Los Rios Community College District

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 SI

•		Reference	ce:	
SEE TERMS AND	D CONDITIONS APPENDED TO	D THIS PO 1026800	GARCIAW HANEYB	(
Supplier: 00000 DESCO INC 4141 CITRUS A ROCKLIN CA 95	VE #3	Ship To:	FOLSOM LAKE COLLEC RECEIVING 10 COLLEGE PARKWAY FOLSOM CA 95630	-
	259-2838 259-2848		United States	

email: desco4141@gmail.com

PURCHASE ORDER NO 0001112545 COMPL

		CONF
Date	Revision	Page
07/31/2020		1
Payment Terms	S Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:		Location / Dept
1026800 GARC	IAW HANEYB	04ADMN
R	OLSOM LAKE COLLE ECEIVING 0 COLLEGE PARKW/	-

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	PERFORM ANNUAL CALIBRATION VERIFICATION AND CURRENT LEAKAGE SAFETY INSPECTION OF PATIENT CARE EQUIPMENT	1.00EA	190.00	190.00	08/07/2020

QUOTE# 126779E 07-21-2020

PER PO TERMS AND CONDITIONS ITEM #19, CONTRACTOR IS TO PROVIDE PROOF OF INSURANCE CERTIFICATES LISTING LRCCD AS ADDITIONALLY INSURED.

AUTHORIZED PERSONNEL: WILLIAM GARCIA, MATT WRIGHT, JEANNE CROFF

PAID CH# 94-804963 8/27/20 AMT \$190

Sub Total Amount 190.00 Sales Tax Amount 0.00 Total PO Amount 190.00

BU	Acct	<u>Fd</u>	Org	Prog	<u>Sub</u>	Proj	<u>Amount</u>	<u>BYear</u>
GENFD	5600	11	FL.VI.KINE	08700	00000	041A	190.00	2021

0001026800HARMANJ30-JUL-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.

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:	DESCO INC 4141 CITRUS AVE #3 ROCKLIN CA 95677 United States	0000001466	Req ID 00010 Requi	26800 sition Nam	GENFD Date 07/23/202	OPEN	Page 1
Ship To:	Phone: (916) 259-2838 email: desco4141@gmail.com RECEIVING 10 COLLEGE PARKWAY FOLSOM CA 95630-6798	Fax: (916) 259-2848	Reque Buyer Appro	ster am Garcia ster Signatur : Brenda	a Haney	L-2020	
Line-Schd	Description		Quantity	UOM	Price	Extended Amt	Due Date
1-1	PERFORM ANNUAL CAL VERIFICATION AND CUR SAFETY INSPECTION OF EQUIPMENT	RENT LEAKAGE	1	EA	190.00	190.000	08/07/2020
			Total Rec	quisition .	Amount:	190.00 0.00 190.00	

AUTHORIZED PERSONNEL: WILLIAM GARCIA, MATT WRIGHT, JEANNE CROFF

PER PO TERMS AND CONDITIONS ITEM #19, CONTRACTOR IS TO PROVIDE PROOF OF INSURANCE CERTIFICATES LISTING LRCCD AS ADDITIONALLY INSURED.

<u>BU</u>	Acct	<u>Fd</u>	Org	Prog	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
	5600	11	FL.VI.KINE	08700	00000	041A	190.00

Approval Signature	Approval Signature	Approval Signature

Desco Inc.

4141 Citrus Ave. #3 Rocklin, CA 95677 916-259-2838

Proposal

DATE	ESTIMATE NO.
7/21/20	126779E

NAME / ADDRESS

Los Rios Community College Dist. 1919 Spanos Court Sacramento, CA 95825-3981

			PROJECT
DESCRIPTION	QTY	COST	TOTAL
Perform annual calibration verification and current leakage safety		190.00	190.00
inspection of patient care equipment Sales Tax		7.75%	0.00
Credit card payments gladly accepted. A 2% processing fee added to invo	oice.	TOTAL	\$190.00

Desco Inc.

4141 Citrus Ave. #3 Rocklin, CA 95677 916-259-2838

Invoice

DATE	INVOICE NO.
8/25/20	126779

BILL TO	SHIP TO
Los Rios Community College Dist.	Folsom Lake College
1919 Spanos Court	10 College Pkwy
Sacramento, CA 95825-3981	Folsom, CA 95630

P.O. NO.	TERMS	DUE DATE	SHIP VIA	FOB
0001112545	Net 10	9/4/20		

SERVICED	QTY	DESCRIPTION	RATE	AMOUNT
		Perform annual calibration verification and current leakage safety inspection of patient care equipment	190.00	190.00
		Sales Tax	7.75%	0.00
Credit card paymer	nts gladly accen	ted. A 2% processing fee added to invoice.		¢100.00

Credit card payments gladly accepted. A 2% processing fee added to invoice.	Total	\$190.00