

# Los Rios Community College District

PURCHASE ORDER NO B220598

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:** 0000036360  
CARE WEAR UNIFORMS INC  
3600 SUNRISE BLVD STE 1  
RANCHO CORDOVA CA 95742

**Phone:** (916) 737-5747

**email:** carewearuniforms@yahoo.com

<b>Date</b> 09/27/2021	<b>Revision</b>	<b>Page</b> 1
<b>Payment Terms</b> NET 30	<b>Freight Terms</b> Shipping Point	<b>Ship Via</b> Best Method
<b>Reference:</b> 1032468 MESAC ROUILLERS	<b>Location / Dept</b> 04CYPH144	

**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	BLANKET PURCHASE ORDER FOR CNA STUDENTS - CARE WEAR UNIFORMS VALID 07/01/2021 TO 5/31/2022	1.00 EA	2,700.00	2,700.00	05/31/2022

VALID 07/01/2021 TO 6/30/2022

AUTHORIZED PERSONNEL:  
VICTORIA MARYATT  
COLLEEN MESA  
TANYA PHAN

<b>Sub Total Amount</b>	2,700.00
<b>Sales Tax Amount</b>	0.00
<b>Total PO Amount</b>	2,700.00

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Proj</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>	<u>BYear</u>
GENFD	7334	12	FL.VI.ALHT	12303	00000	696H	2,700.00	2022

0001032468CHAVEZA23-SEP-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.

<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:** MISCELLANEOUS 0000003680  
\*\*\*\*\*  
\*\*\*\*\* CA 95825  
United States

**email:**

**Ship To:** RECEIVING  
10 COLLEGE PARKWAY  
FOLSOM CA 95630-6798

<b>Business Unit:</b>		<b>GENFD</b>	<b>OPEN</b>
Req ID:	Date	Page	
0001032468	09/15/2021	1	
Requisition Name:			
FY22 Care Wear Uniforms-CM			
Requester			
Colleen Mesa			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: MESAC 15-SEP-2021			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt Due Date
1-1	BLANKET PURCHASE ORDER FOR CNA STUDENTS - CARE WEAR UNIFORMS VALID 07/01/2021 TO 5/31/2022	1	JOB	2,700.00	2,700.00

2,700.00 Sub-total  
0.00 Est. tax

Total Requisition Amount: 2,700.00

## PRICING LIST FOR UNIFORMS

New Vendor packet for CNA BPO with Care Wear Uniforms  
contact info  
Colby Sykes  
Care Wear Uniforms Inc.  
916-216-2610

W-9 for vendor packet

<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	7334	12	FL.VI.ALHT	12303	00000	696H	2,700.00

### Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: Dorothy Rupe Nursing Assistant  
Project Grant: 696H  
Program Director: Vicky Maryatt  
Program Goal: student support materials and supplies

Approval Signature

Approval Signature

Approval Signature

**From:** [Mesa, Colleen](#)  
**To:** [Taylor, Jennifer](#)  
**Subject:** FW: Pricing List  
**Date:** Friday, September 17, 2021 11:50:01 AM  
**Attachments:** [Folsom Lake College Scrub Prices.xlsx](#)

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Hi Jen,

I talked to Colby and here is the price quote from him. He is going to bring the students 3 different styles in various sizes. The students can pick what they would like. Our budget is \$50.00 per person. If the student wants something that goes over that price then they will pay the difference.

Colby is coordinating with Tanya ( our instructor) to meet up on the first class day and all the students will pick there scrubs. Then Colby will do a group invoice and send off to us to pay the BOR all at once.

Hope that works for you also. Let me know if I need to attach this to the req.

