

**LIMITED PURCHASE ORDER**  
 (Not to Exceed \$1000.00)

<b>VENDOR NAME AND ADDRESS:</b>	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call
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ITEM	DESCRIPTION <small>GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. &amp; SIZES</small>	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1						
2						
3						
4						
5	<b>PAID</b>					
6	<b>CHECK #: 0094808017</b>					
7	<b>DATE: 12/17/20</b>					
8						
9	<b>AMOUNT \$: 495.00</b>					
10	<b>VOUCHER #: F4513</b>					

**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  
Project/Grant Number

Program Director/Coord. Signature \_\_\_\_\_

Program Goal/Objective Number/Explanation \_\_\_\_\_

	<b>SUB-TOTAL</b>
	<b>SALES TAX</b>
	<b>TOTAL</b> (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

**REQUESTED BY:** \_\_\_\_\_ **TYPED/PRINT** \_\_\_\_\_ **DATE** \_\_\_\_\_

Bus. Unit	Account	Fund	Org	
67513	00000	2021	482W	\$ 495.00
Program	Sub-Class	BY	Proj/Grnt	Amount

**REQUESTED BY:** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

APPROVED: DEAN OR OTHER AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Bus. Unit	Account	Fund	Org	
Program	Sub-Class	BY	Proj/Grnt	\$
				Amount

APPROVED: VICE PRESIDENT, ADMINISTRATION \_\_\_\_\_ DATE \_\_\_\_\_

**From:** [Fowler, Caleb](#)  
**To:** [Taylor, Jennifer](#)  
**Subject:** Fwd: CCCAOE Spring 2021 Virtual Conference Registration Confirmation  
**Date:** Tuesday, December 15, 2020 2:09:33 PM

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Begin forwarded message:

**From:** CCCAOE Spring 2021 Virtual Conference Registration <[registration@cccae.org](mailto:registration@cccae.org)>  
**Subject:** CCCAOE Spring 2021 Virtual Conference Registration Confirmation  
**Date:** December 14, 2020 at 2:12:22 PM PST  
**To:** [fowlerC@flc.losrios.edu](mailto:fowlerC@flc.losrios.edu)  
**Cc:** [registration@cccae.org](mailto:registration@cccae.org)  
**Reply-To:** [registration@cccae.org](mailto:registration@cccae.org)

**CAUTION:** This email originated from outside of Los Rios. Do not click links or open attachments unless you recognize the sender and know the content is safe. **To mark the message as SPAM, right click the message, select "Junk", and then select "Block Sender".**



## Your Receipt

CCCAOE Spring 2021 Virtual Conference

Virtual

March 2021

We are delighted you will be joining us for CCCAOE Virtual Spring Conference (3/5/2021 - 3/18/21). Please save this email for future reference; it serves as your confirmation and provides event details.

Thank you for your commitment to learning as we all navigate these uncertain times.

Event location: Online (webinar, zoom, etc.) Attendify Platform will be used

Event times: Conference begins Wednesday, March 3 8:30 am Visit our website: <https://cccae.org> for more information or contact us at [registration@cccae.org](mailto:registration@cccae.org) FULL schedule will be available with times February 25, 2021.

**IMPORTANT:** An email will be sent to you with instructions on how to access ATTENDIFY online event site prior to the start of the conference.

If you need to CANCEL your registration, please send requests in writing by 2/24/2021 five business days prior to the date of the conference. CCCAOE encourages substitutions from within a community college/district. No refunds for no-shows. Please submit cancellations to [registration@cccae.org](mailto:registration@cccae.org). Please include your name and organization in the email.

### Attendance Substitutes

After the cancellation deadline, you are responsible for full payment. However, Attendance Substitutes are acceptable.

Please email substitute's first and last name, cellphone (for registration purposes) as well as their job title and college/organization affiliation to [registration@cccae.org](mailto:registration@cccae.org) for name tag and registration purposes as early as possible.

Sincerely,

CCCAOE

Caleb Fowler  
Folsom Lake College

**Full Conference - \$495**

Total Paid: \$495.00

Date: 12/14/2020

Authorization Amount: USD \$495

Submit Date/Time: 12/14/2020 10:12:21 PM

Authorization Code: 29965P

Card Type: MasterCard

Card Number: xxxx2421

Total Amount: USD \$495

Invoice #: 207640

Status: Registered

When you arrive at the event, you will use your cell phone to call a posted phone number. This action will sync your registration and automatically print your badge, so you can avoid waiting in line.

For more information, please visit [www.cccae.org/](http://www.cccae.org/).

All cancellations must be submitted in writing by email to [registration@cccae.org](mailto:registration@cccae.org) and must conform with the cancellation policy.