

LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001108712

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

Date	Revision	Page
10/07/2019		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	See Details
Reference:	Location / Dept	
1022649 WILLIAMSM HANEYB	04OPER	

PLEASE SEE REVERSE SIDE FOR TERMS AND CONDITIONS.

Supplier: 0000040540
TRAFFIC SAFETY WAREHOUSE
PO BOX 1125
DEERFIELD IL 60015

Phone: (877) 966-1018
Fax: (847) 966-1205

email:

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	SIGNICADE MDX PORTABLE SIGN STAND 31.5" HX20"WX2.5"D, WHITE 20" X 31.5" X 2.5". (ITEM #141 W)	2.00 EA	39.00	78.00	10/13/2019
2- 1	SHIPPING	1.00 EA	33.25	33.25	10/07/2019

Paid Ch# 94-787798
11/16/19 Amt \$ 119.88

Sub Total Amount	111.25
Sales Tax Amount	6.05
Total PO Amount	117.30

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>	<u>BYear</u>
GENFD	4500	11	FL.VA.OPER	67700	00000	041A	117.30	2020

0001022649CHAVEZA03-OCT-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: TRAFFIC SAFETY WAREHOUSE 0000040540
PO BOX 1125
DEERFIELD IL 60015
United States

Phone: (877) 966-1018 **Fax:** (847) 966-1205
email:

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

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001022649	10/01/2019	1	
Requisition Name:			
TRAFFIC SAFETY WAREHOUSE			
Requester			
Melissa Williams			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: CHADWICS 01-OCT-2019			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	SIGNICADE MDX PORTABLE SIGN STAND 31.5" HX20"WX2.5"D, WHITE 20" X 31.5" X 2.5". (ITEM #141 W)	2	EA	39.00	78.00	10/01/2019
2-1	SHIPPING	1	EA	33.25	33.25	10/01/2019

111.25 Sub-total
8.63 Est. tax

Total Requisition Amount: 119.88

ONLINE QUOTE DTD 10/01/2019

<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	4500	11	FL.VA.OPER	67700	00000	041A	111.25

Approval Signature	Approval Signature	Approval Signature
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TRAFFIC SAFETY WAREHOUSE® CALL TOLL FREE:
The Best in Safety for Less (877) 966-1018

Enter keyword or item #


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1 CUSTOMER INFORMATION

2 CHECKOUT

3 RECEIPT

Your purchase will cost \$119.71.**Billing Address**

Sera Chadwick
Folsom Lake College
10 College Parkway
FOLSOM, CA 95630 United States
chadwis@flic.losrios.edu

Shipping Address

Sera Chadwick
Folsom Lake College
10 College Parkway
FOLSOM, CA 95630 United States

Qty	Description	Total
2	Signicade MDX Portable Sign Stand 31.5"Hx20"Wx2.5"D White 20" x 31.5" x 2.5". Item Number: 141 W	\$78.00
	Price: \$39.00	

Subtotal: \$78.00

(National, State and Local taxes) Tax: \$8.46

Shipping Costs are only an estimate. We will contact you if there is a discrepancy. (UNITED PARCEL SERVICE) Shipping: \$33.25

[Select Another Shipping Method](#)**TOTAL: \$119.71**

HOW DID YOU HEAR ABOUT US ?

Source: _____

SPECIAL INSTRUCTIONS

SHIPPING INSTRUCTIONS (1200 max characters)

Order Hold Date



(70 max characters per line)

CREDIT CARD

PAYPAL

Name On Card: _____

Card Number: _____

(No dashes in between)

Type: Please select card type



Expiration: 10 October 2019

Credit Card ID: _____ [Learn More](#)

By clicking "SUBMIT YOUR ORDER" your order will be
complete and payment(s) will be applied.



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