

Los Rios Community College District

PURCHASE ORDER NO 0001114885

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

Accounting Ops: (916)568-3065 * FAX (916) 286-3636
Acctg-ops@losrios.edu

PLEASE SEE TERMS AND CONDITIONS APPENDED TO THIS PO

Date	Revision	Page
03/25/2021		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:	Location / Dept	
1029283 GEORGET HANEYB	04FLC	

Supplier: 0000006473
AMERICAN MEDICAL ASSOCIATION
SUBSCRIBER SERVICES
P O BOX 4189
CAROL STREAM IL 60197

email:

Ship To: FLC-LIBRARY NO TAX
FOLSOM LAKE COLLEGE - LIBRARY
10 COLLEGE PARKWAY
FOLSOM CA 95630
United States

Bill To: LRCCD
Invoice to: acctg-ops@losrios.edu
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	JAMA NETWORK SITE LICENSING - LRCCD DISTRICT-WIDE ONE YEAR RENEWAL FROM 06-01-2021 TO 05-31-2022	1.00 EA	1,313.00	1,313.00	03/24/2021

PRE PAY PROFORMA INVOICE # SLBH1556905-R21 03-01-2021

PAID**CHECK #:** 0094812844**DATE:** 3/30/21**AMOUNT \$:** 244.35,154.93,353.07,560.65

Sub Total Amount	1,313.00
Sales Tax Amount	0.00
Total PO Amount	1,313.00

VOUCHER #: 00598782

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	6303	11	AR.VS.LIBR	61200	00000	051C	560.65	2021
GENFD	6303	11	SC.VI.LRNC	61200	00000	041A	353.07	2021
GENFD	6303	12	CR.VE.LRCT	61200	00000	700P	244.35	2021
GENFD	6303	12	FL.VI.LIBR	61200	00000	700P	154.93	2021

0001029283CHAVEZA24-MAR-2021

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 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: AMERICAN MEDICAL ASSOCIATION 0000006473
 SUBSCRIBER SERVICES
 P O BOX 4189
 CAROL STREAM IL 60197
 United States

email:

Ship To: FOLSOM LAKE COLLEGE - LIBRARY
 10 COLLEGE PARKWAY
 FOLSOM CA 95630

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001029283	03/19/2021	1	
Requisition Name:			
2021 JAMA			
Requester			
Tanya George			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: GEORGET 19-MAR-2021			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	JAMA NETWORK SITE LICENSING	1	EA	1,300.00	1,300.00	

1,300.00 Sub-total
 0.00 Est. tax

Total Requisition Amount: 1,300.00

PREPAY ATTACHED PROFORMA INVOICE # SLBH1556905-R21 DTD 3.1.21
 PLEASE SET UP 2-WAY MATCH

CRC AUTHORIZATION EMAIL

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount
GENFD	6303	11	AR.VS.LIBR	61200	00000	051C	555.10
GENFD	6303	11	SC.VI.LRNC	61200	00000	041A	349.57
GENFD	6303	12	CR.VE.LRCT	61200	00000	700P	241.93
GENFD	6303	12	FL.VI.LIBR	61200	00000	700P	153.40

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: LOTTERY
 Project Grant: 700P
 Program Director: M.PACTOL
 Program Goal: 700P

Approval Signature

Approval Signature

Approval Signature



JAMA Network™

American Medical Association
AMA Plaza
330 N Wabash Ave, Suite 39300
Chicago, IL 60611-5885
sales@jamanetwork.com

PROFORMA INVOICE

Invoice Date: March 1, 2021
Invoice No: SLBH1556905-R21
Term: Payment Due Upon Receipt of Invoice
Promo Code: QBZA

Bill-to

Customer Number: 1556905
Los Rios City Colleges
Sarah Lehmann
3835 Freeport Blvd
Sacramento, CA 95822 -1318
lehmanns@arc.losrios.edu

Customer Information

Customer Number: 1556905
Los Rios City Colleges
Sarah Lehmann
3835 Freeport Blvd
Sacramento, CA 95822 -1318
USA

JAMA Network Site Licensing

Tier: A2

Package: JAMA Only

1 Year starting: 6/1/2021

DDP Package:

JOURNAL*	INCLUDED IN SITE	DDP PRINT
JAMA	X	
JAMA Cardiology		
JAMA Dermatology		
JAMA Psychiatry		
JAMA Internal Medicine		
JAMA Neurology		
JAMA Oncology		
JAMA Ophthalmology		
JAMA Otolaryngology—Head & Neck Surgery		
JAMA Pediatrics		
JAMA Surgery		
Sub Total	\$1,313.00	\$.00
Commission (if applicable)	\$.00	\$.00
*Tax		\$.00
Grand Total		\$1,313.00

TAXES: AMA reserves the right to charge VAT, GST/HST and sales & use tax where applicable. The appropriate charges will be added to your total order and displayed on your final order confirmation if you are shipping to a state where AMA has economic nexus. The applicable tax is estimated and is subject to change. A valid exemption certificate must be provided by service recipient at the point of sale to avoid applicable taxes. Your purchase may be subject to use tax unless it is specifically exempt from taxation. Some states require each purchaser to report any taxable purchase that was not taxed and to pay use tax on the purchase. See the JAMA Network Store FAQ for more information.

