

**COMPLETED**

P.O. No. F4081

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
--------------------------	--

ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1						
2						
3						
4						
5	<b>PAID</b>					
6	<b>CHECK #: 0094822980</b>					
7	<b>DATE: 1/6/22</b>					
8						
9	<b>AMOUNT \$: 31.65</b>					
10	<b>VOUCHER #: F4081</b>					

**Purchases Charged to Categorical Programs, Grants or Special Projects**  
 This purchased is in compliance with the requirements of:

Program Name <u>428A</u>	
Program Director/Coord. Signature _____ For grants/special projects _____ 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: Sharisse Estomo TYPED/PRINT DATE \_\_\_\_\_

Bus. Unit	Account	Fund	Org		\$

REQUESTED BY: Molly Senecal SIGNATURE DATE 1/4/2022

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
---------	-----------	----	-----------	--	--------



Minuteman Press  
415 Placerville Drive  
Ste. A.  
Placerville, CA 95667  
Ph.(530) 621-1650 / Fax: (530) 626-1667  
www.placerville.minutemanpress.com

**INVOICE**

Invoice Number 82409  
Invoice Date 12/22/2021

Bill to: Folsom Lake College Name Badges  
Placerville, CA 95667  
Phone: (530)6211650

Ship to: Folsom Lake College Name Badges  
Placerville, CA 95667  
Phone: (530)6211650

**1 Student ID Badge Interpreter MLT (Job 133367) \$30.00**

*Notes*

Folsom Lake College  
[First and Last Name]  
Interpreter  
MLT Program

File #1: Josh Anderson  
File #2: William Sylliaasen-Lee  
File # 3: Rebecca Quigley  
File #4: Shawn Cain

Ship to:

Folsom Lake College  
Sharisse Estomo (DSPS)  
10 College Parkway  
Folsom, CA 95630

Invoice Subtotal:	\$30.00
Tax:	\$1.65
Invoice Total:	\$31.65
<b>Balance Due:</b>	<b>\$31.65</b>

Salesperson: Phillip  
Terms: 50% Deposit, COD  
Please pay from this invoice.  
Thank you for your business!

2.0000% interest per month on past-due invoices.