

COMPLETED**Los Rios Community College District****PURCHASE ORDER NO 0001113174**

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: 0000015915
SVM LP
3727 VENTURA DR
ARLINGTON HEIGHTS IL 60004

Phone: (847) 553-9129
Fax: (847) 553-9222

email: maria.marchan@svmcards.com

Date	Revision	Page
09/24/2020		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:	Location / Dept	
1027374 ESTOMOS HANEYB	04ASPH108 EOPS	

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	\$100 WALMART E-CARDS FOR FLC CARE PROGRAM	360.00 EA	100.00	36,000.00	10/02/2020

PRE PAY INVOICE BB081020.1

PAID**CHECK #:** 0094805900**DATE:** 09/30/20**AMOUNT \$:** 36,000.00**VOUCHER #:** 00589642

Sub Total Amount	36,000.00
Sales Tax Amount	0.00
Total PO Amount	36,000.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	7334	12	FL.VS.CARE	73200	00000	412A	16,560.00	2021
GENFD	7334	12	FL.VS.CARE	73200	00000	412D	19,440.00	2021

0001027374CHAVEZA22-SEP-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: SVM LP 0000015915
 3727 VENTURA DR
 ARLINGTON HEIGHTS IL 60004
 United States

Phone: (847) 553-9129 **Fax:** (847) 553-9222
email: maria.marchan@svmcards.com

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001027374	09/11/2020	1	
Requisition Name:			
SVM_CARE			
Requester			
Sharisse Estomo			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: ESTOMOS 11-SEP-2020			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt Due Date
1-1	\$100 WALMART E-CARDS	360	EA	100.00	36,000.00

36,000.00 Sub-total
 0.00 Est. tax

Total Requisition Amount: 36,000.00

PREPAY ATTACHED INVOICE BB081020.1
 PLEASE SET UP 2 WAY MATCH

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount
GENFD	7334	12	FL.VS.CARE	73200	00000	412A	16,560.00
GENFD	7334	12	FL.VS.CARE	73200	00000	412D	19,440.00

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: COOPERATIVE AGENCIES RESOURCES FOR EDUCATION
 Project Grant: 412A AND 412D
 Program Director: LIBBY COOK
 Program Goal: DIRECT RESOURCES TO CARE-ELIGIBLE STUDENTS

Approval Signature

Approval Signature

Approval Signature

INVOICE



A Blackhawk Network Business

Account Rep: BRAD BOLYARD
Email: Brad.Bolyard@bhnetwork.com

3727 Ventura Drive, Arlington Heights, IL 60004

Phone: 847-553-9134 Fax: 847-553-9222

Attention: *Accounts Payable*
Co. Name: *Folsom Lake College*
Address: *10 College Parkway*
City, ST Zip: *Folsom, CA 95630*
Phone #: *916-608-6923 (Sharisse)*
Email: ESTOMOS@FLC.LOSRIOS.EDU

Invoice #: BB081020.1
Date: 08/10/20
Customer #: 008927
PO #: **CARE Program**
Payment: check

TERMS	SHIP VIA	SHIP DATE	INVOICE DATE
Prepay	Digital	Upon Receipt	08/10/20
QUANTITY	DESCRIPTION	UNIT COST	EXTENDED PRICE
360	\$100 WAL-MART eGIFT	<i>\$100.00</i>	\$36,000.00
	Send To: ESTOMOS@FLC.LOSRIOS.EDU		
360 CARDS			
<i>Thank You!</i> Please remit payment to: SVM, LP 3727 Ventura Drive Arlington Heights, IL 60004 Tax ID#: 36-4311109		SUBTOTAL	\$36,000.00
		PROCESSING FEE	WAIVED
		SHIPPING/HANDLING	\$0.00
		TOTAL	\$36,000.00