TAX EXEMPTION ID#: _____

PAYMENT INFORMATION

☐ Enclosed is a check made payable to: American Medical Association

(Drawn on a U.S. bank and payable in U.S. funds.)

Remit payment to: American Medical Association, Subscription Services, PO Box 4189, Carol Stream, IL 60197, USA

☐ Payment will be made via Wire Transfer (see below for banking details)

The Northern Trust Company
50 S. La Salle Street
Chicago, IL 60675

ABA#071000152
Account Name: AMA Checking
Account#: 54070
Swift Code: CNORUS 44
Attn: Cathy Wrobel *(please also include invoice #)*

☐ Payment will be made via Credit Card. Send via our secure fax (312) 464-5834 or call (312) 464-5601

**Please note credit card payment cannot exceed \$25,000.*

VISA, MasterCard and American Express are also accepted for payment:

Type of Card: ☐ VISA ☐ MC ☐ AMEX

Card#: _____ Expiration Date: _____ / _____

Name on Card: _____

NOTE: PLEASE REFER TO INVOICE NUMBER SLBH1556905-R21 ON YOUR REMITTANCE ADVICE

PLEASE REVIEW THE FOLLOWING URGENT NOTICE



JAMA Network™

American Medical Association
AMA Plaza
330 N Wabash Ave, Suite 39300
Chicago, IL 60611-5885
journalsales@jamanetwork.com

URGENT NOTICE

Dear Subscriber,

We're writing to inform you about ongoing changes to the tax laws in most U.S. states that may affect your site license agreement with the JAMA Network. As you may know, individual state tax laws are rapidly changing, and it is likely that your organization will be liable for tax on your site license agreement. We kindly ask you to provide your tax information along with your renewal if applicable.

If your organization is tax exempt, please provide your exemption certificate with the tax exemption ID number with your renewal. If we do not receive the tax exemption documentation, we will include the tax on your final invoice.

We thank you for your cooperation and ask that you contact your JAMA Network sales representative with any questions or our sales support team at sales@jamanetwork.org,

Best regards,
JAMA Network

JAMA Network™

330 N Wabash Ave, Ste 39300, Chicago, IL 60611

JNFulfillment@jamanetwork.com

CONFIDENTIAL NOTICE

This attachment contain material for the exclusive use by the intended recipient and may contain confidential information that is protected from use or disclosure under applicable law. If you are not the intended recipient, please notify the sender and delete the original message and attachments without making copies.

From: Adkins Pogue, Andi <AdkinsA@crc.losrios.edu>
Sent: Monday, March 1, 2021 1:39 PM
To: Telles, James <TellesJ@flc.losrios.edu>
Cc: Perez, Rochelle <PerezR@crc.losrios.edu>
Subject: FW: JAMA account string

Hi James – I am an authorized signer on this account.

Please use GENFD 6303 12 CR.VE.LRCT 61200 00000 2021 700P in the amount of \$244 for CRCs portion of the JAMA network site license.

Thanks,

From: Flores, Baleria <FloresB@scc.losrios.edu>
Sent: Thursday, March 11, 2021 3:29 PM
To: Telles, James <TellesJ@flc.losrios.edu>
Subject: JAMA Network Site License - Group Purchase

Hi James,

I am an authorized signer for this account.

Please use **GENFD 6303 11 SC.VI.LRNC 61200 00000 2021 041A** in the amount of \$353 to cover Sacramento City College's portion of the JAMA Network Site License.

Thank you,

Baleria Flores
Library Technician
Sacramento City College
Learning Resources – 308
FloresB@scc.losrios.edu
(916) 558-2692

From: Lehmann, Sarah <LehmanS@arc.losrios.edu>
Sent: Thursday, March 11, 2021 3:37 PM
To: Telles, James <TellesJ@flc.losrios.edu>
Cc: Johnson, Joshua <JohnsoJ2@arc.losrios.edu>
Subject: RE: JAMA

Dear James,

I am an authorized signer for this account.

Please use

2021	GENFD 6303 11 AR.VS.LIBR 61200 00000 2021 051C
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In the amount of \$561 to cover American River College's portion of the JAMA Network Site License.

Thanks,
Sarah

Sarah Lehmann (she/her)
Librarian
American River College
Co-chair, Student Success Council