

## **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: 0000049461

CAMWOOD TRAINING BATS LLC 13 VINTAGE WAY APT 1315 FERNANDINA BEACH FL 32034

**Phone:** (770) 880-9366

email: trey@camwoodbats.com

PURCHASE ORDER NO 0001117364

| Date         | Revision         | Page            |
|--------------|------------------|-----------------|
| 08/26/2021   |                  | 1               |
| Payment Terr | ms Freight Terms | Ship Via        |
| NET 30       | Shipping Point   | Best Method     |
| Reference:   |                  | Location / Dept |
| 1032058 GRA  | HLMANA ROUILLERS | 04ADMN          |

Ship To: FOLSOM LAKE COLLEGE

**RECEIVING** 

10 COLLEGE PARKWAY FOLSOM CA 95630-6798

**United States** 

Bill To: LRCCD

Invoice to: acctg-ops@losrios.edu

1919 Spanos Court Sacramento CA 95825-3981

**United States** 

Tax Exempt? N Use Tax Applicable: Y

Line-Sch Item/Description Quantity UOM PO Price Extended Amt Due Date

1- 1 SOFTBALL HAND AND SPEED TRAINERS: 1.00 EA 99.95 99.95 09/09/2021
34"

PER QUOTE DATED 08/24/21

SOFTBALL; ATTN: AMBER GRAHLMAN

FLC RECEIVING HOURS: M-TH, 10AM - 2PM

**PAID** 

CHECK #: 00094823222

**DATE:** 1/7/22

**AMOUNT \$:** 107.70

**VOUCHER #:** 00616065

Sub Total Amount Sales Tax Amount Total PO Amount 99.95 0.00 99.95

<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 4300 12 FL.VI.KINE 08700 00000 700P 99.95 2022

0001032058CHAVEZA25-AUG-2021

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.

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.



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: MISCELLANEOUS

\*\*\*\*\* CA 95825

**United States** 

email: **RECEIVING** Ship To:

10 COLLEGE PARKWAY FOLSOM CA 95630-6798 0000003680

**Business Unit: GENFD OPEN** Req ID: Date Page 0001032058 08/24/2021 Requisition Name:

CAM WOOD BATS FLC SOFTBALL

Requester Amber Grahlman Requester Signature

Buyer: Brenda Haney

Approved:

Entered By: M.J 24-AUG-2021

| Line-Schd | Description                           | Quantit | y UOM | Price | Extended Amt Due Date |
|-----------|---------------------------------------|---------|-------|-------|-----------------------|
| 1-1       | SOFTBALL HAND AND SPEED TRAINERS: 34" | 1       | EA    | 99.95 | 99.95 09/07/2021      |

99.95 Sub-total 7.75 Est. tax

Total Requisition Amount: 107.70

SOFTBALL; ATTN: AMBER GRAHLMAN

NEW VENDOR: CAM WOOD BATS, 13 VINTAGE WAY, APT. 1315, FERNANDINA BEACH, FL 32034, 770-880-9366 TREY@CAMWOODBATS.COM; WWW.CAMWOODBATS.COM

ATTACHED QUOTE 08/24/21, NEW VENDOR APP. & W9

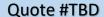
<u>Org</u> Acct Fd Prog Sub Proj <u>Amount</u> 4300 12 FL.VI.KINE 08700 00000 700P GENED 99.95

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: LOTTERY Project Grant: 700P

Program Director: MATT WRIGHT Program Goal: INSTRUCTIONAL SUPPLY

| Approval Signature | Approval Signature | Approval Signature |
|--------------------|--------------------|--------------------|
|                    |                    |                    |





Amber Grahlman
Folsom Lake College
GrahlmA@flc.losrios.edu

**ORDER DATE: 8/24/21** 

**ORDER NUMBER: TBD** 

**PURCHASE ORDER: 0763-21** 

| QUANITY | DESCRIPTION                           | UNIT    | AMOUNT  |
|---------|---------------------------------------|---------|---------|
|         |                                       | PRICE   |         |
| 1       | Softball hand and speed trainers: 34" | \$99.95 | \$99.95 |

| SUBTOTAL | \$99.95 |
|----------|---------|
| SHIPPING | FREE    |
| TOTAL    | \$99.95 |

### **CAMWOOD BATS**

13 Vintage Way, Apt.1315 Fernandina Beach, FL 32034 www.camwoodbats.com (770) 880-9366 | trey@camwoodbats.com

NAME:



**VENDOR APPLICATION** 

1919 Spanos Court ■ Sacramento, CA 95825 PURCHASING DEPARTMENT (916) 568-3071

Return signed completed form to Purchasing via fax or email.

