

Los Rios Community College District

PURCHASE ORDER NO 0001114532

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: 0000009759
POCKET NURSE
610 FRANKFORT ROAD
MONACA PA 15061-2218

Phone: (800) 225-1600
Fax: (800) 763-0237

email: cs@pocketnurse.com

Date	Revision	Page
02/22/2021		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:	Location / Dept	
1028821 ZWERENZK HANEYB	04EDCF100A EDC	

Ship To: EL DORADO CENTER
RECEIVING
6699 CAMPUS DR
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	DEMO DOSE LITR SUBLINGUAL TABLETS #06-93-3103	6.00 EA	4.09	24.54	03/03/2021
2- 1	DEMO DOSE ALBUTERL INHALER #06-93-2301	2.00 EA	11.29	22.58	03/03/2021
3- 1	DEMO DOSE INHALER # 06-93-2009	6.00 EA	11.29	67.74	03/03/2021
4- 1	DEMO DOSE NALOXON 10ML MULTIDOSE VIAL #06-93-3119	6.00 EA	1.79	10.74	03/03/2021
5- 1	DEMO DOSE NALOXON 0.42MG/ML #06-93-8501	6.00 EA	1.89	11.34	03/03/2021
6- 1	DEMO DOSE NALOXON 2MG/ML #06-93-8505	6.00 EA	3.19	19.14	03/03/2021
7- 1	DEMO DOSE ACTIVE CHARCOAL #06-93-1201	6.00 EA	4.99	29.94	03/03/2021
8- 1	NASAL CANNULA ADIULT #07-71-1103-ADLT	24.00 EA	1.19	28.56	03/03/2021
9- 1	NON-REBREATHES ADULT #07-71-1059-ADLT	24.00 EA	2.29	54.96	03/03/2021
10- 1	NON-REBREATHES PEDIATRIC #07-71-1059-PED	12.00 EA	2.29	27.48	03/03/2021
11- 1	DEMO DOSE ASPIRIN 81MG #06-93-9026	6.00 EA	15.49	92.94	03/03/2021
12- 1	DEMO DOSE GLYBURID # 06-93-0047	2.00 EA	17.49	34.98	03/03/2021
13- 1	STETHOSCOPE DUAL HEAD #02-80-670-BLK	18.00 EA	6.49	116.82	03/03/2021
14- 1	BP MONITOR DIGITAL #02-20-6023	1.00 EA	79.98	79.98	03/03/2021
15- 1	PROSPHYG BP CUFF - THIGH #02-20-775-THI	4.00 EA	42.48	169.92	03/03/2021

Received all Items as per people soft Rcvr # 1096327

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

Paid:

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.

Check# 94-81473

Date: 3
4/28/21

Amount: 1148.3

Voucher#: 5

Los Rios Community College District

PURCHASE ORDER NO 0001114532

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: 0000009759
POCKET NURSE
610 FRANKFORT ROAD
MONACA PA 15061-2218

Phone: (800) 225-1600
Fax: (800) 763-0237

email: cs@pocketnurse.com

Date	Revision	Page
02/22/2021		2
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:	Location / Dept	
1028821 ZWERENZK HANEYB	04EDCF100A EDC	

Ship To: EL DORADO CENTER
RECEIVING
6699 CAMPUS DR
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
16- 1	PENLIGHT WITH GAUGE #02-73-1001	48.00 EA	2.19	105.12	03/03/2021
17- 1	TAPE CLOTHE #05-01-7110-2IN	6.00 EA	13.99	83.94	03/03/2021
18- 1	SHIPPING	1.00 EA	90.00	90.00	02/21/2021

QUOTE# 1198993-0 VALID TO 05-13-2021

ATTENTION VENDORS:

EL DORADO CENTER RECEIVING HOURS ARE CURRENTLY MONDAY ONLY 10:00 AM - 1:00 PM UNTIL FURTHER NOTICE.

