

COMPLETED

Los Rios Community College District

PURCHASE ORDER NO 1116789A

Purchasing: (916)568-3071 * FAX (916) 568-3145
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

Date 01/20/2022	Revision	Page 1
Payment Terms NET 30	Freight Terms Shipping Point	Ship Via Best Method
Reference: 1031427 CAMPBELL HANEYB	Location / Dept 04ADMN PRES	

Supplier: 0000049370
LEAVITT KATHLEEN
1526 BONANZA LANE
FOLSOM CA 95630

Phone: (916) 337-6779

email: kathleen.leavitt@sbcglobal.net

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	VAPA - MEMBERSHIP AND SOFT RE-OPENING CONSULTANT	1.00 EA	62,500.00	62,500.00	06/30/2022

LRCCD# 22-002 - VALID 07-06-21 TO 07-05-24

Sub Total Amount	62,500.00
Sales Tax Amount	0.00
Total PO Amount	62,500.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5100	12	FL.VA.VAPA	70900	00000	364A	62,500.00	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 (916)568-3071.

<http://www.losrios.edu/purchasing/povalidation>

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.

Change Order Request

Email Completed Change Order Request Form to: FLC-BSOChangeOrder@flc.losrios.edu

PO# 00011167489
(One PO per Change Order)

REQUEST DATE: 12/21/21

COLLEGE/DEPT.: BSO

VENDOR NAME: KATHLEEN LEAVITT

X CHANGE DESCR on LINE# 1
TO: FOUN-MEMBERSHIP AND SOFT RE-OPENING CONSULTANT

X ADD LINE 2 FOR \$ 62,500.00
DESCR: VAPA- MEMBERSHIP AND SOFT RE-OPENING CONSULTANT
BUDGET: GENFD 5100 12 FL.VA.VAPA 70900 00000 364A

NEW PO TOTAL\$ 78,750.00

FUND 12 REQUIREMENT – COMPLETE ONLY IF ADDING A BUDGET WITH NEW DEPT/ORG OR PROJ/GRANT#:

Program Name: SHUTTERED VENUE OPERATOR'S GRANT		Project/Grant Number:364A
	Program Director/Coordinator Signature: AUGUSTINE CHAVEZ	

REQUESTED BY: JEN TAYLOR

Los Rios Community College District

PURCHASE ORDER NO 0001116789

Purchasing: (916)568-3071 * FAX (916) 568-3145
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

Date 07/19/2021	Revision	Page 1
Payment Terms NET 30	Freight Terms Shipping Point	Ship Via Best Method
Reference: 1031427 CAMPBELL ROUILLERS		Location / Dept 04ADMN

Supplier: 0000049370
LEAVITT KATHLEEN
1526 BONANZA LANE
FOLSOM CA 95630

Phone: (916) 337-6779

email: kathleen.leavitt@sbcglobal.net

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	MEMBERSHIP AND SOFT RE-OPENING CONSULTANT	1.00 EA	16,250.00	16,250.00	05/31/2022

LRCCD# 22-002 - VALID 07-06-21 TO 07-05-24

CH# 94-817559 08/04/21

Amt 2708.33

CH# 94-817826 08/10/21

Amt 2708.33 as of 09/07/21

Sub Total Amount	16,250.00
Sales Tax Amount	0.00
Total PO Amount	16,250.00

BU	Acct	Fd	Org	Prog	Sub	Proj	Amount	BYear
GENFD	5100	12	FL.CP.FOUN	70904	00000	384B	16,250.00	2022

0001031427CHAVEZA19-JUL-2021

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<http://www.losrios.edu/purchasing/povalidation>

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



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Requisition

Supplier: LEAVITT KATHLEEN
 1526 BONANZA LANE
 FOLSOM CA 95630
 United States

0000049370

Phone: (916) 337-6779
email: kathleen.leavitt@sbcglobal.net

Ship To: RECEIVING
 10 COLLEGE PARKWAY
 FOLSOM CA 95630-6798

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001031427	07/14/2021	1	
Requisition Name: Kathleen Leavitt			
Requester Lindsey Campbell			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: CAMPBELL 14-JUL-2021			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	MEMBERSHIP AND SOFT RE-OPENING CONSULTANT	1	EA	16,250.00	16,250.00	07/19/2021

16,250.00 Sub-total
0.00 Est. tax

Total Requisition Amount: 16,250.00

Professional Service Agreement

Worker's Comp

Insurance Document

LRCCD Additionally insured document

<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	5100	12	FL.CP.FOUN	70904	00000	384B	16,250.00

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: HEERF
 Project Grant: 384B
 Program Director: Augustine Chavez
 Program Goal: Provide support for the reopening of Harris Center for the ARTs after closure du

Approval Signature	Approval Signature	Approval Signature
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/06/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hiscox Inc. d/b/a/ Hiscox Insurance Agency in CA 520 Madison Avenue 32nd Floor New York, NY 10022	CONTACT NAME: PHONE (A/C. No. Ext): (888) 202-3007	FAX (A/C. No.):
	E-MAIL ADDRESS: contact@hiscox.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Hiscox Insurance Company Inc	10200	
INSURED Kathleen Leavitt 1526 Bonanza Lane Folsom CA 95630	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		UDC-4594293-CGL-20	09/07/2020	09/07/2021	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ S/T Gen. Agg.
							\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Los Rios Community Collge District is additional insured subject to the policy terms and conditions.

