

**LIMITED PURCHASE ORDER**  
(Not to Exceed \$1000.00)

<b>VENDOR NAME AND ADDRESS:</b>  El Dorado County Sheriff Fiscal Division - Alarms 200 Industrial Drive Placerville, CA 95667		<b>DELIVERY INSTRUCTIONS:</b> <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call  El Dorado Center 6699 Campus Drive Placerville, CA 95667	
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	Annual Business Alarm Permit Renewal	1	ea		25.00	25.00
2	Los Rios Community College District					
3	El Dorado Center of Folsom Lake College					
4	6699 Campus Drive Placerville, CA 95667					
5	<b>PAID</b>					
6	<b>CHECK #: 0094823271</b>					
7	<b>DATE: 1/13/22</b>					
8						
9	<b>AMOUNT \$: 25.00</b>					
10	<b>VOUCHER #: F4086</b>					

**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  <b>TOTAL</b> (Not to Exceed \$1000.00)	25.00
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**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.

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.

Requested by: <u>Adrienne Andrews</u> Date: <u>01-11-2022</u> REQUESTED BY:      TYPED/PRINT      DATE	Received by: _____      Date: _____  GENFD / 5500 / 11 / FL.VI.ELDO Bus. Unit    Account    Fund    Org 65100 / 00000 / 2022 / 101E      \$ 25.00 Program    Sub-Class    BY    Proj/Grnt      Amount
Requested by: _____      Date: _____ REQUESTED BY:      SIGNATURE      DATE	Bus. Unit    Account    Fund    Org _____ / _____ / _____ / _____      \$ Program    Sub-Class    BY    Proj/Grnt      Amount
Approved: _____      Date: _____ APPROVED:      DEAN OR OTHER AUTHORIZED SIGNATURE      DATE	Bus. Unit    Account    Fund    Org _____ / _____ / _____ / _____      \$ Program    Sub-Class    BY    Proj/Grnt      Amount
Approved: _____      Date: _____ APPROVED:      VICE PRESIDENT, ADMINISTRATION      DATE	Program    Sub-Class    BY    Proj/Grnt      Amount



JOHN D'AGOSTINI

SHERIFF - CORONER - PUBLIC ADMINISTRATOR  
COUNTY OF EL DORADO  
STATE OF CALIFORNIA

**INVOICE**  
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**Permit No:** 1891

LOS RIOS COMMUNITY COLLEGE DISTRICT  
1919 SPANOS COURT  
SACRAMENTO CA 95825

**Invoice No.** 12457-63559

**Location:** 6699 CAMPUS DRIVE  
PLACERVILLE CA

Please make checks payable to El Dorado County Sheriff			INVOICE DATE	DUE DATE
Please mail your <u>check and this form</u> to: El Dorado County Sheriff Fiscal Division - Alarms 200 Industrial Dr, Placerville CA 95667			12/15/2021	1/4/2022
QUANTITY	ITEM NO.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1.00	REN-B	ANNUAL BUSINESS ALARM PERMIT RENEWAL	\$25.00	\$25.00
Do we have all of your current contact information? Email:  Cell Phone:  Home Phone:  Work Phone:			<b>TOTAL DUE:</b>	\$25.00

Contact us: [alarms@edso.org](mailto:alarms@edso.org) / (530) 621-5499