



LOS RIOS COMMUNITY COLLEGE DISTRICT
1919 Spanos Court • Sacramento, CA 95825-3981

P.O. No. F 2018

Date 12/3/19

LIMITED PURCHASE ORDER
(Not to Exceed \$200.00)

VENDOR NAME AND ADDRESS: <u>CHRISTINE NURZER</u>	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input checked="" type="checkbox"/> Will Call
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Reimbursement - International	1	ea		-	35.65
2	Express Mail Delivery -					
3	JULIA EMICH, International					
4	Student I-20 issuance					
5						
6						
7						
8						
9						
10						

Purchases Charged to Categorical Programs, Grants or Special Projects This purchased is in compliance with the requirements of:	SUB-TOTAL SALES TAX TOTAL (Not to Exceed \$200.00)
Program Name _____ For grants/special projects _____ Program Director/Coord. Signature _____ Project/Grant Number _____ Program Goal/Objective Number/Explanation _____	= = 35.65

VENDOR: Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$200.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

I/WE hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws.

REQUESTED BY: CHRISTINE NURZER 12/3/19

REQUESTED BY: [Signature] 12/3/19

APPROVED: [Signature] 12-3-19

APPROVED: [Signature] 12/11/19

Received by _____ Date _____

Bus. Unit Account Fund Org

62100 10000 1200 041A \$35.65

Bus. Unit Account Fund Org

Program Sub-Class BY Proj/Grnt Amount

Sent to PO-DOORS 12/16/19

FOLSOM
1015 RILEY ST
FOLSOM, CA 95630-9998
052742-0630
(800)275-8777
12/02/2019 03:22 PM

Product	Qty	Unit Price	Price
PM International Flat Rate Env (International) (Austria) (Flat Rate) (USPS Tracking #:CH083894975US)	1	\$35.65	\$35.65
PM International Insurance (Up to \$100.00 included)			\$0.00
Total:			\$35.65

Credit Card Remitd \$35.65
(Card Name:MasterCard)
(Account #:XXXXXXXXXXXX9419)
(Approval #:71202B)
(Transaction #:035)
(AID:A0000000641010 Chip)
(AL:MasterCard)
(PIN:Not Required MasterCard)

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YOUR OPINION COUNTS



CH083894975US



USPS Customs Declaration and Dispatch Note

- Print in English using blue or black ink.
- Complete all **SHADED** fields before acceptance.
- See the Privacy Notice on the reverse of Copy 4.

SENDER INFORMATION

Full Last Name <i>Wurzer</i>	Full First Name <i>Christine</i>	MI <i>K</i>
Business Name (if applicable) <i>Edison Lake College</i>	Sender's Telephone <i>916-108-1145</i>	
Address-1 <i>10 College Parkway</i>		
Address-2		
City <i>Edison</i>	State <i>CA</i>	ZIP Code* <i>95630</i>

SHIPMENT INFORMATION (CONTINUED) — BOXED AREA IS FOR USPS-USE ONLY

USPS Official Use	USPS Corporate Account	EMS Scheduled Delivery Date <i>/ /</i>
Total Postage/Fees (U.S. \$)	Insured Value (U.S. \$)	Insured Fee (U.S. \$)

ADDRESSEE'S INFORMATION

Full Last Name <i>EMICH</i>	Full First Name <i>JULIA</i>	MI <i>A</i>
Business Name (if applicable)	Addressee's Telephone	
Address-1 <i>GURKASSE 42-44/14</i>		
Address-2		
City <i>VIENNA</i>	State/Province	Country <i>AUSTRIA</i>

7. Sender's Email Address	8. Addressee's Email Address	
9. Exporter's Reference (if applicable and known)	10. Exporter's Telephone (if applicable and known)	
11. Importer's Reference (if applicable and known)	12. Importer's Telephone (if applicable and known)	
13. AES ITN (if applicable)	14. AES Exemption — NOEEI \$ (Check one if applicable) <input type="checkbox"/> \$ 30.36 <input type="checkbox"/> \$ 30.37 (a) <input type="checkbox"/> \$ 30.37 (h) <input type="checkbox"/> \$ 30.37 (y) <input type="checkbox"/> Other	
15. License Number (if applicable)	16. Certificate Number (if applicable)	17. Invoice Number (if applicable)
18. Length (Inches)	19. Width (Inches)	20. Height (Inches)
21. Restrictions (if applicable — check all that apply) <input type="checkbox"/> Quarantine <input type="checkbox"/> Sanitary/Phytosanitary Inspection	22. Nondelivery Instructions (Check one) <input type="checkbox"/> Return to Sender <input type="checkbox"/> Treat as Abandoned	
23. Sender's Signature and Date <i>Christine Wurzer R/2/14</i>		

I certify the particulars given in this customs declaration are correct. This package does not contain any undeclared dangerous items, or items prohibited by legislation or by postal or customs regulations. I have met all applicable export filing requirements under federal law and regulations.

SHIPMENT INFORMATION

1. Category of Items (Check all that apply)
 Document Commercial Sample Merchandise Dangerous Goods
 Gift Returned Goods Humanitarian Donation Other

2. Detailed Description of Contents (Enter only one item per line)	3. Quantity	4. Net Weight (Ea)		5. Value (Ea)
		Lbs.	Oz.	U.S. \$
<i>DOCUMENT</i>	<i>1</i>	<i>.25</i>		<i>0</i>
	6. Total			<i>0.00</i>

For Business Mailers, for items in Block 2 (if the information is known)

24. HS Tariff Number	25. Country of Origin