrat

Delivery Address:
10 COLLEGE PKWY FOLSOM CA 95630-6798

Account Detail

Account Number:	463612
Notice Date:	10/14/2019
Subscription Type:	Mon-Wed-Fri
Expiration Date:	11/28/2019

Payment Options

Subscription Length	Pays From	Pays To	Amount
24 Months	11/28/2019	11/28/2021	\$278.00
12 Months	11/28/2019	11/28/2020	\$162.00
6 Months	11/28/2019	05/28/2020	\$101.00
3 Months	11/28/2019	02/28/2020	\$67.00

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*If you've registered online in the past, you will need to register again.