Sub Total Amount	1,070.72
Sales Tax Amount	77.64
Total PO Amount	1,148.36

<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	4300	12	FL.VI.VTEA	12500	00000	314A	1,148.36	2021

0001028821CHAVEZA20-FEB-2021

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: POCKET NURSE
610 FRANKFORT ROAD
MONACA PA 15061-2218
United States

0000009759

Phone: (800) 225-1600 **Fax:** (800) 763-0237
email: cs@pocketnurse.com

Ship To: RECEIVING
6699 CAMPUS DR
PLACERVILLE CA 95667

Business Unit: GENFD OPEN	
Req ID: 0001028821	Date: 02/12/2021
Page 1	
Requisition Name: POCKET NURSE - EMT	
Requester: Kimberly Zwerenz	Bldg# EDC
Requester Signature	
Buyer: Brenda Haney	
Approved:	
Entered By: ZWERENZK 12-FEB-2021	

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	DEMO DOSE LITR SUBLINGUAL TABLETS #06-93-3103	6	EA	4.09	24.54	02/15/2021
2-1	DEMO DOSE ALBUTERL INHALER #06-93-2301	2	EA	11.29	22.58	02/15/2021
3-1	DEMO DOSE INHALER # 06-93-2009	6	EA	11.29	67.74	02/15/2021
4-1	DEMO DOSE NALOXON 10ML MULTIDOSE VIAL #06-93-3119	6	EA	1.79	10.74	02/15/2021
5-1	DEMO DOSE NALOXON 0.42MG/ML #06-93-8501	6	EA	1.89	11.34	02/15/2021
6-1	DEMO DOSE NALOXON 2MG/ML #06-93-8505	6	EA	3.19	19.14	02/15/2021
7-1	DEMO DOSE ACTIVE CHARCOAL #06-93-1201	6	EA	4.99	29.94	02/15/2021
8-1	NASAL CANNULA ADULT #07-71-1103-ADLT	24	EA	1.19	28.56	02/15/2021
9-1	NON-REBREATHING ADULT #07-71-1059-ADLT	24	EA	2.29	54.96	02/15/2021
10-1	NON-REBREATHING PEDIATRIC #07-71-1059-PED	12	EA	2.29	27.48	02/15/2021
11-1	DEMO DOSE ASPIRIN 81MG #06-93-9026	6	EA	15.49	92.94	02/15/2021
12-1	DEMO DOSE GLYBURID # 06-93-0047	2	EA	17.49	34.98	02/15/2021
13-1	STETHOSCOPE DUAL HEAD #02-80-670-BLK	18	EA	6.49	116.82	02/15/2021
14-1	BP MONITOR DIGITAL #02-20-6023	1	EA	79.98	79.98	02/15/2021
15-1	PROSPHYG BP CUFF - THIGH #02-20-775-THI	4	EA	42.48	169.92	02/15/2021
16-1	PENLIGHT WITH GAUGE #02-73-1001	48	EA	2.19	105.12	02/15/2021
17-1	TAPE CLOTHE #05-01-7110-2IN	6	EA	13.99	83.94	02/15/2021
18-1	SHIPPING	1	EA	90.00	90.00	02/15/2021

1,070.72 Sub-total
71.11 Est. tax

Total Requisition Amount: 1,141.83

QUOTE & PERKINS

BU GENFD Acct 4300 Fd 12 Org FL.VI.VTEA Prog 12500 Sub 00000 Proj 314A Amount 1,070.72

Approval Signature	Approval Signature	Approval Signature
--------------------	--------------------	--------------------

Requisition

Supplier: POCKET NURSE
610 FRANKFORT ROAD
MONACA PA 15061-2218
United States

0000009759

Phone: (800) 225-1600 **Fax:** (800) 763-0237
email: cs@pocketnurse.com

Ship To: RECEIVING
6699 CAMPUS DR
PLACERVILLE CA 95667

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001028821	02/12/2021	2	
Requisition Name:			
POCKET NURSE - EMT			
Requester		Bldg#	
Kimberly Zwerenz		EDC	
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: ZWERENZK 12-FEB-2021			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
-----------	-------------	----------	-----	-------	--------------	----------

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: VTEA - EMT
Project Grant: 314A
Program Director: VICTORIA MARYATT
Program Goal: MEETS PERKINS Activity Categories 3, 5; permissive 135(c) 7

Approval Signature

Approval Signature

Approval Signature

Bill to: Los Rios Community College District
 1919 Spanos Ct
 Sacramento, CA 95825-3981

