

COMPLETED

P.O. No. F4072

Date 12/1/21

LIMITED PURCHASE ORDER
 (Not to Exceed \$1000.00)

VENDOR NAME AND ADDRESS: HOME DEPOT - FOLSOM STORE 6675 2675 E BIDWELL ST FOLSOM, CA 95630	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call EL DORADO CENTER 6699 CAMPUS DE 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	LG ELECTRONICS 30 IN 20 CU FT TOP FREEZER REFRIGERATOR	1	EA		698.00	698.00
2	IN WHITE WITH MULTI-AIR FLOW AND REVERSIBLE DOOR					
3	SKU# 1005-557-133					
4	HAUL AWAY FEE	1	EA		25.00	25.00
5	PAID					
6	CHECK #: 0094822657					
7	DATE: 12/21/21					
8	AMOUNT \$: 862.22					
9						
10	VOUCHER #: F4072					

Purchases Charged to Categorical Programs, Grants or Special Projects This purchased is in compliance with the requirements of: LOTERRY Program Name GREG MCCORMAC For grants/special projects 700P Program Director/Coord. Signature Project/Grant Number PURCHASE OF ELIGIBLE INSTRUCTION SUPPLIES/MATERIAL Program Goal/Objective Number/Explanation	SUB-TOTAL 802.00 SALES TAX 7.25% 60.22 TOTAL (Not to Exceed \$1000.00) 862.22
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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: KIM ZWERENZ TYPED/PRINT DATE 12/1/21	Received by _____ Date _____ GENFD / 4300 / 12 / FL.VI.BIOL Bus. Unit Account Fund Org 04000 / 00000 / 2022 / 700P \$ 862.22 Program Sub-Class BY Proj/Grnt Amount
REQUESTED BY: _____ SIGNATURE DATE	_____ Bus. Unit Account Fund Org _____ / _____ / _____ / _____ \$ _____ Program Sub-Class BY Proj/Grnt Amount
APPROVED: DEAN OR OTHER AUTHORIZED SIGNATURE DATE	_____ Bus. Unit Account Fund Org _____ / _____ / _____ / _____ \$ _____ Program Sub-Class BY Proj/Grnt Amount
APPROVED: VICE PRESIDENT, ADMINISTRATION DATE	_____ Program Sub-Class BY Proj/Grnt Amount



Commercial Account



INVOICE

Invoice #: 9974509

Please pay from this invoice.

Account xxxx xxxx xxxx 3955

Amount Due \$862.22

Transaction Date 12/09/21

Payment Due Date 01/18/22

LOS RIOS COMMUNITY COLLE
1919 SPANOS CT

Customer #	Purchased By	Authorized By	Purchase Order/Job Name	Customer Agreement #
00017	FOLSOM LAKE COLL	FOLSOM LAKE COLL	FRIDGE	903706
Store / Register #: 6675, FOLSOM, CA / 97				

PRODUCT	SKU #	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
M901-HAUL AWAY YOUR OLD APPLIANCE	00001746020001800002	1.0000	EA	\$25.00	\$25.00
LTCS20020W	10055571330001300004	1.0000	EA	\$777.00	\$777.00

SUBTOTAL	\$802.00
TAX	\$60.22
SHIPPING	\$0.00
TOTAL	\$862.22

Please pay from this invoice.

Questions About Your Account
ACCT MGR KEVIN MORRELL EXT 4676573
EMAIL KEVIN.M.MORRELL@CITI.COM

PHONE 1-800-494-1946
 (TTY: 711)
FAX 1-877-969-6282

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

8 HP 9

This Account is Issued by Citibank, N.A.

↓ Please detach and return lower portion with your payment to ensure proper credit. Retain upper portion for your records. ↓



P.O. Box 790420
St. Louis, MO 63179

Your Account Number is xxxx xxxx xxxx 3955

Amount Due \$862.22

Due Date January 18, 2022

Invoice Number 9974509

Invoice Enclosed

Amount Enclosed: \$

Print address changes on the reverse side.

Make Checks Payable to ▼

LOS RIOS COMMUNITY COLLE
1919 SPANOS CT
SACRAMENTO, CA 95825-3905

HOME DEPOT CREDIT SERVICES
DEPT. xx - xxxxxx3955
PO BOX 78047
PHOENIX, AZ 85062-8047

Other Account and Payment Information

WHEN YOUR PAYMENT WILL BE CREDITED: For payments by regular mail, please allow 5-7 days for your payment to reach us. Payment must be received in proper form at our processing facility by 5 p.m. local time there to be credited as of that day. All payments received at the processing facility in proper form after that hour will be credited as of the following day. There may be a delay of up to 5 days in crediting a payment sent by mail if it is not in the proper form or is addressed to a location other than the address listed on the return envelope or on the front of the payment coupon, or, for courier or express mail payments, to the Express Mail address set forth in the Express Mail section.

PROPER FORM for payments sent by mail or courier.

For a payment to be in proper form, you should:

- **ENCLOSE** your check or money order. No cash, gift cards, or foreign currency please.
- **INCLUDE** the last four digits of your account number and name.

