

LIMITED PURCHASE ORDER
 (Not to Exceed \$1000.00)

VENDOR NAME AND ADDRESS: Verizon PO Box 489 Newark, NJ 07101-0489	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Monthly service two months 916-206-3907 and 916-206-8765					\$230.30
2						
3	Paid:					
4	Check#: 94-805528					
5	Date: 09/15/20					
6	Amount: \$230.30					
7	Voucher#:					
8						
9						
10						

Purchases Charged to Categorical Programs, Grants or Special Projects
 This purchased is in compliance with the requirements of:

Program Name _____

For grants/special projects _____

Program Director/Coord. Signature _____ Project/Grant Number _____

Program Goal/Objective Number/Explanation _____

	SUB-TOTAL	
	SALES TAX	
	TOTAL (Not to Exceed \$1000.00)	\$230.30

VENDOR: Reference P.O. number on all invoices and packing slips. Total invoice may not exceed \$1000.00 including tax and shipping costs. Mail invoices in duplicate to: Los Rios Community College District, Accounting Department, 1919 Spanos Court, Sacramento, CA 95825.

Zack Dowell 8.4.2020

I hereby certify the items/services listed above shall be obtained in accordance with District Policy, Conflict of Interest Code, P-8631 Section 3.0., and all other applicable district, state, and federal policies, rules, regulations, and laws.

Received by _____ Date _____

Zack Dowell 8.4.2020

GENFD / 5500 / 11 / FL.VI. INNO

REQUESTED BY: TYPED/PRINT DATE

Zack Dowell **8.4.2020**

Bus. Unit Account Fund Org

61900 / 00000 / 2021 / 041A **\$ 230.30**

REQUESTED BY: SIGNATURE DATE

Greg McCormac **8.4.2020**

Program Sub-Class BY Proj/Grnt Amount

APPROVED: DEAN OR OTHER AUTHORIZED SIGNATURE DATE

Bus. Unit Account Fund Org

\$

APPROVED: VICE PRESIDENT, ADMINISTRATION DATE

Program Sub-Class BY Proj/Grnt Amount