

COMPLETED

P.O. No. _____

Date _____

LIMITED PURCHASE ORDER
 (Not to Exceed \$1000.00)

VENDOR NAME AND ADDRESS:	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1						
2						
3						
4	PAID					
5	CHECK #: 94826981					
6	DATE: 5-12-22					
7						
8	AMOUNT: 243.32					
9	VOUCHER#:					
10						

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	
	TOTAL (Not to Exceed \$1000.00)	

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.

Received by _____ Date _____

REQUESTED BY: _____ TYPED/PRINT _____ DATE _____

Bus. Unit _____ Account _____ Fund _____ Org _____

\$ _____

REQUESTED BY: _____ SIGNATURE _____ DATE _____

Program _____ Sub-Class _____ BY _____ Proj/Grnt _____

Amount _____

APPROVED: _____ DEAN OR OTHER AUTHORIZED SIGNATURE _____ DATE _____

Bus. Unit _____ Account _____ Fund _____ Org _____

\$ _____

APPROVED: _____ VICE PRESIDENT, ADMINISTRATION _____ DATE _____

Program _____ Sub-Class _____ BY _____ Proj/Grnt _____

Amount _____



How doers
get more done.

2675 EAST BIDWELL STREET
FOLSOM, CA. 95630 (916)983-0401

6675 00062 00778 05/11/22 11:33 AM
SALE SELF CHECKOUT

076174338652	25' TAPE <A>	25.97
	FATMAX 25' MAGNETIC TAPE MEASURE	
092644560491	RECHARGEABLE <A>	29.97
	RECHARGEABLE LIGHT ARRAY HEADLAMP WI	
000346480245	GLM 20 X <A>	49.97
	BOSCH 65FT LASER MEASURE	
092644563126	12' FISH ROD <A>	
	KT 12' SPLINTER GUARD FISH ROD SET	
3@39.97		119.91

SUBTOTAL	225.82
SALES TAX	17.50
TOTAL	\$243.32

XXXXXXXXXXXX3955 HOME DEPOT
AUTH CODE 011764/6620379
USD\$ 243.32
TA

LOS RIOS COMMUNITY COLLE
FOLSOM LAKE COLL
Chip Read
AID A0000000049999D8400305 THD PLCC PROX

PRO XTRA MEMBER STATEMENT

PRO XTRA ###-###-3041 SUMMARY
THIS RECEIPT PO/JOB NAME: MEDIA SERVICES

2022 PRO XTRA SPEND 05/10: \$50,968.46
INCLUDES:
2022 PROXTRA SAVINGS 05/10: \$1,660.41

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6675 05/11/22 11:33 AM



6675 62 00778 05/11/2022 5792

RETURN POLICY DEFINITIONS		
POLICY ID	DAYS	POLICY EXPIRES ON
A	11	365 05/11/2023

DID WE NAIL IT?

Take a short survey for a chance TO WIN
A \$5,000 HOME DEPOT GIFT CARD

Opine en español

www.homedepot.com/survey

User ID: H8B 8520 1907
PASSWORD: 22261 1845

Entries must be completed within 14 days
of purchase. Entrants must be 18 or
older to enter. See complete rules on
website. No purchase necessary.