

Los Rios Community College District

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	Ship To:	EL DORAL RECEIVIN 6699 CAM PLACERV
Phone: (800) 225-1600 Fax: (800) 763-0237		United Star
email: cs@pocketnurse.com	Bill To:	LRCCD Invoice to: 1919 Span

PURCHASE ORDER NO 0001115216

Date	Revision	Page
04/19/202	21	1
Payment Te	erms Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:		Location / Dept
1029673 Z\	VERENZK HANEYB	04EDCA103 EDC
	RECEIVING 6699 CAMPUS DR PLACERVILLE CA 956 United States	67
Bill To:	LRCCD Invoice to: acctg-ops@I 1919 Spanos Court Sacramento CA 95825- United States	

Tax Exempt? N					
Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1-1	RESCUE RANDI COMBAT MANIKEN #11-18-1435	2.00 EA	1,299.00	2,598.00	04/28/2021
2- 1	BLANKET #05-84-7600-BLU	4.00 EA	25.99	103.96	04/28/2021
3-1	PILLOW CASE TISSUE/POLY #05-84-9365	1.00CS	31.99	31.99	04/28/2021
4- 1	RESUSCITATOR BVM WITH MASK 2500ML #07-71-5360-ADLT	10.00EA	23.99	239.90	04/28/2021
5- 1	RESUSCITATOR BVM WITH MASK 2500ML #07-71-5360-PED	10.00EA	23.99	239.90	04/28/2021
6- 1	RESUSCITATOR BVM WITH MASK 600ML #07-71-5360-NEONATE	10.00EA	23.99	239.90	04/28/2021
7- 1	IV POLE WITH 5 CASTERS BASE #06-54-0555-4HOOK	2.00 EA	126.99	253.98	04/28/2021
8-1	SHIPPING & HANDLING	1.00EA	259.53	259.53	04/28/2021

QUOTE# 1203022-0 VALID TO 06-07-2021

ATTENTION VENDORS:

EL DORADO CENTER RECEIVING HOURS ARE CURRENTLY THURSDAY FROM 11:00 AM TO 1:00 PM UNTIL FURTHER NOTICE.

	Paid:		
RCVR# 1096368 Line 1	Check#: 94-814733 & 94-816177		
Line 1 & 8 Paid Ch# 94-814733 4/29/21 Line 2,3,4,6&7 Paid 94-816177 6/3/21 Line 5 not received	Date: 4/29/21 & 6/03/21	Sub Total Amount	3,967.16
	Amount: 4254.78	Total PO Amount	4,254.78

Voucher#:

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.

Los Rios Community College District

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

> (800) 225-1600 (800) 763-0237

email: cs@pocketnurse.com

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

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

PLEASE SEE TERMS AND CONDITIONS APPENDED TO THIS PO

PURCHASE ORDER NO 0001115216

	Date	Revisi	on	Pa	age	
	04/19/2021		-		2	
86-3636	Payment Terr	ns Freight Te	rms	S	hip Via	
	NET 30	Shipping Po:	int	Be	est Metho	d
	Reference:		Le	ocation / I	Dept	
O THIS PO	1029673 ZWE	RENZK HANEYE	<u> </u>	4EDCA103	B EDC	
	Ship To:	EL DORADO CE RECEIVING 6699 CAMPUS I PLACERVILLE C United States	DR			
	Bill To: LRCCD Invoice to: acctg-ops@losrios.edu 1919 Spanos Court Sacramento CA 95825-3981 United States					
	Quantity UOM	PO Price	Extende	d Amt	Due Date	

Tax Exer	mpt? N							
Line-Sch	า่	Item/Description	on		Quantity UO	M PO Price	Extended Amt	Due Date
BU	<u>Acct</u> Fd	Org	<u>Prog</u> Sub	Proj	Amount	BYear		
GENFD	4300 12	FL.VI.VTEA	12500 00000	314A	4,254.78	2021		

0001029673CHAVEZA15-APR-2021

Phone:

Fax:

