

LIMITED PURCHASE ORDER
(Not to Exceed \$1000.00)

VENDOR NAME AND ADDRESS:	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input 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						
2						
3	PAID					
4	CHECK #: 0094807944					
5						
6	DATE: 12/17/20					
7	AMOUNT \$: 175.00					
8						
9	VOUCHER #: F4514					
10						

Purchases Charged to Categorical Programs, Grants or Special Projects
This purchased is in compliance with the requirements of:

Program Name _____
 For grants/special projects 482W
 Program Director/Coord. Signature _____ Project/Grant Number _____
 Program Goal/Objective Number/Explanation _____

SUB-TOTAL	
SALES TAX	
TOTAL (Not to Exceed \$1000.00)	

VENDOR: Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$1000.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

I hereby certify the items/services listed above shall be obtained in accordance 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.

Received by _____ Date _____

GENFD / 5200 / 12 / FL.VI.SWPA
 Bus. Unit Account Fund Org

REQUESTED BY: _____ **TYPED/PRINT** _____ **DATE** _____

67513 / 00000 / 2021 / 482W \$ 175.00
 Program Sub-Class BY Proj/Grnt Amount

REQUESTED BY: _____ **SIGNATURE** _____ **DATE** _____

Bus. Unit Account Fund Org

APPROVED: DEAN OR OTHER AUTHORIZED SIGNATURE _____ DATE _____

Bus. Unit Account Fund Org

APPROVED: VICE PRESIDENT, ADMINISTRATION _____ DATE _____

Program Sub-Class BY Proj/Grnt Amount



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
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Amount charged	\$175.00
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If you have any questions, contact us at programs@traumaresearchfoundation.org or call at +1 617-784-2644.

Something wrong with the email? [View it in your browser.](#)

You're receiving this email because you made a purchase at Trauma Research Foundation, which partners with Stripe to provide invoicing and payment processing.

