

# LOS RIOS COMMUNITY COLLEGE DISTRICT PURCHASE ORDER NO 0001110750

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
02/19/2020	1 - 02/19/2020	1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:	Location / Dept	
1024747 ZWERENZK HANEYB	04EDCA103 EDC	

**Supplier:** 0000034505  
COLLEGE OF AMERICAN PATHOLOGISTS  
325 WAUKEGAN ROAD  
NORTHFIELD IL 60093-2750

**Phone:** (800) 323-4040  
**Fax:** (847) 832-8168

**email:** CDM@CAP.ORG

**Ship To:** EL DORADO CENTER  
RECEIVING  
6699 CAMPUS DR  
PLACERVILLE CA 95667  
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	COLOR ATLAS OF THE URINARY SEDIMENT	2.00 EA	175.00	350.00	04/01/2020
2- 1	SHIPPING	1.00 EA	35.00	35.00	02/19/2020

PAY PROFORMA INVOICE AR# 875701301 / ORDER# 1320606

**Paid Ch# 94-791536**  
**02/20/20 Amt \$ 410.38**

Sub Total Amount	385.00
Sales Tax Amount	28.88
Total PO Amount	413.88

<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	4300	12	FL.VI.ALHT	12050	00000	700P	413.88	2020

0001024747CHAVEZA13-FEB-2020

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:** US BANK  
CORPORATE PAYMENT SYSTEM  
PO BOX 790428  
ST LOUIS MO 63179-0428  
United States

0000024305

**email:**

**Ship To:** RECEIVING  
6699 CAMPUS DR  
PLACERVILLE CA 95667

<b>Business Unit:</b>		<b>GENFD</b>	<b>OPEN</b>
Req ID:	Date	Page	
0001024747	02/08/2020	1	
Requisition Name:			
US BANK - CAP			
Requester			
Kimberly Zwerenz			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: ZWERENZK 08-FEB-2020			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt Due Date
1-1	COLOR ATLESS OF THE URINARY SEDIMENT	2	EA	175.00	350.00 04/01/2020
2-1	SHIPPING	1	EA	35.00	35.00 04/01/2020

385.00 Sub-total  
27.92 Est. tax

Total Requisition Amount: 412.92

## VENDOR INFORMATION;

COLLEGE OF AMERICAN PATHOLOGIST  
325 WAUKEGAN ROAD  
NORTHFIELD IL 60093

<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	4300	12	FL.VI.ALHT	12050	00000	700P	385.00

## Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: MLT  
Project Grant: 700P  
Program Director: MARYATT  
Program Goal: Eligible instructional supply

Approval Signature

Approval Signature

Approval Signature



# COLLEGE of AMERICAN PATHOLOGISTS

## 2020 PROFORMA INVOICE

CAP Number: 875701301

AR #: 875701301

Ship to:

Bill to:

Folsom Lake College  
6699 Campus Dr  
Placerville, CA, 95667, US

Folsom Lake College  
6699 Campus Dr  
Placerville, CA, 95667, US

Order Number: 1320606

Product Quantity	Product Code	Product Name	Unit Price	Price with Fuel Surchage	Extended Price	Shipping & Handling Charges
2	PUB219.	Color Atlas of the Urinary Sediment: An	\$ 175	\$175.00	\$350.00	\$ 35

Sub total	\$350.00
Tax	\$28.88
S/H Charge	\$35.00
TOTAL (in USD)	\$413.88

Proformas are valid for the current program year and are based on the shipping calendar listed in the current catalog. In the event shipments have already begun prior to receipt of the purchase order, or requested order changes, inventory may not be available for shipment, thus, the dollar amount reflected on the final invoice will vary from this original proforma. CAP terms and conditions supercede all other terms. Duties and taxes are the responsibility of the customer. Shipping terms are CPT Destination. The CAP is not responsible for bank fees incurred when submitting payment by wire transfer. Please work with your financial institution to include all bank fees (including intermediate bank fees) when submitting payment of your CAP invoice. Unpaid bank fees deducted from your payment submission will result in a short payment. This balance will remain as an open unpaid billing on your account. Please include unpaid amount in your next payment to the CAP.

Mary Claire Gonzales

Name

12/26/2019

Date

College of American Pathologists  
325 Waukegan Road Northfield, IL 60093 USA

[CDM@cap.org](mailto:CDM@cap.org)