Fax (916) 568-3145 Irccdpurchase@losrios.edu

| NAME OF FIRM CamWood Training Bats  |              |            |               |           | FEDERAL II | D# <u>OR</u> SOC | IAL SECURITY #                   |                   |                |  |
|---|--------------|------------|---------------|-----------|------------|------------------|----------------------------------|-------------------|----------------|--|
|   |              |            | ·             |           | 84-21053   | 306              | /                                | -                 | -              |  |
| MAILING ADDRESS 13 Vintage Way APT 13<br>Fernandina Beach, FL 3   |              |            |               |           | REMIT ADI  | DRESS (if di     | ifferent)                        |                   |                |  |
| PHONE   | 828.558      | .7015      | FAX           |           |            | EMAIL            | support@car                      | nwoodbats         | .com           |  |
| WEBSITE   | camwo        | odbats.co  | m             |           |            |                  | DRGANIZATION/R<br>(Check all tha |                   |                |  |
| Д   | AUTHORIZE    | D COMPAN   | Y REPRESEN    | ITATIVES  |            |                  | Individual                       | Contractor        | License#       |  |
| Nam   | e            | Title/C    | apacity       | En        | nail       |                  | Partnership                      | DIR Registration# |                |  |
|   |              |            |               |           |            |                  | Non Profit                       |                   |                |  |
|   |              |            |               |           |            |                  | _Corporation (List               | ·                 | ,              |  |
|   |              |            |               |           |            | Is busines       | ss registered in the             |                   | ifornia?<br>No |  |
| PROV  | /IDE LIST O  | F COMMOD   | ITIES, EQUI   | PMENT, SU | PPLIES and | or SERVIC        | ES                               | NAICS/COMM        | ODITY CODE     |  |
| Baseball/S  | Softball Tra | aining Equ | uipment       |           |            |                  |                                  |                   |                |  |
|   |              |            |               |           |            |                  |                                  |                   |                |  |
|   |              |            |               |           |            |                  |                                  |                   |                |  |
|   |              |            |               |           |            |                  |                                  |                   |                |  |
| VE  | NDOR CERT    | TIFICATION |               |           | 0          | THER BUSI        | NESS INFORMATION                 | ON                |                |  |
| I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified              |              |            | Paymer<br>N30 | nt Terms  |            | Discounts Ex     | tended                           |                   |                |  |
| vendor bid list does not in any way represent an endorsement of my firm by Los Rios, nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my |              |            | Refund        | 'Returns  | 30 Days    |                  |                                  |                   |                |  |
| business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer.   |              |            |               |           | MA         |                  | Owner                            |                   | 08/21/2021     |  |
| INITIALS  |              |            |               |           | SIGNATURE  | Ξ                | TITLE                            |                   | DATE           |  |