Phone: (916) 568-3047
 Ship to: El Dorado Center
 6699 CAMPUS DR
 PLACERVILLE, CA 95667-7744

Phone: (916) 568-3047
 Attn: Receiving

Quote Number : **1198993-0**

Customer# : 015385

Quote Date : 02/12/2021

Expire Date : 05/13/2021

Quoted To : K. Zwerenz

Entered By : Rhonda Krupa

Terms : NET 30

Shipping Method : Ground

Ship Acct# :

Send Purchase Order To:
 Accnt Mgr: Michael Anderson
 Email: cs@pocketnurse.com
 Phone: 1-800-225-1600

Line	Qty	U/M	Item #	Description	Price	Per	Extension
0001	6	EA	06-93-3103	Demo Dose® Nitr Sublingual Tablets 0.4 mg 25 Tablets/Btl	4.09	EA	24.54
0002	2	EA	06-93-2901	ORMD Demo Dose® Albuterl Aerosol Inhaler	11.29	EA	22.58
0003	6	EA	06-93-2009	ORMD Demo Dose® Aero Inhaler	11.29	EA	67.74
0004	6	EA	06-93-3119	Demo Dose® Narcn 10mL MDV 0.4 mg/10mL	1.79	EA	10.74
0005	6	EA	06-93-8501	Demo Dose® Naloxon 0.4mg/1mL 1mL Ampule	1.89	EA	11.34
0006	6	EA	06-93-8505	Demo Dose® Naloxon Hydrochlorid Narcn 2mg 2mL	3.19	EA	19.14
0007	6	EA	06-93-1201	Demo Dose® Acti Char 25g Simulated Poison Absorbent	4.99	EA	29.94
0008	24	EA	07-71-1103-ADLT	Nasal Cannula Over-the-Ear 7FT Tubing Continuous Flow	1.19	EA	28.56
0009	24	EA	07-71-1059-ADLT	Non-Rebreather w/ Safety Vent 7FT Tubing	2.29	EA	54.96
0010	12	EA	07-71-1059-PED	Non-Rebreather w/ Safety Vent 7FT Tubing	2.29	EA	27.48
0011	6	BTL	06-93-9026	Demo Dose® Aspirn 81mg 60mL Bottle 100 Count	15.49	BTL	92.94
0012	2	BX	06-93-0047	Demo Dose® GlyBURID (DiaBet)	17.49	BX	34.98
0013	18	EA	02-80-670-BLK	Stethoscope General Proscope®	6.49	EA	116.82

Continued on next page....



Quote Number : 1198993-0

Customer# : 015385

Quote Date : 02/12/2021

Expire Date : 05/13/2021

Line	Qty	U/M	Item #	Description	Price	Per	Extension
0014	1	EA	02-20-6023	Dual Head 21IN BP Monitor Digital Automatic Adult 22-41.9CM	79.98	EA	79.98
0015	4	EA	02-20-775-THI	Prosphyg BP Cuff 40-66CM	42.48	EA	169.92
0016	48	EA	02-73-1001	Pocket Nurse® Disp. Penlight with Pupil Gauge	2.19	EA	105.12
0017	6	BX	05-01-7110-2IN	Tape Cloth Surgical 10YD	13.99	BX	83.94
					SubTotal		980.72

Signature: _____

Transportation charges on shipments from Pocket Nurse cover dock-to-dock or dock-to-curb deliveries. Please read our complete Shipping Disclaimer in the Terms and Conditions. If additional shipping charges are incurred by Pocket Nurse due to customer requests or refusal of shipment, charges will revert to the customer. Accessorial charges may include, but are not limited to, change of address, residential delivery, inside delivery, stair charges, redelivery, and storage.

Shipping & Handling 90.00

Tax 77.63


Perkins V Expenditure Checklist 2020-21

Requisition/PO/CBR/BPO/Travel Authorization Number: 0001028821

Date: 02/12/2021

Six Activity Categories that Apply to this Expenditure Request

Directions: Select the Activity Category(ies) you indicated in the Perkins plan that relates to the expenditure. For example, if you wrote an activity for Quality Class Theatrical Projects and indicated that this activity applied to Activity Categories 3, 4, and 5, check those boxes.

