

Los Rios Community College District

PURCHASE ORDER NO 0001113100

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

Supplier: 0000008390
COUNCIL FOR HI EDUC ACCREDITATION
P O BOX 37085
BALTIMORE MD 21297-3085

email:

Date	Revision	Page
09/15/2020		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:	Location / Dept	
1027327 CAMPBELL HANEYB	01ADMN ADMIN	

Ship To: FOLSOM LAKE COLLEGE
RECEIVING
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	INSTITUTIONAL MEMBERSHIP 2020-2021 COUNCIL FOR HIGHER EDUCATION ACCREDITATION (CHEA) FOR FOLSOM LAKE COLLEGE	1.00 EA	690.00	690.00	09/21/2020

Approved

PAY CHEA INVOICE # WASCJR-0283-01-FY21

CHECK # 00094805371
DTD 9/15/20
VOUCHER # 00588987

Sub Total Amount	690.00
Sales Tax Amount	0.00
Total PO Amount	690.00

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Proj</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>	<u>BYear</u>
GENFD	5300	11	FL.CP.OFFC	60100	00000	041A	690.00	2021

0001027327CHAVEZA14-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.

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: COUNCIL FOR HI EDUC ACCREDITATION 0000008390
P O BOX 37085
BALTIMORE MD 21297-3085
United States

email:

Ship To: 10 COLLEGE PARKWAY
FOLSOM CA 95630

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001027327	09/09/2020	1	
Requisition Name:			
Council for Higher Ed Accred			
Requester			
Lindsey Campbell			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: CAMPBELL 09-SEP-2020			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt Due Date
1-1	INSTITUTIONAL MEMBERSHIP 20-21 COUNCIL FOR HIGHER EDUCATION ACCREDITATION	1	EA	690.00	690.00 09/21/2020

690.00 Sub-total
0.00 Est. tax

Total Requisition Amount: 690.00

Approved

Invoice attached.

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	5300	11	FL.CP.OFFC	60100	00000	041A	690.00

Approval Signature	Approval Signature	Approval Signature
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Council for Higher Education Accreditation

Address: P. O. Box 37085
Baltimore, MD 21297-3085
Phone: 202-955-6126
Fax: 202-955-6129
Inquiries: membership@chea.org



July 16, 2020

BILL TO:

Folsom Lake College
Mr. Whitney Yamamura
President
10 College Parkway
Folsom, CA 95630-6798
United States

CHEA INVOICE #: WASCJR-0172-01-FY21

DUES AMOUNT: \$690
INVOICE 3

ANNUAL INSTITUTIONAL MEMBERSHIP July 1, 2020 to June 30, 2021

PAY ONLINE via Credit Card: (We accept MasterCard, Visa, Discover, and American Express)
Go to <https://www.chea.org/renew> find your institution's invoice using the following
Logon Folsom1158 and Password 1158

CHECK: Please be sure to include the invoice number (above) on the check and remit to the address above.

FAX: Enter credit card information below and fax to 202-955-6129:

Payment Amount: \$ _____

Credit Card Number: _____ Expiration Date: ____/____/____

Security Code: _____ (3-digit code on MasterCard, Visa and Discover; 4-digit code on American Express)

Cardholder's Name: _____

Billing Address: _____ Zip Code: _____

Cardholder's Signature: _____

Email for Receipt: _____

ELECTRONIC PAYMENT: (The originator agrees to pay all bank fees)

Wiring Instructions:

Bank name: BB&T
Bank Address: 1909 K St NW WDC 20006
ABA Routing #: 054001547
Acct Name: Council for Higher Education Accreditation
(CHEA)
Acct Number: 0005163200998
SWIFT code: BRBTUS33
CHIPS participant #: 0160

ACH Instructions:

Bank Name: BB&T
Bank ACH routing #: 054001547
Acct Name: Council for Higher Education Accreditation
(CHEA)
Acct Number: 0005163200998

Remittance Email: membership@chea.org

PURCHASE ORDER: Fax copy of purchase order to 202-955-6129.

CHEA FEDERAL I.D. NUMBER: 52-1994352

Membership dues for institutions are based upon core expenditures as defined in the Integrated Postsecondary Education Data System (IPEDS) - see next page. For billing questions, please call 202-955-6126 or email membership@chea.org.

CHEA MEMBERSHIP DUES

(Effective July 1, 2020)

Membership dues for institutions are based upon an institution's total expenses for the essential education activities of the institution or core expenses as defined in the Integrated Postsecondary Education Data System (IPEDS). Core expenses for public institutions reporting under GASB standards include expenses for instruction, research, public service, academic support, student services, institutional support, operation and maintenance of plant, depreciation, scholarships and fellowships, interest and other operating and nonoperating expenses. Core expenses for FASB (primarily private, not-for-profit and for-profit) institutions include expenses on instruction, research, public service, academic support, student services, institutional support, net grant aid to students, and other expenses.

ACTION REQUIRED: Please provide your institution's core expenditures and indicate the fiscal year for which you are reporting.

Core Expenditures: \$ _____ Fiscal Year: FY _____

<u>Institution Core Expenditures</u>	<u>Annual Dues</u>
Under \$10 Million	\$350
\$10 Million - Under \$40 Million	\$690
\$40 Million - Under \$100 Million	\$2,080
\$100 Million - Under \$300 Million	\$3,890
\$300 Million - Under \$500 Million	\$4,870
Over \$500 Million	\$6,930

Thank you for renewing your membership to CHEA.

Please return this form to CHEA by one of the following methods:

1. Scan and email to membership@chea.org
2. Mail with your invoice to CHEA at P.O. Box 37085, Baltimore, MD 21297-3085
3. Fax to 202-955-6129

For questions regarding this form or any other billing questions, please call 202-955-6126, or email membership@chea.org.