



FOLSOM LAKE COLLEGE
EL DORADO CENTER | RANCHO CORDOVA CENTER

PURCHASE ORDER NO. CBF20034

10 College Parkway
Folsom, CA 95630

PO Date: Oct 8, 2019

Date Required:

Ordered By: CROFF/WRIGHT

Requisition #: 42334

VENDOR: ROADRUNNER LOGISTICS
1285 STRATFORD AVE, G-181
DIXON CA 95620
roadrunnerlogisticsinc@yahoo.com

SHIP TO:
FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM, CA 95630

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

925-698-9269

Line #	Item/Description	QTY	UOM	PO Price	Extended Amount
1	SHIP 16 ROLLS OF TURF FROM WEST SACRAMENTO TO FOLSOM LAKE COLLEGE	1.00	JOB	\$450.000	\$450.00
	FOLSOM LAKE COLLEGE TO PROVIDE AND OPERATE FORKLIFT FOR OFFLOAD				
	CALL FOLSOM LAKE COLLEGE OPERATIONS TO DETERMINE THE DELIVERY DATE. CALL 916-608-6585				

INSTRUCTIONS:

Empty box for instructions

State Tax %

Sub Total

State Tax

Shipping

Total PO Amount

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 Clif J. 10/09/19

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

ROADRUNNER LOGISTICS INC.

1285 Stratford Ave. G-181
Dixon, Ca. 95620
Tel: (925) 698-9269

This is to certify that the herein-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

1651



Quote
(Name of Carrier)

Shipper No. _____

Carrier No. _____

Date **10/1/19**

TO: consignee Folsom Lake College		FROM: Shipper A.G.B.	
On Collect or Delivery shipments, the letters "COD" must appear before consignee's name -- or as otherwise provided in item 430, Section 1		Street 1980 S. RIVER RD	
Address 10 COLLEGE PKWY		Origin WEST SACRAMENTO	
City Folsom CA Zip Code 95630		Zip Code _____	
Vehicle Number _____		U.S. DOT Hazmat Reg. Number _____	

No. Shipping Units	HM	Kind of Packaging, Description of Articles, Special Marks and Exceptions	U.N. NUMBER	Weight (Subject to Correction)	RATE	CHARGES
16		Rolls of Turf				\$450
CUSTOMER TO PROVIDE FORK LIFT TO OFFLOAD						

REMIT TO: ADDRESS Note - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____	COD Amt: \$ _____ Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ (Signature of Consignor)	C.O.D. FEE: PREPAID <input type="checkbox"/> \$ _____ COLLECT <input type="checkbox"/> \$ _____ TOTAL CHARGES: \$ 450 FREIGHT CHARGES FREIGHT PREPAID <input type="checkbox"/> Check box except when <input type="checkbox"/> If charges are box at right is checked to be collected
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RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of kegs unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assignee.

SHIPPER	CARRIER
SHIPPER	PER
EMERGENCY RESPONSE TELEPHONE NUMBER	DATE

Marked at all times the Hazardous Material to be transported including storage intermediate to transportation in 172.204
 * Mark with an "X" to designate Hazardous Material as defined in the Department of Transportation Regulations governing the transportation of hazardous materials. The use of this column is an optional method for classifying hazardous materials on bills of lading per Section 172.201 (g) (1) of the 49 code of Federal Regulations. Also, when shipping hazardous materials, the shipper's certification statement prescribed in Section 172.204(a) of the Federal Regulations must be included on the bill of lading, unless a specific exception from this requirement is provided in the Regulatory text for a particular material.

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

DATE 10/2/19 REQ. # CBF 42334
 VENDOR Roadrunner Logistics
 ADDRESS 1285 Stratford Ave, G-181 PO REQUIRED (circle one) YES NO
 CITY Dixon P.O. # CBF ~~19087~~ 20034
 STATE CA ZIP 95620 DATE REQUIRED 10-9-19
Roadrunnerlogisticsinc@yahoo.com

ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1					
2	Shipping 16 Rolls of				\$ 450.00
3	Turf from				
4	West Sacramento to				
5	Folsom Lake College				
6					
7	Call Levi @ FLC to				
8	determine delivery date				
9	(916) 608-6745				
10					

Check Distribution

- Call Student, Hold for pick up # _____
- Call _____, Hold for pick up # _____
- Forward to _____
- Inter-Campus mail to _____
- USPS mail
- Other Email PO & tell them to call Levi Thiessen to arrange delivery date.

x 6585

Sub-Total	
Sales Tax	
Freight	
TOTAL	<u>450.00</u>

Foundation-Athletic Operations	BAWFL	4500	1831	FLC Foun	70901	100000	6406	\$ 450.00
Account Name	Bus Unit	Account	Fund	Department	Program	Class	Project	Amount

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

AUTHORIZED Jeanne Croff
Club Officer/Requestor
 APPROVED [Signature] 10/1/19
Faculty Advisor/Administrator

Business Services Use Only

Budget Checked _____ Vendor ID _____
 Voucher # _____ Date _____
 Warrant # _____ Date _____