

COMPLETED**Los Rios Community College District****PURCHASE ORDER NO 0001119583**

Purchasing: (916)568-3071
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: 0000046350
CORDOVA COMM COUNCIL FOUNDATION
2729 PROSPECT PARK DR STE 117
RANCHO CORDOVA CA 95670

Phone: (916) 273-5704

email:

Date	Revision	Page
01/28/2022		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:	Location / Dept	
1034310 HEILANDJ ROUILLERS	04RCC	

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	CORDOVA COMMUNITY COUNCIL 2022 ORGANIZATION MEMBERSHIP RENEWAL	1.00 EA	60.00	60.00	02/11/2022

PRE-PAY INVOICE# 20220M

PAID

CHECK #: 0094823832

DATE: 1/28/22

AMOUNT\$: 60.00

VOUCHER#: 00617211

Sub Total Amount	60.00
Sales Tax Amount	0.00
Total PO Amount	60.00

<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	5300	11	FL.VI.RCOR	60100	00000	041A	60.00	2022

0001034310CHAVEZA27-JAN-2022

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 email address: LRCCDpurchase@losrios.com.

<https://psreports.losrios.edu/PurchaseOrderInformation.asp>

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: CORDOVA COMM COUNCIL FOUNDATION0000046350
2729 PROSPECT PARK DR STE 117
RANCHO CORDOVA CA 95670
United States

Phone: (916) 273-5704
email:

Ship To: RECEIVING
10 COLLEGE PARKWAY
FOLSOM CA 95630

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001034310	01/20/2022	1	
Requisition Name:			
CORDOVA COMMUNITY COUNCIL			
Requester			
Joyce Heiland			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: HEILANDJ 20-JAN-2022			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	ANNUAL MEMBERSHIP RENEWAL - 2022 RANCHO CORDOVA CENTER	1	EA	60.00	60.00	01/28/2022

60.00 Sub-total
0.00 Est. tax

Total Requisition Amount: 60.00

PRE-PAY ATTACHED INVOICE 20220M DTD 1/122
PLEASE SET-UP 2 WAY MATCH

ANNUAL MEMBERSHIP RENEWAL - 2022
RANCHO CORDOVA CENTER

<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	5300	11	FL.VI.RCOR	60100	00000	041A	60.00

Approval Signature	Approval Signature	Approval Signature
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CORDOVA COMMUNITY COUNCIL

2729 Prospect Park Drive, Suite 117
Rancho Cordova CA 95670
(916) 273-5704

Invoice

2022 CCC Organization Membership Renewal

Invoice #: 20220M
Date: 1/01/2022
Customer ID: Renewal

Thank you for your support of the Cordova Community Council. Please remit \$60.00 for the renewal of your CCC Organization Membership. The Cordova Community Council Foundation is a 501 c 3 charitable organization EIN 20-8488524. Part or all of your contribution may be tax deductible. Please consult your tax advisor.

Thank you!

REMITTANCE

Customer ID: **Renewal**
Due Date: **3/01/2022**
Amount Due: **\$60.00**

Amount

Enclosed:

Send to: Cordova Community Council Foundation
2729 Prospect Park Dr, Ste 117
Rancho Cordova, CA 95670

For Payment via Credit Card, please provide the following information:

Card Holder Name: _____

Mailing address associated with card: _____

Credit card number: _____

Expiration Date: _____ 3 digit code on back of card: _____

Type of card (circle one): Visa / Mastercard