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	0000009759	Busir	ness Un	it: GENFD	OPEN
	610 FRANKFORT ROAD		Req ID		Date	Page
	MONACA PA 15061-2218			29673	04/13/2	
	United States		-	sition		
	Phone: (800) 225-1600 Fa	ax: (800) 763-0237	Reque	T NURSE	EM.I.	Bldg#
	email: cs@pocketnurse.com	A. (800) 703-0237		erly Zwe	renz	EDC
				ster Signa		EDC
Ship To:	RECEIVING 6699 CAMPUS DR PLACERVILLE CA 95667		Buyer	: Bre	nda Haney	
	I LAGERVILLE OA 35007				ZWERENZK 13-A	APR-2021
			Lincer	cu bj:		
Line-Schd	Description		Quantity	UOM	Price	Extended Amt Due Date
1-1	RESCUE RANDI COMBAT M #11-18-1435	IANIKEN	2	EA	1,299.00	2,598.00 04/28/2021
2-1	BLANKET #05-84-7600-BLU		4	EA	25.99	103.96 04/28/2021
3-1	PILLOW CASE TISSUE/POL	Y #05-84-9365	1	CS	31.99	31.99 04/28/2021
4-1	RESUSCITATOR BVM WITH #07-71-5360-ADLT	MASK 2500ML	10	EA	23.99	239.90 04/28/2021
5-1	RESUSCITATOR BVM WITH #07-71-5360-PED	MASK 2500ML	10	EA	23.99	239.90 04/28/2021
6-1	RESUSCITATOR BVM WITH #07-71-5360-NEONATE	MASK 600ML	10	EA	23.99	239.90 04/28/2021
7-1	IV POLE WITH 5 CASTERS #06-54-0555-4HOOK	BASE	2	EA	126.99	253.98 04/28/2021
8-1	SHIPPING & HANDLING		1	EA	259.53	259.53 04/28/2021

3,967.16	Sub-1	total
287.62	Est.	tax

Total Requisition Amount:

4,254.78

QUOTE AND PERKINS WORKSHEET

BU	Acct	<u>Fd</u>	Org	Prog	<u>Sub</u>	Proj	Amount
GENFD	4300	12	FL.VI.VTEA	12500	00000	314A	3,967.16

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: VTEA - EMT Project Grant: 314A Program Director: VICTORIA MARYATT Program Goal: Activity Categories 3 and 4; permissive 135c7

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

Customer/Order Instructions

For line items 1 and 2:

PLEASE NOTE - VENDOR DIRECT ITEM: This item is a special order item that we will requisition from our vendor to ship directly to you. (Drop Ship Item) Once the order is placed, we are unable to modify or cancel the order. Lead time for these items may take between 3 - 8 weeks to arrive.

Returns are subject to our published Terms and Conditions policy in our catalog publications or can be found online at https://www.pocketnurse.com/terms and conditions domestic.

Line	Qty	U/M	ltem #	Description	Price	Per	Extension
0001	2	EA	11-81-1435	Rescue Randy Combat 165LB 6FT Tall	1,299.00	EA	2,598.00
				Item Notes			
	Rescue Rand	dy was	developed for lifelike adu	Ilt victim handling, transportation, and extrication trair	ning. These mar	nikins	
	can be safely	y used	in situations too hazardo	us or uncomfortable for standardized patients.			
	Durable viny	/l cons	truction				
	Used by U.S	. milita	ary, fire and police depart	ments, safety teams, and emergency personnel			
	•	•	6' 1") with articulated join				
				ned spaces, collapsed buildings, smoke rooms			
			ry-down protocol				
	-		n according to human we	ight distribution chart			
	Ships with s						
	Turn-out gea						
			L x 27" W x 13" D				
	Shipping we	ight: 1	85 lbs.				
0002	4	EA	05-84-7600-BLU	Blanket Herringbone 70x108IN	25.99	EA	103.96
0003	1	CS	05-84-9365	Pillow Case Tissue/Poly	31.99	CS	31.99
	• •						

Continued on next page....