COPY FEE. We charge \$5 for each copy of a billing statement that dates back 3 months or more. We add the fee to a balance of our choosing. We reserve the right to add this fee to balances subject to a higher annual percentage rate. We waive the fee if your request for the copy relates to a billing error or disputed purchase.

PAYMENT OTHER THAN BY MAIL:

- **Online Payments.** Go to the URL on Page 1 of your statement to make a payment. For security reasons, you may not be able to pay your entire New Balance the first time you make a payment online. The payment cutoff time for Online Bill Payments is 5 p.m. Eastern time. Payments received after 5 p.m. Eastern time will be credited as of the next day.

- **Phone.** Call the phone number on Page 1 of your statement to make a payment. We may process your payment electronically after we verify your identity. There is no fee for this service. The payment cutoff time for Phone Payments is 5 p.m. Eastern time. Payments received after 5 p.m. Eastern time will be credited as of the next day.
- **Express Payments.** Send payment by courier or express mail to: Attn: Prox Payment Dept, 6716 Grade Lane, Building 9, Suite 910, Louisville, KY, 40213. Payment must be received in proper form, at the proper address, by 5 p.m. Eastern time in order to be credited as of that day. All payments received in proper form, at the proper address, after 5 p.m. Eastern time will be credited as of the next day.
- **In-Store Payments.** For your added convenience, payments can be made at The Home Depot® stores, with no service fee. Any payment in proper form accepted in-store will be credited as of that day. However, credit availability may be subject to verification of funds.

If you send an eligible check with this payment coupon you authorize us to complete your payment by electronic debit. If we do the checking account will be debited in the amount on the check. We may do this as soon as the day we receive the check. Also the check will be destroyed.

REPORT A LOST, STOLEN OR NEVER RECEIVED CARD

IMMEDIATELY: Customer Service is available 24 hours a day, 7 days a week.

CUSTOMER SERVICE WRITTEN INQUIRY ADDRESS:

Home Depot Credit Services, P.O. Box 790340, St. Louis, MO 63179

Change of Address

Please print address changes in blue or black ink.

LOWER PRICES EVERY DAY ON THE BRANDS YOU TRUST.



Sign up for the Pro Xtra Paint Rewards program at homedepot.com/propaint.



PLAN YOUR NEXT JOB WITH THE PRO DESK

1000's of special-order products with bulk pricing and job-site delivery.



THE HOME DEPOT Pro™ Visit your local Pro Desk today.



QUOTE

Notice of Cancellation (see Exhibit A) may be sent to this address:

HOME DEPOT U.S.A., INC.
Store 6675 FOLSOM
2675 E BIDWELL ST
FOLSOM, CA 95630

Phone: (916) 983-0401
Salesperson: NXB0JAD
Reviewer: NXB0JAD

QUOTE

2021-12-01 10:59

Prices Valid Thru: 12/08/2021

SOLD TO	Name		Phone 1	
	TAYLOR JENNIFER		(916) 608-6622	
	Address 6699 CAMPUS DR		Phone 2 (916) 608-6635	
	Company Name			
	City Placerville		Job Description Fridge	
State CA	Zip 95667	County EL DORADO		

VENDOR DIRECT SHIP #1

MERCHANDISE AND SERVICE SUMMARY

We reserve the right to limit the quantities of merchandise sold to customers

TO: CUSTOMER

S/O - MERCHANDISE TO BE SHIPPED:				S/O G.E. APPLIANCES		REF # S01	ESTIMATED ARRIVAL DATE: 12/14/2021				
REF #	SKU	QTY	UM	DESCRIPTION			PI	TAX	PRICE EACH	EXTENSION	
S0101	0000-174-602	1.00	EA	M901 / M901-HAUL AWAY YOUR OLD APPLIANCE / M901-HAUL AWAY YOUR OLD APPLIANCE			A	N	\$25.00	\$25.00	
S0102	0000-863-701	1.00	EA	DELIVERY / APPLIANCE DELIVERY / FREIGHT			A	Y	\$0.00	\$0.00	
S/O - MERCHANDISE TO BE SHIPPED:				S/O L.G. APPLIANCES		REF # S03	ESTIMATED ARRIVAL DATE: 12/14/2021				
REF #	SKU	QTY	UM	DESCRIPTION			PI	TAX	PRICE EACH	EXTENSION	
S0303	1005-557-133	1.00	EA	LTCS20020W / LTCS20020W / LTCS20020W			A	Y	\$698.00	\$698.00	
VENDOR WILL SHIP MDSE TO:			JENNIFER TAYLOR								
ADDRESS: 6699 CAMPUS DR				CITY: PLACERVILLE							
STATE: CA		ZIP: 95667		COUNTY: E ALTERNATE			SALES TAX RATE: 7.25		MERCHANDISE TOTAL: \$723.00		
PHONE: (916) 6086622				PHONE:				PAGER:			

END OF VENDOR DIRECT SHIP

TOTAL CHARGES OF ALL MERCHANDISE & SERVICES**Policy Id (PI):**

A: 90 DAYS DEFAULT POLICY;

'The Home Depot reserves the right to limit / deny returns. Please see the return policy sign in stores for details.'

ORDER TOTAL	\$723.00
SALES TAX	\$50.60
TOTAL	\$777.10
BALANCE DUE	\$773.60

END OF ORDER No. H6675-267405