

Los Rios Community College District

PURCHASE ORDER NO 0001117121

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

Supplier: 0000030967
NAACLS
27321 NETWORK PL
CHICAGO IL 60673-1273

Phone: (773) 714-8880
Fax: (773) 714-8886

email:

Date	Revision	Page
08/12/2021		1
Payment Terms	Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:	Location / Dept	
1031695 ZWERENZK ROUILLERS	04CYPH144 EDC	

Ship To: EL DORADO CENTER
RECEIVING
6699 CAMPUS DRIVE
PLACERVILLE CA 95667
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	NATIONAL ACCREDITATION AGENCY FOR CLINICAL LABORATORY SCIENCES (NAACLS) ANNUAL ACCREDITATION FEE, CLINICAL LABORATORY TECHNICIAN / MEDICAL LABORATORY TECHNICIAN PROGRAM, ASSOCIATES DEGREE (JULY 1, 20121 TO JUNE 30, 2022)	1.00 EA	2,564.00	2,564.00	08/26/2021

PRE-PAY INVOICE# 31506

ACCOUNT# 09/04/2018

Paid:

Check#: 94-817844

Date: 08/13/21

Amount: \$2564.00

Sub Total Amount	2,564.00
Sales Tax Amount	0.00
Total PO Amount	2,564.00

<u>BU</u>	<u>Acct</u>	<u>Fd</u>	<u>Org</u>	<u>Prog</u>	<u>Sub</u>	<u>Proj</u>	<u>Amount</u>	<u>BYear</u>
GENFD	5300	12	FL.VI.VTEA	12050	00000	314D	2,564.00	2022

0001031695CHAVEZA11-AUG-2021

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.

Requisition

Supplier: NAACLS 0000030967
27321 NETWORK PL
CHICAGO IL 60673-1273
United States

Phone: (773) 714-8880 **Fax:** (773) 714-8886
email:

Ship To: RECEIVING
6699 CAMPUS DR
PLACERVILLE CA 95667

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001031695	08/02/2021	1	
Requisition Name:			
NAACLS 2021/2022			
Requester			
Kimberly Zwerenz			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: ZWERENZK 02-AUG-2021			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt	Due Date
1-1	ANNUAL ACCREDITATION FEE, CLINICAL LABORATORY TECHNICIAN/MEDICAL LABORATORY TECHNICIAN PROGRAM, ASSOCIATES DEGREE (JULY 1, 2012 TO JUNE 30, 2022)	1	EA	2,564.00	2,564.00	08/12/2021

2,564.00 Sub-total
0.00 Est. tax

Total Requisition Amount: 2,564.00

PRE-PAY PAYMENT DUE BY 08/31/2021 - RENEWAL INVOICE #31506 ATTACHED
ACCOUNT NUMBER: 09-04-2018
PLEASE SET-UP 2 WAY MATCH

<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	5300	12	FL.VI.VTEA	12050	00000	314D	2,564.00

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: VTEA - MLT
Project Grant: 314D
Program Director: Vicky Maryatt
Program Goal: Activity Category 5; permissive activity 7

Approval Signature

Approval Signature

Approval Signature



5600 N River Road, Suite 720, Rosemont, IL 60018

F.E.I.N. #36-2789792

Phone # (773) 714-8880 Fax# (773) 714-8886

Invoice

Date	Invoice #
7/3/2021	31506

Program Director, MLT Program
Folsom Lake College - Los Rios C Coll
10 College Parkway
Folsom, CA 95630

Make all checks payable to NAACLS
REMIT TO: 27321 Network Place Chicago, IL 60673-1273

Card payments may be processed directly via a link included in the
electronic invoice or you may submit the information below

PO#	Terms	Due Date	Check #	Account Number
	Net 60	9/1/2021	1202	09/04/2018

Quantity	Description	Amount
	ANNUAL ACCREDITATION FEE, CLINICAL LABORATORY TECHNICIAN/MEDICAL LABORATORY TECHNICIAN PROGRAM, (July 1, 2021 to June 30, 2022)	2,564.00
<div>To pay by Credit Card please submit the following: Email: accounting@naacsls.org Card Number _____ Security Code _____ Expiration date (MM/YY) ____/_____ Type(circle one) VISA MC AMEX Signature _____ Full Name (printed) on Credit Card _____</div>		

Total \$2,564.00

Payments/Credits \$0.00

Balance Due \$2,564.00

Perkins V Expenditure Checklist 2020-21

Requisition/PO/CBR/BPO/Travel Authorization Number: 0001031695

Date: 08/01/2021

Six Activity Categories that Apply to this Expenditure Request

Directions: Select the Activity Category(ies) you indicated in the Perkins plan that relates to the expenditure. For example, if you wrote an activity for Quality Class Theatrical Projects and indicated that this activity applied to Activity Categories 3, 4, and 5, check those boxes.

- ☒ 1. **Career Exploration and Development** - Provide career exploration and career development activities through an organized, systematic framework
- ☐ 2. **Professional Development** - Provide professional development for a wide variety of CTE professionals
- ☒ 3. **Skill Development** - Provide the skills necessary to pursue high-skill, high-wage or in-demand industry sectors or occupations.
- ☐ 4. **Skill and Program Integration** - Support integration of academic skills into CTE programs.
- ☒ 5. **Implement Achievement Programs** - Plan and carry out elements that support the implementation of CE programs and programs of study and that result in increased student achievement.
- ☐ 6. **Develop and Implement Evaluations** - Develop and implement evaluations of the activities funded by Perkins.

Permissive Activity that Applies to this Expenditure Request

Select the Permissive Activity you indicated in your Perkins plan that relates to this expenditure. Check the box below that you indicated in your Perkins plan.

- ☐ 1. Involve parents, businesses, and labor organizations in the design, implementation, and evaluation of programs.
- ☐ 2. Provide career guidance & academic counseling that improves graduation rates and information about career options.
- ☐ 3. Local education and business partnerships including work-related experiences for students or faculty.
- ☐ 4. Provide programs for special populations.
- ☐ 5. Assisting CTE student organizations.
- ☐ 6. Mentoring and support services.
- ☒ 7. Leasing, purchasing, upgrading, or adapting equipment including instructional aides and publications. (including support for library resources)
- ☐ 8. Teacher preparation programs that address the integration of academic and CTE programs.
- ☐ 9. Developing and expanding program offerings in formats accessible for all students, including distance education.
- ☐ 10. Facilitate transitions to BA degree programs including articulations agreements, dual enrollment, and counseling. Provide activities to support entrepreneurship education and training through academic or financial aid counseling to help overcome barriers for special populations
- ☐ 11. Provide activities to support entrepreneurship education and training
- ☐ 12. For Improving or developing new CTE courses, including the development of new proposed CTE programs preparing students for high skill, high wage, high demand occupations.
- ☐ 13. Develop and support small, personalized career-themed learning communities
- ☐ 16. Provide assistance to individuals who have participated in services and activities to continue their education or training in finding an appropriate job.
- ☐ 17. To support training and activities (such as mentoring and outreach) in nontraditional fields
- ☐ 19. To support innovative initiatives, which may include: improving professional development of CTE teachers, faculty, administrators, and counselors

Budget String: GENFD/5300 /12/FL.VI.VTEA/12050 /00000/2021/314D \$ 2564.00

Current balance in above budget string: \$ 2625.00

Is this a permissible expenditure (see other side of this form for a list of impermissible uses)? ☒ Yes ☐ No