

LIMITED PURCHASE ORDER
 (Not to Exceed \$1000.00)

VENDOR NAME AND ADDRESS: COUNTY OF EL DORADO EMERGENCY MEDICAL SERVICES AGENCY 2900 FAIRLANE COURT PLACERVILLE, CA 95667-4197	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call FOLSOM LAKE COLLEGE 10 COLLEGE PARKWAY FOLSOM, CA 95630
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	EMERGENCY MEDICAL SERVICE TRAINING PROGRAM FEE	1	EACH		\$ 529.00	\$529.00
2						
3	PAID					
4	CHECK #: 0094805761					
5	DATE: 10/01/20					
6	AMOUNT \$: 529.00					
7	VOUCHER #: F4010					
8						
9						
10						

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

CNA

Program Name
 VICTORIA MARYATT For grants/special projects **453Y**
Program Director/Coord. Signature Project/Grant Number
objective #1

Program Goal/Objective Number/Explanation

SUB-TOTAL	\$529.00
SALES TAX	0.00
TOTAL (Not to Exceed \$1000.00)	\$ 529.00

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.

COLLEEN MESA	9/14/2020	
REQUESTED BY: _____	TYPED/PRINT	DATE
COLLEEN MESA	9/14/2020	
REQUESTED BY: _____	SIGNATURE	DATE
VICTORIA MARYATT	9/15/2020	
APPROVED: _____	DEAN OR OTHER AUTHORIZED SIGNATURE	DATE
APPROVED: _____	VICE PRESIDENT, ADMINISTRATION	DATE

Received by _____	Date _____			
GENFD / 5890 / 12 / FL.VI.VTEA				
Bus. Unit	Account	Fund	Org	
12500	00000	2021	314D	\$ 529.00
Program	Sub-Class	BY	Proj/Grnt	Amount
Bus. Unit	Account	Fund	Org	
Program	Sub-Class	BY	Proj/Grnt	\$
Program	Sub-Class	BY	Proj/Grnt	Amount



County of El Dorado

Emergency Medical Services Agency

*2900 Fairlane Court
Placerville, CA 95667-4197*

*Michelle Patterson, MPH
EMS Agency Administrator*

*David Brazzel, MD
EMS Agency Medical Director*

Phone (530) 621-6500

September 2, 2020

To Whom It May Concern,

Please note the fee for the EMT program in El Dorado County is \$529.00. Payment can be made either directly on our website at https://www.edcgov.us/government/ems/pages/Emergency_Medical_Service_Payments.aspx or a check can be sent directly to our office at:

El Dorado County EMS Agency
2900 Fair Lane Court
Placerville, Ca 95667

If you have any questions, please contact me directly at 530-621-6509.

Thank you,

Eileen Flatgard
Administrative Technician
El Dorado County EMS Agency