

LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001109330

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

Date	Revision	Page
11/06/2019		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	See Details
Reference:	Location / Dept	
1023349 HANSENM HANEYB	04ASPH52 STUSVC	

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Supplier: 0000025346
SANOFI PASTEUR INC
VACCINE SHOPPE
1 DISCOVERY DRIVE
SWIFTWATER PA 18370

Phone: (800) 822-2463
Fax: (866) 833-1368

email: OPROrders@sanofipasteur.com

Ship To: FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM CA 95630-6798
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	TUBERSOL; 752-21 5 TU 1ML / 10 TESTS	5.00 EA	80.57	402.85	11/15/2019
	TUBERSOL 5TU/0.1ML SOL 1ML MDV 1				
2- 1	NEEDLES; 305125 BD NEEDLES	1.00 EA	9.07	9.07	11/15/2019

QUOTE DATED 11-04-2019 BY ROY RUSSELL

FOR MARY HANSEN - HEALTH & WELLNESS CENTER (FL1-52)
PERISHABLE ITEM - MUST BE REFRIGERATED

IMPORTANT

PLEASE NOTE:

- MUST BE KEPT COLD BETWEEN 36-46 DEGREES
- MUST BE HAND DELIVERED TO MARY HANSEN OR JON SAMET (IF NEITHER STAFF ARE AVAILABLE, PLEASE CALL JON AT CELL PHONE #: 916-899-2725 - TO PICK-UP & PROPERLY STORE DELIVERY)

Paid Ch# 94-787755
11/14/19 Amt \$ 408.43

Sub Total Amount	411.92
Sales Tax Amount	31.92
Total PO Amount	443.84

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4500	12	FL.VS.HLTH	64400	00000	609A	443.84	2020

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.

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VACCINE SHOPPE
1 DISCOVERY DRIVE
SWIFTWATER PA 18370

Phone: (800) 822-2463
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RECEIVING
10 COLLEGE PARKWAY
FOLSOM CA 95630-6798
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
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0001023349CHAVEZA05-NOV-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

**Authorized Signature
on Total PO
Amount Page**

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Requisition

Supplier: SANOFI PASTEUR INC 0000025346
 VACCINE SHOPPE
 1 DISCOVERY DRIVE
 SWIFTWATER PA 18370
 United States
Phone: (800) 822-2463 **Fax:** (866) 833-1368
email: OPROrders@sanofipasteur.com

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

Business Unit: GENFD OPEN	
Req ID: 0001023349	Date: 11/04/2019
Page 1	
Requisition Name: SANOFI PASTEUR INC.	
Requester: Mary Hansen	Bldg#: STUSVC
Requester Signature	
Buyer: Brenda Haney	
Approved:	
Entered By: KRAVCHUA 04-NOV-2019	

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	TUBERSOL; 752-21 5 TU 1ML / 10 TESTS	5	EA	81.38	406.90	
	TUBERSOL 5TU/0.1ML SOL 1ML MDV 1					
2-1	NEEDLES; 305125 BD NEEDLES	1	EA	9.07	9.07	

415.97 Sub-total
 32.23 Est. tax

Total Requisition Amount: 448.20

QUOTE DTD 11/04/19 BY ROY RUSSELL

FOR MARY HANSEN - HEALTH & WELLNESS CENTER (FL1-52)
 PERISHABLE ITEM - MUST BE REFRIGERATED

IMPORTANT

PLEASE NOTE:

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- MUST BE HAND DELIVERED TO MARY HANSEN OR JON SAMET (IF NEITHER STAFF ARE AVAILABLE, PLEASE CALL JON: CELLPHONE #: 916-899-2725 - WILL COME & STORE IT)

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount
GENFD	4500	12	FL.VS.HLTH	64400	00000	609A	415.97

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

F a x

To: John Samet
Email: **sametj@flc.losrios.edu**

From: RoyRussell

Customer Service
Tel.: 1-800-822-2463
Email: Roy.Russell@sanofi.com

Total Number of Pages 2

Date: 11/04

Per your request:
Here is the Price Quote for the product Below;
752-21 Tubersol 10 test
For the request of 5 units, Pricing comes to 402.83 as of 11/04/2019

305125 BD Needles
For the Request of 1 unit, Pricing comes to \$9.07 as of 11/04/2019

Total would come to 411.90. Once invoiced the Details will include Prompt Pay discounts.
Totals on Vaccineshoppe.com are accurate even once invoiced

Thank you for your Time.

Sanofi Pasteur Inc.
Customer Services
1-800-VACCINE or 1-800-822-246
www.vaccineshoppe.com
MKT17950

No. of pages including cover: 1

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS

COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY AND RETURN THE ORIGINAL MESSAGE TO US VIA THE U.S. POSTAL SERVICE AT DISCOVERY DRIVE, SWIFTWATER, PA. 18370. THANK YOU.

CHECKOUT


1 Shipping Details 2 Order Summary 3 Order Preview and Payment 4 Thank you

Please click "Submit Order" to complete checkout.

LOCATION DETAILS

COLLAPSE ALL

74062297 Folsom Lake College
10 College Pkwy Fl 1 Aspen Hall
Folsom, CA 95630-6791

	Units/Doses	Anticipated Ship Date	Unit Price	Sub-total	Federal Excise Tax	Item Total
<div><div>TUBERSOL 5TU/0.1mL SOL 1mL MDV 1 752-21</div></div> <div>5 / 50</div> <div>11/4/2019</div> <div>\$81.38</div> <div>\$406.90</div> <div>\$0.00</div> <div>\$406.90</div>						
<div>BD RB NDL 25G X 1 100 CT 305125</div> <div>1 / 100</div> <div>11/4/2019</div> <div>\$9.16</div> <div>\$9.16</div> <div>\$0.00</div> <div>\$9.16</div>						

Note on 305125: Please note this is your first time ordering this product/presentation in the past 12 months. Please verify the order for accuracy.

PO#

Discounts and Savings on this Order

Sales Tax

\$0.68

VaccineShopper.com (\$4.16)
Savings

VaccineShopper.com (\$4.16)
Savings

Total Savings (\$4.16)

Total

\$412.58

PAYMENT METHOD

The total for your entire order is \$404.34. You will be invoiced after product ships. Please indicate below if you prefer to pay for this purchase with your credit card; otherwise you will be billed. If you are paying by credit card and have multiple shipments, please note that your card will be charged per shipment. The date on which your card will be charged is determined by the credit card payment option selected below.

Note for debit cards: "Charge my credit card immediately" payment method selection, will place a hold on your account for the entire amount of the shipment 7 days prior to the shipment date, even though the transaction will not be posted to the account until the day of shipment. These funds will not be available for your use. Please contact your bank with any questions.



Select A Payment Method:

- ☒ **Bill me later**
- ☐ **Pay by Check immediately**
- ☐ **Pay by Check 3 days prior to invoice due date**
- ☐ **Charge my credit card immediately**
- ☐ **Charge my credit card 3 days prior to invoice due date**

MANAGE PAYMENT OPTIONS