

# Los Rios Community College District

## PURCHASE ORDER NO 0001115745

Purchasing: (916)568-3071 \* FAX (916) 568-3145  
LRCCDpurchase@losrios.edu

Accounting Ops: (916)568-3065 \* FAX (916) 286-3636  
Acctg-ops@losrios.edu

<b>Date</b> 05/12/2021	<b>Revision</b>	<b>Page</b> 1
<b>Payment Terms</b> NET 30	<b>Freight Terms</b> Shipping Point	<b>Ship Via</b> Best Method
<b>Reference:</b> 1030433 JOHNSONJ HANEYB	<b>Location / Dept</b> 04ADMN	

PLEASE SEE TERMS AND CONDITIONS APPENDED TO THIS PO

**Supplier:** 0000029758  
EXTREME SOCCER AND RUGBY  
535 FULTON AVE  
SACRAMENTO CA 95825

**Phone:** (916) 973-1751  
**Fax:** (916) 993-6656

**email:** extremesnr@gmail.com

**Ship To:** FOLSOM LAKE COLLEGE  
RECEIVING  
10 COLLEGE PARKWAY  
FOLSOM CA 95630-6798  
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	SOCCER BALLS; YELLOW BRILLIANT	18.00 EA	75.00	1,350.00	05/18/2021
	SELECT BALL COLLEGE PROGRAM: PURCHASING 18 BALLS AND RECEIVING 4 BALLS AT NO COST. PER SLECT USA				
2- 1	SHIPPING	1.00 EA	27.42	27.42	05/12/2021

QUOTE DATED 04-26-2021

ATTENTION VENDORS:  
FOLSOM LAKE COLLEGE RECEIVING HOURS ARE CURRENTLY MONDAY - THURSDAY 10:00AM - 2:00PM UNTIL FURTHER NOTICE.

M SOCCER ATTN: JUSTIN JOHNSON

**Paid:**

**Check#:** 94-815529

**Date:** 05/26/21

**Amount:** \$1482.05

**Voucher#:**

<b>Sub Total Amount</b>	1,377.42
<b>Sales Tax Amount</b>	104.63
<b>Total PO Amount</b>	1,482.05

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	4300	12	FL.VI.KINE	08700	00000	384B	1,482.05	2021

0001030433CHAVEZA04-MAY-2021

Verification of this purchase order can be made using the Los Rios Community College District web site listed below.

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:** EXTREME SOCCER  
5 WAYNE COURT  
SACRAMENTO CA 95829  
United States

0000029758

**email:**

**Ship To:** RECEIVING  
10 COLLEGE PARKWAY  
FOLSOM CA 95630-6798

<b>Business Unit:</b>		<b>GENFD</b>	<b>OPEN</b>
Req ID:	Date	Page	
0001030433	05/04/2021	1	
Requisition Name:			
FY21 EXTREME SOCCER-FLC			
Requester			
Justin Johnson			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: M.J                      04-MAY-2021			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	SOCCER BALLS; YELLOW BRILLIANT	18	EA	75.00	1,350.00	05/18/2021

SELECT BALL COLLEGE PROGRAM:  
PURCHASING 18 BALLS AND RECEIVING 4 BALLS AT NO COST. PER SLECT USA

2-1	SHIPPING	1	EA	27.42	27.42	05/18/2021
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1,377.42 Sub-total  
104.63 Est. tax

Total Requisition Amount: 1,482.05

M SOCCER; ATTN: JUSTIN JOHNSON

VENDOR HAS CHANGED ADDRESS; ATTACHED: QUOTE DATED 042621, NEW VENDOR APPLICATION & W9  
MAILING ADDRESS: 535 FULTON AVENUE, SACRAMENTO, CA 95825

<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	4300	12	FL.VI.KINE	08700	00000	384B	1,377.42

**Purchases Charged to Catagorical Programs, Grants or Special Project.**

Program Name: HEERF II  
Project Grant: 384B  
Program Director: MATT WRIGHT  
Program Goal: INSTRUCTIONAL OUTDOOR SUPPLIES

<b>Approval Signature</b>	<b>Approval Signature</b>	<b>Approval Signature</b>

# EXTREME SOCCER AND RUGBY

# ESTIMATE

535 Fulton Ave., Sacramento, CA 95825  
 Phone: 916-973-1751  
 Fax: 916-993-6656  
[extremesnr@gmail.com](mailto:extremesnr@gmail.com)

DATE: 4/26/2021  
 PO:  
 TERMS:

**BILL TO:** **Folsom Lake College**  
**ADDRESS:**  
**PHONE:**  
**EMAIL:**  
**ATTN:** Justin Johnson



QUANTITY		RETAIL	cost	AMOUNT
<b>SELECT BALL COLLEGE PROGRAM</b>				
18	Yellow Brilliant Soccer Balls	\$ 160.00	\$ 75.00	\$ 1,350.00
* 4	Yellow Brilliant Soccer Balls		\$ -	
	* Purchasing 18 balls and receiving 4 balls at no cost. Per Select USA			

**NOTES:**

<b>SUBTOTAL:</b>	<b>\$ 1,350.00</b>
<b>7.75% TAX:</b>	<b>\$ 104.63</b>
<b>SHIPPING:</b>	<b>\$ 27.42</b>
<b>TOTAL DUE:</b>	<b>\$ 1,482.05</b>

# LRCCD VENDOR APPLICATION

Return signed completed form to Purchasing via email: lrccdpurchase@losrios.edu.

