

**COMPLETED**

P.O. No. \_\_\_\_\_

**REIMBURSEMENT**

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

Date \_\_\_\_\_

<b>VENDOR NAME AND ADDRESS:</b>	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call
---------------------------------	--

ITEM	DESCRIPTION <small>GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. &amp; SIZES</small>	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1						
2						
3						
4	<b>PAID</b>					
5	<b>CHECK #: 94827051</b>					
6	<b>DATE: 5-4-22</b>					
7						
8	<b>AMOUNT: 27.52</b>					
9	<b>VOUCHER#:</b>					
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 485Y  
Project/Grant Number

Program Director/Coord. Signature \_\_\_\_\_

Program Goal/Objective Number/Explanation \_\_\_\_\_

	<b>SUB-TOTAL</b>
	<b>SALES TAX</b>
	<b>TOTAL</b> (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 \_\_\_\_\_

/ / /

Bus. Unit    Account    Fund    Org

**REQUESTED BY:** \_\_\_\_\_ **TYPED/PRINT** \_\_\_\_\_ **DATE** \_\_\_\_\_

60100	/	00000	/	2022	/	485Y	
Program		Sub-Class		BY		Proj/Grnt	\$ 27.52
							Amount

**REQUESTED BY:** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

APPROVED: DEAN OR OTHER AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

/	/	/	/				
Bus. Unit		Account		Fund		Org	\$
							Amount

APPROVED: VICE PRESIDENT, ADMINISTRATION \_\_\_\_\_ DATE \_\_\_\_\_

/	/	/	/				
Program		Sub-Class		BY		Proj/Grnt	\$
							Amount

# Michael's

Made by you™

MICHAELS STORE #2046 (916)983-2633  
2715 E BIDWELL  
FOLSOM, CA

8-9681-1215-5359-9469-6429-2112-1891-5558



2365523 SALE	4111 2046 006	4/27/22	16:00
REC STKR SILV OMB	195158491999	14.99	
	1 @ 11.99	11.99	
CPN GET ITM20%	3.00-		
ELM PDB 36X48 BLA	79946006704	5.99	
	1 @ 4.79	4.79	
CPN GET ITM20%	1.20-		
AC PS PSTRBRD SPA	718813783132	2.99	
	1 @ 2.40	2.40	
CPN GET ITM20%	.59-		
AC PS PSTRBRD SPA	718813783132	2.99	
	2 @ 2.39	4.78	
CPN GET ITM20%	1.20-		
B2C MINI DIE CUT	195158558920	.99	
	1 @ .79	.79	
CPN GET ITM20%	.20-		
B2C LARGE DIE CUT	195158559040	.99	
	1 @ .79	.79	
CPN GET ITM20%	.20-		
YOU SAVED \$	6.39		

Coupon(s) Applied:

400100020494	CPN GET ITM20%	
	SUBTOTAL	25.54
Sales Tax	7.75%	1.98
	TOTAL	27.52

ACCOUNT NUMBER	*****7521
Debit	27.52

APPROVAL: 075846 CHIP ONLINE

PIN Verified

Application Label: US DEBIT

AID: A0000000980840

TVR: 8080048000

TSI: 6800

DEVICE ID: 0006

TRACE REF: 001355600

This receipt expires at 60 days on 06/25/22

Click. Buy. Create. Shop michaels.com today!

Get Savings & Inspiration! Text\* SIGNUP to 273283

To Sign Up for Email & Text Messages.

\*Msg & Data Rates May Apply

You will receive 1 autodialed message

with a link to join Michaels alerts.

Aaron Brothers

Custom Framing

New! Now in Over 1,200 Michaels Stores & Online

THANK YOU FOR SHOPPING AT MICHAELS

Dear Valued Customer:

Michaels return and coupon policies are available at michaels.com and in store at registers.

\*\*\* Please be advised, effective April 15th, 2021

Michaels will be moving from a 180 day return policy

to a 60 day return policy from the date of purchase.

Please see a store associate for more information.

4/27/22 16:00

