COMPLETED Los Rios Community College District

Purchasing: (916)568-3071 * FAX (916) 568-3145 LRCCDp

PLEASE SE

PURCHASE ORDER NO	0001119407
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Accoun Acctg-c	ting Ops ops@losr	6)568-3071 * FAX (916) 568-3145 e@losrios.edu :: (916)568-3065 * FAX (916) 286-3636 ios.edu <i>I</i> S AND CONDITIONS APPENDED TO THIS PO	Date 01/15/2022 Payment Terr NET 30 Reference: 1034192 ZWE	Revisio ns Freight Ter Shipping Poin RENZK ROUILLE	ms nt Location	•
	ASCP 3462 EA(CHICAGO Phone: Fax: email:	: 0000000117 GLE WAY D IL 60678-1034 (312) 514-4890 (312) 541-4472	Ship To: Bill To:	EL DORADO CEN RECEIVING 6699 CAMPUS DI PLACERVILLE C/ United States LRCCD Invoice to: acctg-c 1919 Spanos Cou Sacramento CA 9 United States	RIVE A 95667 ops@losrios.edu rt	
Tax Exempt Line-Sch	? N	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1		PPRMLT - 2022 PROGRAM PERFORMANCE REPORT MEDICAL LABORATORY TECHNICIAN	1.00EA	150.00	150.00	01/28/2022
	400654916	DICE# 12/21/2021 1 00 948 231 88				
				Sub Total Amount		150.00
DATE	3: 1-1	9- 22	:	Sales Tax Amount		0.00
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VOU	CHER	#: 00 6166 33				
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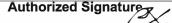
0001034192CHAVEZA13-JAN-2022

<u>BU</u> genfd

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.



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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:	ASCP	000000117	Busir	ness Un	it: GENFD	OPEN
	BOARD OF CERTIFICATION		Req I):	Date	Page
	3462 EAGLE WAY		00010)34192	01/11/2022	1
	CHICAGO IL 60678-1034		Requi	sition	Name:	
	United States		ASCP			
			Reque			Bldg#
	email:			erly Zwe		EDC
<u> </u>			Reque	ester Signa	ature	
Ship To:	RECEIVING					
	6699 CAMPUS DR		Buyer		enda Haney	
	PLACERVILLE CA 95667		Appro			
			Enter	red By:	ZWERENZK 11-JAN	-2022
Line Caled	Description		0		Dries	Extended Aret Due Dete
Line-Schd	Description		Quantity	UOM	Price I	Extended Amt Due Date
1-1	PPRMLT - 2022 PROGRAM PEF REPORT MEDICAL LABORATO		1	EA	150.00	150.00 01/17/2022

		Sub-total Est. tax
Total Requisition Amount:	150.00	

PREPAY ATTACHED INVOICE DTD 12/21/21 PLEASE SET-UP 2 WAY MATCH

Make check payable to: ASCP BOARD OF CERTIFICATION

Mail check payment to: American Society for Clinical Pathology 3462 Eagle Way Chicago, IL 60678-1034

categorical sig

<u>BU</u>	Acct	<u>Fd</u>	Org	Prog	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>
GENFD	4300	12	FL.VI.ALHT	12050	00000	700P	150.00

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: LOTTERY Project Grant: 700P Program Director: VICKY MARYATT Program Goal: MEETS ELGIBLE INSTRUCTIONAL NEEDS

Approval Signature	Approval Signature	Approval Signature



American Society for Clinical Pathology 33 W Monroe St, Suite 1600, Chicago, IL 60603-5617, USA Phone: 312-541-4890 Fax: 312-541-4472

Date: 12/21/2021	PPR INVOICE O	der: 4006549161
	Order I	ate: 10/8/2021
	School C	ode: 004128
Ship-To 04215325 Jason R Pedro	Bil-To 25468423 Jason R Pedro	
Folsom Lake College 1621 MAHAFFEY CT Folsom, CA 95630-7301 United States of America	Folsom Lake College 1621 MAHAFFEY CT Folsom, CA 95630-7301 United States of America	

Product	Unit Price	QTY	Amount
PPRMLT 2022 Program Performance Report Medical Laboratory Technician	\$150.00	1	\$150.00

Customer: 25468423

Order No: 4006549161 Folsom Lake College

Balance Due (USD): \$150.00

If paying by check, make check payable to : ASCP BOARD OF CERTIFICATION

Mail check payments to: American Society for Clinical Pathology 3462 Eagle Way Chicago, IL 60678-1034

Online Payment

To pay online, login to www.ascp.org.

Payment Amount:____