

COMPLETE

Los Rios Community College District

PURCHASE ORDER NO 0001112403

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 SEE TERMS AND CONDITIONS APPENDED TO THIS PO

Supplier: 0000030967
NAACLS
5600 N. RIVER RD. SUITE 720
ROSEMONT IL 60018-5119

email:

Date 07/21/2020	Revision	Page 1
Payment Terms NET 30	Freight Terms Shipping Point	Ship Via Best Method
Reference: 1026613 ZWERENZK HANEYB	Location / Dept 04CYPH144 CTE	

Ship To: EL DORADO CENTER
RECEIVING
6699 CAMPUS DRIVE
PLACERVILLE CA 95667
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	ACCREDITATION FEE FOR (NAACLS) NATIONAL ACCREDITING AGENCY FOR CLINICAL LABORATORY SCIENCES. FROM JULY 1, 2020 - JUNE 30, 2021	1.00 EA	2,441.00	2,441.00	06/30/2021

FOR: CLINICAL LABORATORY TECHNICIAN, MEDICAL LABORATORY TECHNICIAN PROGRAM ASSOCIATES DEGREE

PRE-PAY RENEWAL INVOICE# 30903
ACCOUNT NUMBER:09/04/2018

VCHR# 587423

CHECK # 0094804172
DTD 8/05/20

Sub Total Amount	2,441.00
Sales Tax Amount	0.00
Total PO Amount	2,441.00

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>	<u>BYear</u>
GENFD	5300	12	FL.VI.VTEA	12050	00000	314D	2,441.00	2021

0001026613CHAVEZA15-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: NAACLS
5600 N. RIVER RD. SUITE 720
ROSEMONT IL 60018-5119
United States

0000030967

email:

Ship To: RECEIVING
6699 CAMPUS DR
PLACERVILLE CA 95667

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001026613	07/06/2020	1	
Requisition Name:			
2021 NAACLS			
Requester			
Kimberly Zwerenz			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: ZWERENZK 06-JUL-2020			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	ANNUAL ACCREDITATION FEE, CLINICAL LABORATORY TECHNICIAN/MEDICAL LABORATORY TECHNICIAN PROGRAM, ASSOCIATES DEGREE (JULY 1, 2020 TO JUNE 30, 2021)	1	EA	2,441.00	2,441.00	07/23/2020

2,441.00 Sub-total
0.00 Est. tax

Total Requisition Amount: 2,441.00

PRE-PAY PAYMENT DUE BY 09/01/18 - RENEWAL INVOICE# 30903 ATTACHED
ACCOUNT NUMBER:09/04/2018

PURCHASING: Please set up as "no receiver required" and submit to AOPS for payment of invoice. Payment due by 9/1/2020 or program accreditation will be considered delinquent and a 15% late fee will be assessed.

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount
GENFD	5300	12	FL.VI.VTEA	12050	00000	314D	2,441.00

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: PERKINS - MLT
Project Grant: 314D
Program Director: VICTORIA MARYATT
Program Goal: OBJECTIVES 1, 3, & 9

Approval Signature

Approval Signature

Approval Signature



5600 N River Road, Suite 720, Rosemont, IL 60018
F.E.I.N. #36-2789792
Phone # (773) 714-8880 Fax# (773) 714-8886

Invoice

Date	Invoice #
7/3/2020	30903

Program Director, MLT Program
Folsom Lake College - Los Rios C Coll
10 College Parkway
Folsom, CA 95630

Make all checks payable to NAACLS
REMIT TO: 27321 Network Place Chicago, IL 60673-1273

Card payments may be processed directly via a link included in the
electronic invoice or you may submit the information below

PO#	Terms	Due Date	Check #	Account Number
	Net 60	9/1/2020		09/04/2018

Quantity	Description	Amount
	ANNUAL ACCREDITATION FEE, CLINICAL LABORATORY TECHNICIAN/MEDICAL LABORATORY TECHNICIAN PROGRAM, (July 1, 2020 to June 30, 2021)	2,441.00
<div>To pay by Credit Card please submit the following: Email: accounting@naacsls.org Card Number _____ Security Code _____ Expiration date (MM/YY) ____/_____ Type(circle one) VISA MC AMEX Signature _____ Full Name (printed) on Credit Card _____</div>		

Total	\$2,441.00
Payments/Credits	\$0.00
Balance Due	\$2,441.00