CERTIFICATE HOLDER

Los Rios Community Collge District
 1919 Spanos Court
 Sacramento, CA 95825

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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LOS RIOS COMMUNITY COLLEGE DISTRICT

1919 Spanos Court, Sacramento, CA 95825

Phone (916) 568-3071 FAX (916) 568-3145

Purchasing Department

lrcddpurchase@losrios.edu

American River College Cosumnes River College Folsom River College Sacramento City College

**Sole Proprietor's Affidavit of
WORKERS' COMPENSATION BENEFITS**

(Pursuant to Business and Professional Code Section 7125 and Labor Code Section 3700)

I am a sole proprietor and I am doing business as Kathleen Leavitt.
I am performing work as an independent contractor for the Los Rios Community College District, a political subdivision of the State of California. I am not the employee of Los Rios Community College District for Workers' Compensation purposes, and, therefore, I am not entitled to Workers' Compensation benefits from Los Rios Community College District. I understand that if I have any employees working for me, I must maintain Workers' Compensation insurance on them and provide proof of insurance to Los Rios Community College District.

READ CAREFULLY BEFORE SIGNING:

Kathleen Leavitt Kathleen Leavitt
Sole Proprietor (Print Name and Sign)

1526 Bonanza Lane, Folsom CA 95630
Address City State Zip Code

Kathleen Leavitt

INVOICE

1526 Bonanza Lane
 Folsom, Ca 95630
 916-337-6779

DATE: September 9, 2021
 INVOICE: Three
 FOR: Harris Center- Member
 & Reopening Services

Bill To: Los Rios
 Community College
 District
 1919 Spanos Ct.
 Sacramento, CA 95825

DESCRIPTION	AMOUNT
September 2021 -Member & Reopening Services	
Salary	2708.33
PO# GENFD PSA 0001116789	
REC# 0001097970	
TOTAL	\$ 2708.33

Make all checks payable to Kathleen Leavitt
 If you have any questions concerning this invoice, please contact Kathleen Leavitt at
 kathleen.leavitt@harriscenter.net or 916-337-6779 (cell) Thank you for your business.

Kathleen Leavitt

INVOICE

1526 Bonanza Lane
Folsom, Ca 95630
916-337-6779

DATE: October 6, 2021
INVOICE: Four
FOR: Harris Center- Member
& Reopening Services

Bill To: Los Rios
Community College
District
1919 Spanos Ct.
Sacramento, CA 95825

DESCRIPTION	AMOUNT
October 2021 -Member & Reopening Services	
Salary	2708.33
PO# GENFD PSA 0001116789	
REC# 0001098391	
TOTAL	\$ 2708.33

Make all checks payable to Kathleen Leavitt
If you have any questions concerning this invoice, please contact Kathleen Leavitt at
kathleen.leavitt@harriscenter.net or 916-337-6779 (cell) Thank you for your business.

Kathleen Leavitt

INVOICE

1526 Bonanza Lane
Folsom, Ca 95630
916-337-6779

DATE: November 3, 2021
INVOICE: Five
FOR: Harris Center- Member
& Reopening Services

Bill To: Los Rios
Community College
District
1919 Spanos Ct.
Sacramento, CA 95825

DESCRIPTION	AMOUNT
November 2021 -Member & Reopening Services	
Salary	2708.33
PO# GENFD PSA 0001116789	
REC# 0001099240	
TOTAL	\$ 2708.33

Make all checks payable to Kathleen Leavitt
If you have any questions concerning this invoice, please contact Kathleen Leavitt at
kathleen.leavitt@harriscenter.net or 916-337-6779 (cell) Thank you for your business.

Kathleen Leavitt

INVOICE

1526 Bonanza Lane
Folsom, Ca 95630
916-337-6779

DATE: December 6, 2021
INVOICE: Six
FOR: Harris Center- Member
& Reopening Services

Bill To: Los Rios
Community College
District
1919 Spanos Ct.
Sacramento, CA 95825

DESCRIPTION	AMOUNT
December 2021 -Member & Reopening Services	
Salary	2708.33
PO# GENFD PSA 0001116789	
REC# 0001099454	
TOTAL	\$ 2708.33

Make all checks payable to Kathleen Leavitt
If you have any questions concerning this invoice, please contact Kathleen Leavitt at
kathleen.leavitt@harriscenter.net or 916-337-6779 (cell) Thank you for your business.