NAME: MICHAEL FITZGERALD

<b>NAME OF FIRM</b> <u>OFF THE WALL SOCCER INC.</u> <u>DBA: EXTREME Soccer &amp; Rugby</u>		<b>FEDERAL ID# OR SOCIAL SECURITY #</b> <u>68-0271383</u>	
<b>MAILING ADDRESS</b> <u>535 Fulton Ave Sacramento</u>		<b>REMIT ADDRESS (if different)</b> <u>CA 95825</u>	
<b>PHONE</b> <u>916 973-1751</u>	<b>FAX</b>	<b>EMAIL</b> <u>Extremesnr@gmail.com</u>	

<b>WEBSITE</b> <u>www.extremesoccerstore.com</u>	<b>ORGANIZATION/REGISTRATION</b> (Check all that apply)
<b>AUTHORIZED COMPANY REPRESENTATIVES</b>	<input type="checkbox"/> Individual
	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Non Profit
	<input checked="" type="checkbox"/> <u>CA</u> Corporation (List State Incorporated)
Is business registered in the State of California? <input checked="" type="radio"/> Yes <input type="radio"/> No	

Name	Title/Capacity	Email
<u>MICHAEL FITZGERALD</u>	<u>CEO</u>	<u>Extremesnr@gmail.com</u>

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES		NAICS/COMMODITY CODE
<u>Soccer equipment</u>	<u>balls, coaches equipment</u>	<u>339920/3949</u>

<b>VENDOR CERTIFICATION</b> I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios, nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer. <u>MF</u> INITIALS	<b>OTHER BUSINESS INFORMATION</b> <table style="width: 100%;"> <tr> <td style="width: 50%;">Payment Terms <u>30 DAYS</u></td> <td style="width: 50%;">Discounts Extended _____</td> </tr> <tr> <td>Refund/Returns _____</td> <td> </td> </tr> <tr> <td style="text-align: center;"><u>Michael Fitzgerald</u></td> <td style="text-align: center;"><u>CEO</u></td> </tr> <tr> <td style="text-align: center;">SIGNATURE</td> <td style="text-align: center;">TITLE</td> </tr> <tr> <td> </td> <td style="text-align: right;"><u>5.4.2021</u></td> </tr> <tr> <td> </td> <td style="text-align: right;">DATE</td> </tr> </table>	Payment Terms <u>30 DAYS</u>	Discounts Extended _____	Refund/Returns _____		<u>Michael Fitzgerald</u>	<u>CEO</u>	SIGNATURE	TITLE		<u>5.4.2021</u>		DATE
Payment Terms <u>30 DAYS</u>	Discounts Extended _____												
Refund/Returns _____													
<u>Michael Fitzgerald</u>	<u>CEO</u>												
SIGNATURE	TITLE												
	<u>5.4.2021</u>												
	DATE												

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>OFF THE WALL SOCCER INC.</b></p>	
	<p>2 Business name/disregarded entity name, if different from above <b>EXTREME SOCCER ! RUGBY</b></p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                     <input type="checkbox"/> C Corporation                     <input checked="" type="checkbox"/> S Corporation                     <input type="checkbox"/> Partnership                     <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____             </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. <b>535 FULTON AVENUE</b></p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code <b>SACRAMENTO, CA 95825</b></p>	
	<p>7 List account number(s) here (optional)</p>	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
or									
<b>Employer identification number</b>									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%; text-align: center;">68</td> <td style="width: 25%; text-align: center;">-</td> <td style="width: 25%; text-align: center;">027</td> <td style="width: 25%; text-align: center;">1383</td> </tr> </table>	68	-	027	1383					
68	-	027	1383						

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of U.S. person ▶ *Michael Fitzgerald*

Date ▶ *4.13.2021*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# SELECT SPORT AMERICA INC.

6205 Shiloh Crossing, Alpharetta, GA 30005  
Phone: +1 770-888-3210 • Fax: +1 770-888-3209  
Toll free phone: 888-234-3097 • Toll free fax: 866-356-1919  
E-mail: info@selectsportamerica.com • www.selectsportamerica.com



OFF THE WALL Extreme CA Bill'g  
535 Fulton Ave

Sacramento, CA 95825  
CA  
USA

Folsom Lake College  
Receiving  
10 College Parkway  
Folsom, CA 95630

USA

## DELIVERY NOTE

Account .....: 9165586277  
Terms of del. ....:  
Delivery .....: UPS-3RD PARTY  
Payment .....:  
Date of deliv. ....: 1Z8V22820358869208

Order no ..: 268719  
Date .....: 05/17-21  
Your ref ...: PO# 0001115745  
Our ref .....: cdu

Number .....: 240126  
Page .....: 1

ItemNo/Design	Text	Ordered	Supp	Bal.	EANnumber
0115901669 D-104009	Brillant Super -Yellow/Green Fifa-v FIFA 211.A1J Yellow/Green 5	22	22	18	
	M Soccer Attn. Justin Johnson				

PO# 000 1115745

RCVR # 000 109 6735

5/24/21

Babu