

LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001109791

PURCHASING: (916) 568-3071 • FAX: (916) 568-3145
ACCOUNTING OPS: (916) 568-3065 • FAX: (916) 286-3636

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Date	Revision	Page
12/09/2019		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:	Location / Dept	
1023753 GEORGET HANEYB	04ASPH26	

Supplier: 0000041495
NEW ENGLAND JOURNAL OF MEDICINE
NEJM GROUP SITE LICENSES
PO BOX 549271
WALTHAM MA 02454-9271

email: institutionsales@nejm.org

Ship To: FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM CA 95630
United States

Bill To: 1919 Spanos Court
Sacramento CA 95825-3981
United States

Tax Exempt? N

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	SITE LICENSE - FOR NEW ENGLAND JOURNAL OF MEDICINE (NEJM) FOR FOLSOM LAKE COLLEGE FROM 01-29-2020 TO 02-28-2021	1.00 EA	238.14	238.14	12/09/2019

PAY INVOICE# 2904478-B 11-22-2019
CUSTOMER# 102256722

Paid Ch# 94-789080
12/13/19 Amt \$ 238.14

Sub Total Amount	238.14
Sales Tax Amount	0.00
Total PO Amount	238.14

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	6303	12	FL.VI.LIBR	61200	00000	700P	238.14	2020

0001023753CHAVEZA05-DEC-2019

Verification of this purchase order can be made using the Los Rios Community College District web site listed below.
If you have any questions, please contact the Purchasing Office at (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

All shipments, invoices, and correspondence must be identified with our Purchase Order Number. Overshipments will not be accepted unless authorized by Buyer prior to shipment.

Authorized Signature



Notice to vendor: You are responsible for delivering goods and delivery documents to the Receiving Department at the site. Failure to do so will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of goods by other parties and failure to obtain authorized signatures may also delay payment. NOTE: PAYMENT TERMS NET 30
MATERIAL SAFETY DATA SHEETS (MSDS) must be provided with the delivery of product as required by law.

Requisition

Supplier: NEW ENGLAND JOURNAL OF MEDICINE 0000041495
 NEJM GROUP SITE LICENSES
 PO BOX 549271
 WALTHAM MA 02454-9271
 United States

email: institutionsales@nejm.org

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798

Business Unit: GENFD OPEN		
Req ID:	Date	Page
0001023753	11/27/2019	1
Requisition Name:		
NEJM GROUP-2020		
Requester		
Tanya George		
Requester Signature		
Buyer: Brenda Haney		
Approved:		
Entered By: GEORGET 27-NOV-2019		

Line-Schd	Description	Quantity	UOM	Price	Extended Amt Due Date
1-1	NEJM SITE LICENSE NEW ENGLAND JOURNAL OF MEDICINE	1	EA	238.14	238.14

238.14 Sub-total
 0.00 Est. tax

Total Requisition Amount: 238.14

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	6303	12	FL.VI.LIBR	61200	00000	700P	238.14

Purchases Charged to Catagorical Programs, Grants or Special Project.

This purchase is in compliance with the requirement of _____

For grants/special projects _____

Name : _____

Approval Signature

Approval Signature

Approval Signature



INVOICE

NEJM Group is a division of the
Massachusetts Medical Society

US Tax ID 04-2050773
PO Box 549271
Waltham, MA 02451-9271
USA

Invoice Date 11/22/2019
Invoice Number 2904478-B
Customer # 102256722
License Start Date 01/29/2020
PO #

Billing Information

Company Name Folsom Lake College
Contact Name Benjamin Wingard
Company Address 8401 Center Parkway
Sacramento CA 95823
United States

Customer Information

Company Name Folsom Lake College
Contact Name Benjamin Wingard
Company Address 8401 Center Parkway
Sacramento CA 95823
United States

Product	Tier	Site License Price	Total
NEJM – Site License	T1A	\$238.14	\$238.14

* Unless otherwise noted, prices do not include any applicable taxes/VAT and should be added to final payment if necessary.

Sales Rep Information

Name Judy Benford
E-Mail institutionsales@nejm.org
Phone (781) 434-7095

Sales Rep Notes

Payment Information

Payment Terms: Please include invoice number with payment. Only US Dollars Accepted.

Check: Please make check payable to "New England Journal of Medicine" and mail with this invoice to
NEJM Group Site Licenses P.O. Box 549271 Waltham, MA 02454-9271.

Wire Transfer/ACH Transfer: To ensure your account is credited promptly, please send an email to pymtprocessing@mms.org, noting the amount of the transfer, the date sent, the customer name, and the invoice number.

Bank Bank of America
Account Name Massachusetts Medical Society
New England Journal of Medicine
Account Number 0000510-11950
ABA Number 0260-0959-3
Swift Code BOFAUS3N
Routing Number 011000138

For questions about your order, please send an email to: institutionsales@nejm.org
To pay by credit card, please call
1-800-843-6356 (USA and Canada)
+1-781-434-7888 (outside of North America)
+1-781-893-0413 (secure fax)
8am-4pm ET Mon-Fri