- ☒ 1. **Career Exploration and Development** - Provide career exploration and career development activities through an organized, systematic framework
- ☐ 2. **Professional Development** - Provide professional development for a wide variety of CTE professionals
- ☒ 3. **Skill Development** - Provide the skills necessary to pursue high-skill, high-wage or in-demand industry sectors or occupations.
- ☐ 4. **Skill and Program Integration** - Support integration of academic skills into CTE programs.
- ☒ 5. **Implement Achievement Programs** - Plan and carry out elements that support the implementation of CE programs and programs of study and that result in increased student achievement.
- ☐ 6. **Develop and Implement Evaluations** - Develop and implement evaluations of the activities funded by Perkins.

Permissive Activity that Applies to this Expenditure Request

Select the Permissive Activity you indicated in your Perkins plan that relates to this expenditure. Check the box below that you indicated in your Perkins plan.

- ☐ 1. Involve parents, businesses, and labor organizations in the design, implementation, and evaluation of programs.
- ☐ 2. Provide career guidance & academic counseling that improves graduation rates and information about career options.
- ☐ 3. Local education and business partnerships including work-related experiences for students or faculty.
- ☐ 4. Provide programs for special populations.
- ☐ 5. Assisting CTE student organizations.
- ☐ 6. Mentoring and support services.
- ☒ 7. Leasing, purchasing, upgrading, or adapting equipment including instructional aides and publications. (including support for library resources)
- ☐ 8. Teacher preparation programs that address the integration of academic and CTE programs.
- ☐ 9. Developing and expanding program offerings in formats accessible for all students, including distance education.
- ☐ 10. Facilitate transitions to BA degree programs including articulations agreements, dual enrollment, and counseling. Provide activities to support entrepreneurship education and training through academic or financial aid counseling to help overcome barriers for special populations
- ☐ 11. Provide activities to support entrepreneurship education and training
- ☐ 12. For Improving or developing new CTE courses, including the development of new proposed CTE programs preparing students for high skill, high wage, high demand occupations.
- ☐ 13. Develop and support small, personalized career-themed learning communities
- ☐ 16. Provide assistance to individuals who have participated in services and activities to continue their education or training in finding an appropriate job.
- ☐ 17. To support training and activities (such as mentoring and outreach) in nontraditional fields
- ☐ 19. To support innovative initiatives, which may include: improving professional development of CTE teachers, faculty, administrators, and counselors

Budget String: GENFD/4300 /12/FL.VI.VTEA/12500 /00000/2021/314A \$ 1070.72

Current balance in above budget string: \$ _____

Is this a permissible expenditure (see other side of this form for a list of impermissible uses)? ☒ Yes ☐ No

Perkins Expenditure Checklist

IMPERMISSIBLE USE OF PERKINS FUNDS

- Student expenses or direct assistance to students
- Entertainment
- Awards and memorabilia
- Individual Memberships
- Membership with organizations that lobby
- College tuition, fees, and books
- Fines and penalties
- Insurance including self-insurance
- Expenses that supplant
- Audits, except Single Audit
- Contributions and donations
- Facilities and furniture
- General advertising
- Alcohol
- Food or beverages
- Fundraising
- General administration

From: [Zwerenz, Kim](#)
To: [Taylor, Jennifer](#)
Subject: RE: pocket nurse - emt 0001114532
Date: Wednesday, April 28, 2021 11:58:48 AM

It appears that we have received all items

Kim

From: Taylor, Jennifer <TaylorJ@flc.losrios.edu>
Sent: Tuesday, April 27, 2021 4:05 PM
To: Zwerenz, Kim <ZwerenK@flc.losrios.edu>
Cc: Ndiaye, Ababacar <NdiayeA@flc.losrios.edu>
Subject: RE: pocket nurse - emt 0001114532

Hello,

Just following up on this PO.
Have you received everything yet?

Jen

From: Taylor, Jennifer
Sent: Thursday, April 22, 2021 11:07 AM
To: Zwerenz, Kim <ZwerenK@flc.losrios.edu>
Cc: Ndiaye, Ababacar <NdiayeA@flc.losrios.edu>
Subject: pocket nurse - emt 0001114532
Importance: High

Kim,

Have we received everything for this PO.
Can we pay or are there back orders?
Please advise.

Jen