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125.00

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Los Rios Community College District

Purchasing: (916)568-3071 * FAX (916) 568-3145 LRCCDpurchase@losrios.edu

Accounting Ops: (916)568-306 Acctg-ops@losrios.edu

PLEASE SEE TERMS AND CONDITIC

Supplier: 0000017616 3C4A C/O WEST HILLS COLLEG 555 COLLEGE AVENUE LEMOORE CA 93245

COLLEGE

PURCHASE ORDER NO 0001113185

| 10)300-3071 FAA (910) 300-3143 | | | | |
|--|--------------------------------------|---|------------------------|------------------------------|
| se@losrios.edu | Date | Revisio | on | Page |
| s: (916)568-3065 * FAX (916) 286-3636 rios.edu | 09/24/2020 Payment Terr NET 30 | ms Freight Te Shipping Poi | nt | 1 Ship Via Best Method |
| MS AND CONDITIONS APPENDED TO THIS PO | Reference: 1027391 LON | IGHITANOA HANE | Location YB 04ASPH | • |
| r: 0000017616 ST HILLS COLLEGE LEMOORE LEGE AVENUE RE CA 93245 | Ship To: | FOLSOM LAKE (RECEIVING 10 COLLEGE PA FOLSOM CA 956 | RKWAY | |
| (559) 925-3212 | Bill To: | United States LRCCD Invoice to: acctg- 1919 Spanos Cor Sacramento CA S United States | ops@losrios.edu urt | |
| Item/Description | Quantity UOM | PO Price | Extended Amt | Due Date |
| SINGLE MEMBERSHIP - 2020-2021 3C4A CALIFORNIA COMMUNITY COLLEGE COUNSELORS ADVISERS - FOR AMBER LONGHITANO, COUNSELOR FOLSOM LAKE | 1.00EA | 125.00 | 125.00 | 09/22/2020 |

PRE PAY 3C4A MEMBERSHIP - MAIL APPLICATION WITH PAYMENT

PAID

Tax Exempt? N

Line-Sch 1-1

CHECK #: 94-805694

DATE: 09/30/20

Phone:

email:

AMOUNT \$: \$125.00

VOUCHER #:

| BU | Acct | Fd | Org | Prog | <u>Sub</u> | <u>Proj</u> | <u>Amount</u> | <u>BYear</u> |
|-------|------|----|------------|-------|------------|-------------|---------------|--------------|
| GENFD | 5300 | 12 | FL.VS.SEAP | 63100 | 00000 | 570A | 125.00 | 2021 |

0001027391CHAVEZA22-SEP-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 shipmen | it. |

Authorized Signature

Sub Total Amount

Sales Tax Amount

Total PO Amount

Notice to vendor: You are responsible for delivering good and delivery documents to the Receiving Department at the site. Failure to so do will delay payment processing. Vendor is responsible for obtaining verification of delivery by authorized Receiving Room personnel. Receipt of good 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: | 3C4A 000001761 | 6 Business Unit: | GENFI | O OPEN |
|----------------------|---|---|------------------------------|--------------------------------|
| | C/O WEST HILLS COLLEGE LEMOORE 555 COLLEGE AVENUE LEMOORE CA 93245 United States | ReqID: 0001027391 Requisition Na 3C4A MEMBERSH | Date 09/15/2 ame: | Page 2020 1 |
| | Phone: (559) 925-3212 email: | Requester Amber Longhitz Requester Signatu | | |
| Ship To: | RECEIVING 10 COLLEGE PARKWAY FOLSOM CA 95630 | Buyer: Suzan Approved: Entered By: K | nne Rouille: KRAVCHUA 15- | |
| Line-Schd | Description | Quantity UOM | Price | Extended Amt Due Date |
| 1-1 | 3C4A MEMBERSHIP FEE FOR AMBER LONGHITANO | 1 EA | 125.00 | 125.00 |
| | | | - | 125.00 Sub-tot 0.00 Est. ta |
| | | Total Requisition | Amount: | 125.00 |
| 3C4A MEM CALIFORN | TACHED MEMBERSHIP FORM - PLEASE SET UP 2 WAY MAT BERSHIP IA COMMUNITY COLLEGE COUNSELORS/ADVISERS SINGLE MEMBERSHIP - \$125.00 | СН | | |
| | R / MEMBERSHIP S COLLEGE LEMOORE | | | |

<u>Amount</u> 125.00

Purchases Charged to Catagorical Programs, Grants or Special Project.

OrgProgSubProjFL.VS.SEAP6310000000570A

Program Name: SEAP Project Grant: 570A Program Director: Molly Senecal Program Goal: Student Equity

555 COLLEGE AVE. LEMOORE, CA 93245

> Acct Fd 5300 12

<u>BU</u> genfd

| Approval Signature | Approval Signature | Approval Signature |
|--------------------|--------------------|--------------------|
| | | |

3C4A Membership Application Form

California Community College Counselors/Advisors

| Updated Information 2020 | - 2021 FIRST NAME: Amber | | |
|---|---|--|--|
| LAST NAME: Longhitano | | | |
| NAME OF INSTITUTION: Folsom Lake Colleg | ge X 2-YEAR 4-YEAR | | |
| ADDRESS: 10 College Parkway | | | |
| CITY: Folsom ZIP: 95 | 5630 | | |
| TITLE: X Counselor Other | Full-time Part-time | | |
| NUMBER OF HOURS ALLOTED (per week) | % Student Athletes General Population | | |
| | | | |
| ***** | | | |
| BUSINESS PHONE(916) 608-6537 | FAX () | | |
| EMAIL ADDRESS: longhia@flc.losrios.edu | ATHLETICS | | |
| Primary Single Membership 🖵 \$125 | Additional Membership 🗌 \$100 | | |
| Please send the completed application | and a check (made payable to 3C4A) | | |
| | dline for continuous membership is 31st. | | |
| 30 | | | |
| | | | |
| | a Quilici / Membership | | |
| | College Lemoore | | |
| | llege Ave. | | |
| Lemoore | , CA. 93245 | | |
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