Date_____

P.O. No._____

LIMITED PURCHASE ORDER

(Not to Exceed \$1000.00)

VENDOR NAME AND ADDRESS:			DELIVERY INSTRUCTIONS: Deliver to Address Below (Check one) Will Call					
ITEM	DESCRIPTION		ORDERED				UNIT	TOTAL
	GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & S	SIZES	QUANTI	TY UNIT	STOC	K NO.	PRICE	TOTAL
1								
2								
3	PAID							
4								
5	CHECK #: 0094807944							
6	DATE: 12/17/20							
7								
	AMOUNT \$: 175.00							
8	VOUCHER #: F4514							
9								
10								
Purchases Charged to Categorical Programs, Grants or Special Projects This purchased is in compliance with the requirements of:					SUB	-TOTAL		
rnis pu					SAL	ES TAX		
	Program Name				0,12			
For grants/special projects 482W Program Director/Coord. Signature Project/Grant Num				iber TOTAL				
				(Not to Exceed \$1000.00)				
-	Goal/Objective Number/Explanation	a Tatal						
invoio invoio	ce may not exceed \$1000.00 including tax and shipping cost ces in duplicate to: Los Rios Community College District, Acco artment, 1919 Spanos Court, Sacramento, CA 95825.	s. Mail						
I hereby certify the items/services listed above shall be obtained in accordance				Received by Date				
with District Policy,Conflict of Interest Code,P-8631 Section 3.0.,and all other applicable district, state, and federal policies, rules, regulations, and laws.								
			GENF	D/ 5200	/ 12	/ FL	VI.SWP	۹
REQU	ESTED BY: TYPED/PRINT	DATE	Bus. Unit	Account	Fund	Org		
			67513	/ 00000	/ 202	1 / 1	82W	\$ 175.00
REQU	ESTED BY: SIGNATURE	DATE	Program	/		Proj/G		Amount
				/	/	/		
APPR	OVED: DEAN OR OTHER AUTHORIZED SIGNATURE	DATE	Bus. Unit	Account	/ Fund	_/ Org		
		-				,		
		DATE	Program	Sub-Class		/ Proj/G	Srnt	\$ Amount
APPRO	OVED: VICE PRESIDENT, ADMINISTRATION	DATE	Frogram		DĬ	FI0J/G	911L	
Vendo	r: <u>Blue</u> Receiver: <u>Goldenrod</u> Accounting: <u>Yellow</u>	Bu	usiness Off	ice: <u>Green</u>	Dept/Re	equestor:	<u>Pink</u>	GS #32 Revised 07/2013



Lynn Baker-Nauman <dramatherapy.lynn@gmail.com>

Your Trauma Research Foundation receipt [#1806-7799]

Trauma Research Foundation <receipts+acct_1CXKAOFlowbB40Q8@stripe.com> Reply-To: Trauma Research Foundation <programs@traumaresearchfoundation.org> To: dramatherapy.lynn@gmail.com Tue, Dec 15, 2020 at 11:08 AM



Receipt from Trauma Research Foundation

Receipt #1806-7799

AMOUNT PAID	DATE PAID	PAYMENT METHOD
\$175.00	December 15, 2020	VISA - 5717

SUMMARY

ORD001031: TRF International Social Justice Summit -Trauma Research Foundation \$175.00

Amount charged

\$175.00

If you have any questions, contact us at programs@ traumaresearchfoundation.org or call at +1 617-784-2644.

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