

COMPLETED**Los Rios Community College District****PURCHASE ORDER NO 0001117650**

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 09/13/2021	Revision	Page 1
Payment Terms NET 30	Freight Terms Shipping Point	Ship Via Best Method
Reference: 1032375 GRAHLMANA ROUILLERS	Location / Dept 04ADMN	

Supplier: 0000035592
 OWN THE ZONE SPORTS
 PO BOX 5494
 SALEM OR 97304

email:

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	WRISTBAND SIGNS - ONE YEAR ONLINE SIGNAL TOOL PACKAGE RENEWAL - SERVICE FROM 10/1/21 TO 9/30/22	1.00 EA	49.95	49.95	09/24/2021

PAID**CHECK #: 0094818946****DATE: 9/15/21****AMOUNT \$: 4995****VOUCHER #: 00609608**

PAYMENT FOR ORDER# D264

SOFTBALL; ATTN: AMBER GRAHLMAN

Sub Total Amount	49.95
Sales Tax Amount	0.00
Total PO Amount	49.95

<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	5603	12	FL.VI.KINE	08700	00000	700P	49.95	2022

0001032375CHAVEZA09-SEP-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: OWN THE ZONE SPORTS
2100 HAMPTON COURT
CARROLLTON TX 75006
United States

0000035592

Phone: (972) 5146897 **Fax:** (347) 7104938
email: CUSTOMERSUPPORT@OWNTHEZONESPORTS.COM

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

Business Unit:		GENFD	OPEN
Req ID:	Date	Page	
0001032375	09/09/2021	1	
Requisition Name:			
OWN THE ZONE AMBER G			
Requester			
Amber Grahlman			
Requester Signature			
Buyer: Brenda Haney			
Approved:			
Entered By: M.J 09-SEP-2021			

Line-Schd	Description	Quantity	UOM	Price	Extended Amt Due Date
1-1	WRISTBAND SIGNS-ONE YEAR ONLINE SIGNAL TOOL PACKAGE RENEWAL SERVICE FROM 10/1/21 TO 9/30/22	1	PKG	49.95	49.95 09/23/2021

49.95 Sub-total
0.00 Est. tax

Total Requisition Amount: 49.95

SOFTBALL; ATTN: AMBER GRAHLMAN

<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	5603	12	FL.VI.KINE	08700	00000	700P	49.95

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: LOTTERY
Project Grant: 700P
Program Director: MATT WRIGHT
Program Goal: INSTRUCTIONAL SUPPLY

Approval Signature

Approval Signature

Approval Signature

**Own The Zone Sports**

PO BOX 5494

Salem OR 97304

Phone: 972-514-6897

Fax: 347-710-4938

Email: customersupport@ownthezonesports.com**INVOICE****Order: #D264****09/08/2021****Customer Information****BILL TO**

Amber Grahman
10 College Parkway
Department of Kinesiology
Folsom, CA 95630

SHIP TO

Amber Grahman
10 College Parkway
Department of Kinesiology
Folsom, CA 95630
Tel:

CONTACT INFO

grahlma@flc.losrios.edu

Purchase Information

Item	Quantity	Price	Total
Wristband Signs - One Year Online Signal Tool Package Renewal	1	\$49.95	\$49.95

Terms and Conditions:

- Payments are due within 30 days.
- Payments not received within 30 days may accrue late interest @10% of the outstanding balance per month, or the maximum rate permitted by the law, whichever is lower.

Subtotal	\$49.95
Discount	-\$0.00
Subtotal less discount	\$49.95
Tax	\$0.00
Shipping	\$0.00
Payments applied	\$0.00

BALANCE DUE \$49.95**Notes**

Thank you for your purchase!

If you have any questions, contact us at customersupport@ownthezonesports.com

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Own The Zone Sports, LLC

2 Business name/disregarded entity name, if different from above
Own The Zone Sports, LLC

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate
<input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► P				

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
PO Box 5494

6 City, state, and ZIP code
Salem, OR 97304

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.


Social security number								
				-				
or								
Employer identification number								
4	5	-	4	2	1	0	3	0 1

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ►  Date ► **1/1/2020**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.