

COMPLETED

P.O. No. F4557

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 FLC- COMMENCEMENT
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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						
5						
6						
7						
8						
9						
10						

PAID
CHECK #: 94827751
DATE: 5-26-22
AMOUNT: 16.94
VOUCHER#:

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

Jaskirat Kaur _____

Bus. Unit	Account	Fund	Org	\$ 16.94
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REQUESTED BY: SIGNATURE DATE

Hannah Blodgett **5/19/22**

Program	Sub-Class	BY	Proj/Grnt	Amount
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APPROVED: DEAN OR OTHER AUTHORIZED SIGNATURE DATE

Bus. Unit	Account	Fund	Org	\$ _____
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APPROVED: VICE PRESIDENT, ADMINISTRATION DATE

Program	Sub-Class	BY	Proj/Grnt	Amount
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4044439 SALE 4521 2046 001 5/17/22 11:26
CEL ROLL WRAP HOL 195158670226 5.99

2 @ 5.39 10.78
ENTR10% 1.20-
REC STKR 2.5INCH 195158477054 5.49
1 @ 4.94 4.94

ENTR10% .55-
YOU SAVED \$ 1.75

SUBTOTAL 15.72
Sales Tax 7.75% 1.22
TOTAL 16.94

ACCOUNT NUMBER *****5725
Visa 16.94

APPROVAL: 172166 CHIP ONLINE
Application Label: US DEBIT
AID: A0000000980840
TVR: 0000000000
TSI: 0000

This receipt expires at 60 days on 07/15/22

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5/17/22 11:26

THALES SGP U1172842L 0421

F85350

5725

JASKIRAT KAUR



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International Collect 315.724.4022
Para Español 800.688.6086