

LIMITED PURCHASE ORDER
(Not to Exceed \$1000.00)

VENDOR NAME AND ADDRESS: Mary Hansen (w1197183) 960 Patrick Cir. Folsom, CA 95630	DELIVERY INSTRUCTIONS: <input checked="" type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Reimbursement for Mary Hansen -					
2	FOR: Health Services Association - CCC					
3	Membership: Regular Member - Subscription	1	1		150.00	150.00
4	Payment					
5	Invoice #: 114 (10.27.20)					
6	Transaction Number: ch_11HyfmNAS0yFxeprnKe8BjYOGg					
7						
8						
9						
10						

PAID
CHECK #: 009480716
DATE: 11/24/20
AMOUNT \$: 150.00
VOUCHER #:

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

Program Name _____
 For grants/special projects _____
 Program Director/Coord. Signature _____ Project/Grant Number _____
 Program Goal/Objective Number/Explanation _____

SUB-TOTAL	
SALES TAX	
TOTAL (Not to Exceed \$1000.00)	\$150.00

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.

REQUESTED BY: Mary Hasnen **DATE:** 10/30/20

REQUESTED BY: Mary Hasnen **DATE:** 10/30/20

APPROVED: Molly Senecal **DATE:** 11/2/2020
DEAN OR OTHER AUTHORIZED SIGNATURE

APPROVED: Meghanne Perry **DATE:** 12/2/20
VICE PRESIDENT, ADMINISTRATION

Received by					Date
<u>GENFD</u> / <u>5300</u> / <u>11</u> / <u>FL.VS.HLTH</u>					
Bus. Unit	Account	Fund	Org		
<u>64400</u>	<u>00000</u>	<u>2021</u>	<u>051C</u>		\$ 150.00
Program	Sub-Class	BY	Proj/Gmt		Amount
/	/	/	/		
Bus. Unit	Account	Fund	Org		
/	/	/	/		\$
Program	Sub-Class	BY	Proj/Gmt		Amount



Health Services Association - CCC

Oxnard College Student Health Center (Deanna McFadden)
4000 S. Rose Ave.
Oxnard, CALIFORNIA
93033 United States

Bill To:

Mary Hansen
960 Patrick Circle, Folsom, CA 95630, US
hansenm@flc.losrios.edu

Invoice NO: 114

October 27, 2020

INVOICE

DESCRIPTION**AMOUNT**

Regular Member - Subscription Payment

150.00

GRAND TOTAL

\$150.00

NOTES:

Thank you for choosing Health Services Association - CCC