Page: 1

Ship Acct# :

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

Send Purchase Order to: cs@pocketnurse.com



Quote

 Quote Number :
 1203022-0

 Customer# :
 015385

 Quote Date :
 03/09/2021

 Expire Date :
 06/07/2021

Line	Qty	U/M	ltem #	Description	Price	Per	Extension
	1			21x30IN White			
0004	10	EA	07-71-5360-ADLT	Resuscitator BVM with Mask 2500mL	23.99	EA	239.90
0005	10	EA	07-71-5360-PED	Resuscitator BVM with Mask 2500mL	23.99	EA	239.90
0006	10	EA	07-71-5360-NEONAT	Resuscitator BVM with Mask 600mL	23.99	EA	239.90
0007	2	EA	06-54-0555-4HOOK	IV Pole 4 Hook w/5 Caster Base Deluxe	126.99	EA	253.98
Signa	ture:			S	ubTotal		3,707.63
Transp	ortation cha	rges oi	n shipments from Pocket Nurse cover	dock-to-dock or dock-			
Condit custom	tions. If addition to the second s	tional : or refu	read our complete Shipping Disclain shipping charges are incurred by Pocl sal of shipment, charges will revert to	Shipping & Handling - b the customer.	Percent		259.53
Access deliver	sorial charge ry, inside del	s may ivery,	include, but are not limited to, chang stair charges, redelivery, and storage.	e of address, residential	Тах		287.62
Page:				CARIFFS IMPACT ANY OPEN QUOTES.			
		36	end Purchase Order to: cs		030		4,254.78

Perkins V Expenditure Checklist 2020-21

Requisition/PO/CBR/BPO/Travel Authorization Number: 0001029673

Date: 4/13/2021

Six Activity Categories that Apply to this Expenditure Request

<u>Directions</u>: 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.
- ⁵/⁵/⁵ tImplement 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/ <u>4300</u> /12/ <u>FL.VI.VTEA</u> / <u>12500</u> /00000/2021/ <u>314A</u> <u>\$4821.24</u>					
Current balance in above budget string: \$ 7600.00					

Is this a <u>permissible</u> expenditure (see other side of this form for a list of impermissible uses)? 🛛 Yes 🔲 No



Bill to: Los Rios Community College District 1919 Spanos Ct

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

Sacramento, CA 95825-3981

PO#000 1115 216 RCVR # 000 109 6902

Packing Slip

Order Number : 1203022-0001 Customer#: 015385 Ordered Date : 04/20/2021 Wanted Date: 04/20/2021 Ordered By : K. Zwerenz Entered By: Ashlee Shirley Account Manager : Michael Anderson Terms: NET 30 Shipping Method : Ground Ship Acct# :

Customer PO: 0001115216

Phone: (916) 568-3047 Attn: Receiving

Customer/Order Instructions

For line items 1 and 2:

PLEASE NOTE - VENDOR DIRECT ITEM: This item is a special order item that we will requisition from our vendor to ship directly to you. (Drop Ship Item) Once the order is placed, we are unable to modify or cancel the order. Lead time for these items may take between 3 - 8 weeks to arrive.

Returns are subject to our published Terms and Conditions policy in our catalog publications or can be found online at https://www.pocketnurse.com/terms and conditions domestic.

Line	Order /	Ship	B/O	U/M	Item #	Description
0001	4/	4	0	EA	05-84-7600-BLU	Blanket Herringbone line2 70x108IN
0002	11	1	0	CS	05-84-9365	Pillow Case Tissue/Poly line3 21x30IN White
0003	10	10	0	EA	07-71-5360-ADLT	Resuscitator BVM with Mask line 4
0004	10	,0	10	EA	07-71-5360-PED	Resuscitator BVM with Mask $\rightarrow B/O$ 2500mL
0005	10/	10/	¢' 0	EA	07-71-5360-NEONAT	Resuscitator BVM with Mask line 6 600mL
0006	24	2	0	EA	06-54-0555-4HOOK	IV Pole 4 Hook w/5 Caster Base line 7 Deluxe
					0	ived
					Rea	5/6/2 MONTEZ
	a l				5	5/6/ MON

NEVER SIGN FOR ANY PACKAGE BEFORE YOU INSPECT IT.

Your signature on the Bill Of Lading(BOL) represents acceptance of the merchandise as is and in good order. Please be sure to inspect your delivery before signing it. Notate visible damage on freight bill at time of delivery. Concealed damage must be reported within 5 days for a claim to be filed. Buyer's failure to give notice of shortage or other errors in delivery shall constitue unqualified acceptance of such shipment, and a waiver of all such claims by buyer.

IF YOU DO NOT MAKE NOTE OF DAMAGES ON THE DELIVERY TICKET, IT BECOMES YOUR SOLE RESPONSIBILITY TO FILE THE CLAIMS WITH THE CARRIER.

All Demo Dose products are for Educational Purposes Only, Not for Human or Animal Use! Page: 1