#### **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

| 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. |  |  |                                     |       |       |                 |        |          |        |   |               |            |            |  |  |  |  |  |
|---|--|--|-------------------------------------|-------|-------|-----------------|--------|----------|--------|---|---------------|------------|------------|--|--|--|--|--|
|   | Charles Emory Sikes III  2 Business name/disregarded entity name, if different from above                              |  |                                     |       |       |                 |        |          |        |   |               |            |            |  |  |  |  |  |
|   | CamWood Training Bats LLC  |  |                                     |       |       |                 |        |          |        |   |               |            |            |  |  |  |  |  |
| Print or type.<br>Specific Instructions on page 3.  | 2 Check appropriate hey for fodoral tay elegation of the person whose name is entered an line 1. Check only one of the |  |                                     |       |       |                 |        |          |        | certain entities, not individuals; see instructions on page 3): |               |            |            |  |  |  |  |  |
| ype   | lг   | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners  | ship) ►                             |       |       |                 |        |          |        | (   |               | _          |            |  |  |  |  |  |
| Print or type.<br>c Instructions  |  | Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the or another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a singlist disregarded from the owner should check the appropriate box for the tax classification of its owner. | ner. Do n<br>wner of th<br>le-membe | e Ll  | _C is |                 |        | ption f  |        | :AT   | CA re         | port       | ng         |  |  |  |  |  |
| ċĖ  | ١,   | Other (see instructions) >   | ər.                                 |       |       | l <sub>(A</sub> | pplies | to accou | nts ma | intaiı  | ned outs      | ide th     | e(LS.)     |  |  |  |  |  |
| Spe   | 5  | Address (number, street, and apt. or suite no.) See instructions.  | Requeste                            | r's ı | name  |                 |        |          |        |   |               |            |            |  |  |  |  |  |
| See (   |  |  |                                     |       |       | ,               |        |          |        |   |               |            |            |  |  |  |  |  |
| S   |  | City, state, and ZIP code  |                                     |       |       |                 |        |          |        |   |               |            |            |  |  |  |  |  |
|   | w  | nder, GA 30680   |                                     |       |       |                 |        |          |        |   |               |            |            |  |  |  |  |  |
|   |  | List account number(s) here (optional)   |                                     |       |       |                 |        |          |        |   |               |            |            |  |  |  |  |  |
| Pai   | t I  | Taxpayer Identification Number (TIN)   |                                     |       |       |                 |        |          |        |   |               |            |            |  |  |  |  |  |
|   |  | r TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo  | oid                                 | Soc   | ial s | ecur            | ity n  | umbe     | r      | _   |               |            |            |  |  |  |  |  |
| reside  | ent  | rithholding. For individuals, this is generally your social security number (SSN). However, fo<br>alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other<br>is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>   |                                     |       |       |                 | -      |          | ] .    | -[  |               |            |            |  |  |  |  |  |
| TIN, I  | ate  |  | _                                   | r     |       |                 |        |          |        |   |               |            | _          |  |  |  |  |  |
|   |  | ne account is in more than one name, see the instructions for line 1. Also see What Name a   | and _                               | Em    | ploy  | er ide          | entif  | icatio   | nun    | ıbe   | r             |            | _          |  |  |  |  |  |
| Numi  | oer  | To Give the Requester for guidelines on whose number to enter.   |                                     | 8     | 4     | -               | 2      | 1        | ) 5    | ;   | 3 0           | )          | 6          |  |  |  |  |  |
| Par   | t II   | Certification  |                                     |       |       |                 |        |          |        |   |               |            |            |  |  |  |  |  |
| Unde  | r pe   | nalties of perjury, I certify that:  |                                     |       |       |                 |        |          |        |   |               |            |            |  |  |  |  |  |
| 2. I ar<br>Se   | n n<br>rvic  | mber shown on this form is my correct taxpayer identification number (or I am waiting for a<br>ot subject to backup withholding because: (a) I am exempt from backup withholding, or (b)<br>e (IRS) that I am subject to backup withholding as a result of a failure to report all interest o<br>ger subject to backup withholding; and  | I have no                           | ot b  | een   | noti            | fied   | by th    | e Int  | ern   | al Re<br>d me | ven<br>tha | ue<br>I am |  |  |  |  |  |
| 3. Lar  | n a  | U.S. citizen or other U.S. person (defined below); and   |                                     |       |       |                 |        |          |        |   |               |            |            |  |  |  |  |  |

- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments

| Sign<br>Here | Signature of  | Charles Siles | 00/44/0000        |
|--------------|---------------|---------------|-------------------|
| Here         | U.S. person ► | Charles Sikes | Date ► 09/14/2020 |

# **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# \* CAMWOOD BATS LLC

PO#0001117364 PCUR#0001098428

> 10/11/21 Baba

\* No Packing List





Jen Tayler FLC School Taylerj@flc.losrios.edu

ORDER DATE: TBD

**ORDER NUMBER: TBD** 

PURCHASE ORDER: 0001117364

| QUANITY | DESCRIPTION                  | UNIT    | AMOUNT  |
|---------|------------------------------|---------|---------|
|         |                              | PRICE   |         |
| 1       | Hands and speed trainer- 34" | \$99.95 | \$99.95 |

| SUBTOTAL | \$99.95 |
|----------|---------|
| SHIPPING | FREE    |
| TOTAL    | \$99.95 |

### **CAMWOOD BATS**