Kathleen Leavitt

617495

INVOICE

1526 Bonanza Lane
Folsom, Ca 95630
916-337-6779

DATE: January 11,2022
INVOICE: Seven
FOR: Harris Center- Member
Services & Vol. Coordinator

Bill To

Folsom Lake
College
Attn: Business Services
10 College Parkway
Folsom, CA 95630

PO 1116789A

DESCRIPTION	AMOUNT
January 2022-Services rendered for Membership, HCA Reopening Q1, & HCA Volunteer Program	10416.67
PSA #000116789	
TOTAL	\$ 10416.67

Make all checks payable to Kathleen Leavitt
If you have any questions concerning this invoice, please contact Kathleen Leavitt
at kathleen.leavitt@harriscenter.net or 916-337-6779 (cell)

Kathleen Leavitt

INVOICE

1526 Bonanza Lane
Folsom, Ca 95630
916-337-6779

DATE: February 10, 2022
INVOICE: Eight
FOR: Harris Center- Member
Services & Vol. Coordinator

Bill To

Folsom Lake
College
Attn: Business Services
10 College Parkway
Folsom, CA 95630

REC# 0001100197

DESCRIPTION	AMOUNT
February 2022-Services rendered for Membership, HCA Reopening Q1, & HCA Volunteer Program	10416.67
PO# 1116789A	
TOTAL	\$ 10416.67

Make all checks payable to Kathleen Leavitt
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at kathleen.leavitt@harriscenter.net or 916-337-6779 (cell)

Kathleen Leavitt

INVOICE

1526 Bonanza Lane
Folsom, Ca 95630
916-337-6779

DATE: March 1, 2022
INVOICE: Nine
FOR: Harris Center- Member
Services & Vol. Coordinator

Bill To

Folsom Lake
College
Attn: Business Services
10 College Parkway
Folsom, CA 95630

REC# 0001100553

DESCRIPTION	AMOUNT
March 2022-Services rendered for Membership, HCA Reopening Q1, & HCA Volunteer Program	10416.67
PO# 1116789A	
TOTAL	\$ 10416.67

Make all checks payable to Kathleen Leavitt
If you have any questions concerning this invoice, please contact Kathleen Leavitt
at kathleen.leavitt@harriscenter.net or 916-337-6779 (cell)

Kathleen Leavitt

INVOICE

1526 Bonanza Lane
Folsom, Ca 95630
916-337-6779

DATE: April 5, 2022
INVOICE: Ten
FOR: Harris Center- Member
Services & Vol. Coordinator

Bill To

Folsom Lake
College
Attn: Business Services
10 College Parkway
Folsom, CA 95630

PO# 1116789A
REC# 0001101529

DESCRIPTION	AMOUNT
April 2022-Services rendered for Membership, HCA Reopening Q1, & HCA Volunteer Program	10416.67
PO# 1116789A	
TOTAL	\$ 10416.67

Make all checks payable to Kathleen Leavitt
If you have any questions concerning this invoice, please contact Kathleen Leavitt
at kathleen.leavitt@harriscenter.net or 916-337-6779 (cell)

Kathleen Leavitt

INVOICE

1526 Bonanza Lane
Folsom, Ca 95630
916-337-6779

DATE: April 26, 2022
INVOICE: Eleven
FOR: Harris Center- Member
Services & Vol. Coordinator

Bill To
Folsom Lake
College
Attn: Business Services
10 College Parkway
Folsom, CA 95630

PO# 1116789A
REC# 0001101534

DESCRIPTION	AMOUNT
May 2022-Services rendered for Membership, HCA Reopening Q1, & HCA Volunteer Program	10416.67
PO# 1116789A	
TOTAL	\$ 10416.67

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If you have any questions concerning this invoice, please contact Kathleen Leavitt
at kathleen.leavitt@harriscenter.net or 916-337-6779 (cell)

Kathleen Leavitt

INVOICE

1526 Bonanza Lane
Folsom, Ca 95630
916-337-6779

DATE: May 23, 2022
INVOICE: Twelve
FOR: Harris Center- Member
Services & Vol. Coordinator

Bill To

Folsom Lake
College
Attn: Business Services
10 College Parkway
Folsom, CA 95630

REC# 0001102363

DESCRIPTION	AMOUNT
June 2022-Services rendered for Membership, HCA Reopening Q1, & HCA Volunteer Program	10416.65
PO# 1116789A	
TOTAL	\$ 10416.65

Make all checks payable to Kathleen Leavitt
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at kathleen.leavitt@harriscenter.net or 916-337-6779 (cell)