Thank you,  
~ Colleen

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**From:** Colby sykes <[carewearuniforms@yahoo.com](mailto:carewearuniforms@yahoo.com)>  
**Sent:** Friday, September 17, 2021 11:22 AM  
**To:** Mesa, Colleen <[MesaC@flc.losrios.edu](mailto:MesaC@flc.losrios.edu)>  
**Subject:** Re: Pricing List

**CAUTION:** This email originated from outside of Los Rios. Do not click links or open attachments unless you recognize the sender and know the content is safe. **To mark the message as SPAM, right click the message, select "Junk" , and then select "Block Sender".**

hahaha WHOOPS....at least once a week :)

Colby Sykes  
Care Wear Uniforms Inc.  
916-216-2610

On Friday, September 17, 2021, 11:18:31 AM PDT, Mesa, Colleen <[mesac@flc.losrios.edu](mailto:mesac@flc.losrios.edu)> wrote:

Hi Colby,

I do this all the time, it looks like the attachment didn't make it onto the email.

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**From:** Colby sykes <[carewearuniforms@yahoo.com](mailto:carewearuniforms@yahoo.com)>  
**Sent:** Friday, September 17, 2021 11:16 AM  
**To:** Mesa, Colleen <[MesaC@flc.losrios.edu](mailto:MesaC@flc.losrios.edu)>

**Subject:** Pricing List

**CAUTION:** This email originated from outside of Los Rios. Do not click links or open attachments unless you recognize the sender and know the content is safe. **To mark the message as SPAM, right click the message, select “Junk” , and then select “Block Sender”.**

Hey Colleen,

Thanks for the call earlier, I have attached the price list below....Let me know if it makes sense or if you need something added/subtracted? Thanks :)

Colby Sykes

Care Wear Uniforms Inc.

916-216-2610

BRAND	STYLE	PRICE		
MED COUTURE	PANT	26.99	SET COST W/TAX	\$52.65
MED COUTURE	TOP	21.99		
DICKIES	PANT	22.99	SET COST W/TAX	\$47.28
DICKIES	TOP	20.99		
CHEROKEE	PANT	22.99	SET COST W/TAX	\$47.28
CHEROKEE	TOP	20.99		

# LRCCD

# VENDOR APPLICATION

**Return signed completed form to Purchasing via email: [lrcdpurchase@losrios.edu](mailto:lrcdpurchase@losrios.edu).**

NAME:

NAME OF FIRM		FEDERAL ID# <u>OR</u> SOCIAL SECURITY #	
		- / - -	
MAILING ADDRESS		REMIT ADDRESS (if different)	
PHONE		FAX	
			EMAIL

WEBSITE			ORGANIZATION/REGISTRATION (Check all that apply)	
			Individual	
AUTHORIZED COMPANY REPRESENTATIVES			Partnership	
Name	Title/Capacity	Email	Non Profit	
			_____ Corporation (List State Incorporated)	
			Is business registered in the State of California?	
			Yes No	

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES		NAICS/COMMODITY CODE

VENDOR CERTIFICATION	OTHER BUSINESS INFORMATION		
<p>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 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 business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer.</p>	Payment Terms		Discounts Extended
	<div> <div>Refund/Returns</div> <div></div> </div>		
	INITIALS	SIGNATURE	TITLE

LOS RIOS PURCHASING ONLY:

[www.losrios.edu/purchasing](http://www.losrios.edu/purchasing)

► Go to [www.irs.gov/Form995](http://www.irs.gov/Form995) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Care Wear Uniforms Inc.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification [C-C corporation, S-S corporation, P-Partnership] <b>S</b> <input checked="" type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) <b>S</b>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 7): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ Applies to accounts maintained outside the U.S. <input type="checkbox"/>
5 Address (number, street, and apt. or suite no.) See instructions. <b>3600 Sunrise Blvd Ste 1</b>	Requestor's name and address (optional)
6 City, state, and ZIP code <b>Rancho Cordova, CA 95742</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number  
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]  
or  
Employer identification number  
68 - 0475754

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am 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 complete 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 other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the Instructions for Part II, later.

Sign  
Here

Signature of \_\_\_\_\_  
U.S. person \_\_\_\_\_

Date: 1/27/21

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**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/Form990](http://www.irs.gov/Form990).

### 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-S (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-B (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.