

Los Rios Community College District

PURCHASE ORDER NO 0001112165

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: 0000030007
STYLE MEDIA GROUP, INC.
STYLE MAGAZINE
120 BLUE RAVINE RD STE 5
FOLSOM CA 95630

Phone: (916) 988-9888

email:

Date	Revision	Page
07/30/2020		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:	Location / Dept	
1026124 CAMPBELL HANEYB	04ADMN PRES	

Ship To: FOLSOM LAKE COLLEGE
RECEIVING
10 COLLEGE PARKWAY
FOLSOM CA 95630
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	2020 EL DORADO HILLS CHAMBER OF COMMERCE BUSINESS DIRECTORY	1.00 EA	440.10	440.10	06/30/2020

PREPAY INVOICE# EDH-20-5-15

CHECK # 0094804213
DTD 8/06/20

VCHR# 587473

Sub Total Amount	440.10
Sales Tax Amount	0.00
Total PO Amount	440.10

<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	11	FL.CP.OFFC	60100	00000	041A	440.10	2021

0001026124CHAVEZA30-JUN-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: STYLE MEDIA GROUP, INC.
STYLE MAGAZINE
120 BLUE RAVINE RD STE 5
FOLSOM CA 95630
United States

0000030007

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001026124	07/01/2020	1	
Requisition Name: 2021 Style Media Group			
Requester Lindsey Campbell			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: CAMPBELL 22-MAY-2020			

Phone: (916) 988-9888
email:

Ship To: RECEIVING
10 COLLEGE PARKWAY
FOLSOM CA 95630

Line-Schd	Description	Quantity	UOM	Price	Extended Amt Due Date
1-1	2020 EL DORADO HILLS CHAMBER OF COMMERCE BUSINESS DIRECTORY	1	EA	440.10	440.10 05/29/2020

440.10 Sub-total
0.00 Est. tax

Total Requisition Amount: 440.10

PREPAY ATTACHED INVOICE

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	5300	11	FL.CP.OFFC	60100	00000	041A	440.10

Approval Signature	Approval Signature	Approval Signature
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Style Media Group | 120 Blue Ravine Rd., Ste. 5 | Folsom, CA 95630

Bill To

Folsom Lake College
10 College Parkway
Folsom, CA 95630
ATTN: Lindsey Campbell

Invoice

Date	Invoice #
5/29/2020	EDH-20-5-15

Terms	Due Date
Due upon receipt	5/29/2020

Item	Description	Rate	Amount
EDH Chamber Dire...	2020 El Dorado Hills Chamber of Commerce Business Directory - 1/4 Page	489.00	489.00
Discounts	Discounts noted on and subject to terms of clients' Advertising Contract/Insertion Order	-48.90	-48.90
	REVISED INVOICE		
		Total	\$440.10

Thank you so much for your business! We really appreciate it!

If payment is not received by the due date, all discounts are forfeited and advertiser is to pay the 1x open rate, as per Style Media Group's Terms and Conditions.

For your convenience, we accept Visa and Mastercard. If you'd like to pay by credit card, please complete the information below and fax to our secure fax: 916 596-2100.

Credit Card Number: _____

Expiration Date on Card: _____

Cardholder Name: _____

Cardholder Address (including City, State & Zip): _____

Cardholder Signature: _____



Style Media Group
120 Blue Ravine Rd., Ste. 5
Folsom, CA 95630
916.988.9888
fax: 916.596-2100