

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

email:



#### **PURCHASE ORDER NO 0001117650**

Date	Revision	Page
09/13/2021		1
Payment Terr	ns Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:		Location / Dept
1032375 GRA	HI MANA ROUILLERS	

**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 1.00 EA 49.95 49.95 09/24/2021

**PAID** 

PAYMENT FOR ORDER# D264 CHECK #: 0094818946

SOFTBALL; ATTN: AMBER GRAHLMAN DATE: 9/15/21

SIGNAL TOOL PACKAGE RENEWAL -SERVICE FROM 10/1/21 TO 9/30/22

**AMOUNT \$:** 49.95

**VOUCHER #:** 00609608

 Sub Total Amount
 49.95

 Sales Tax Amount
 0.00

 Total PO Amount
 49.95

 BU
 Act
 Fd
 Org
 Prog
 Sub
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 Amount
 BYear

 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** 

(972) 5146897 Fax: (347) 7104938

email: CUSTOMERSUPPORT@OWNTHEZONESPORTS.COMMber Grahlman

Ship To: **RECEIVING** 

10 COLLEGE PARKWAY

FOLSOM CA 95630-6798

0000035592

**Business Unit: GENFD** OPEN Req ID: Date

Page 0001032375 09/09/2021

Requisition Name: OWN THE ZONE AMBER G

Requester Requester Signature

Buyer: Brenda Haney

Approved:

Entered By: M.J 09-SEP-2021

Line-Schd Description Quantity UOM Price Extended Amt Due Date WRISTBAND SIGNS-ONE YEAR ONLINE PKG 49.95 49.95 09/23/2021

SIGNAL TOOL PACKAGE RENEWAL SERVICE FROM 10/1/21 TO 9/30/22

> 49.95 Sub-total 0.00 Est. tax

Total Requisition Amount: 49.95

SOFTBALL; ATTN: AMBER GRAHLMAN

<u>BU</u> <u>Prog</u> Sub <u>Proj</u> <u>Amount</u> FL.VI.KINE 08700 00000 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

Order: #D264

**INVOICE** 

09/08/2021

Phone: 972-514-6897 Fax: 347-710-4938

Email: customersupport@ownthezonesports.com

#### **Customer Information**

**BILL TO** Amber Grahlman 10 College Parkway Department of Kinesiology Folsom, CA 95630

**SHIP TO** 

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

**CONTACT INFO** 

**BALANCE DUE** 

\$49.95

grahlma@flc.losrios.edu

Item		Quantity	Price	Total
Wristband Signs - One Year Online Signal Tool Package Renewal		1	\$49.95	\$49.95
Terms and Conditions:		Subtotal		\$49.95
		Discount		-\$0.00
Payments are due within 30 days.	Subtot	al less discount		\$49.95
Payments not received within 30 days may accrue late		Tax		\$0.00
interest @10% of the outstanding balance per month, or		Shipping		\$0.00
the maximum rate permitted by the law, whichever is lower.	Pa	yments applied		\$0.00

#### Notes

Thank you for your purchase!

If you have any questions, contact us at <a href="mailto:customersupport@ownthezonesports.com">customersupport@ownthezonesports.com</a>

# Form W-9 (Rev. October 2018) Department of the Treasury

## Request for Taxpayer Identification Number and Certification

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

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

			structions and the lat		-									
	1 Name (as shown on your income tax return). Name i	s required on this line;	do not leave this line blank											
	Own The Zone Sports, LLC  2 Business name/disregarded entity name, if different	Erica Alicente							_		_	_		
		from above												
m	Own The Zone Sports, LLC				_		V.	_			_	_	_	
page	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of following seven boxes.  5 Individual/sole proprietor or Corporation 3 Corporation Partnership Trust/esi						f the 4 Exemptions (codes apply only to cortain entitles, not individuals; sec instructions on page 3):							
IS OIL	☐ Individual/sole proprietor or ☐ C Corporation ☐ 8 Corporation ☐ Partnership single-member LLC				☐ Trust/estate				Exempt payee code (if any)					
15 Y	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) > P							P						
Specific Instructions on page 3.	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not chec LLC if the LLC is classified as a single-member LLC that is disregarded from the owner of the LLC is another LLC that is not disregarded from the owner of the LLC is disregarded from the owner of the LLC it is disregarded from the owner should check the appropriate box for the tax classification of its owner.						is and of any						rting	
ecit	☐ Other (see instructions) ▶						(Annie	to so	countr	manta	ined o	Itside	اکال عدد	
Sp	5 Address (number, street, and apt, or suite no.) See in	nstructions		Reques	ter's r	ame o	nd ad	dres	go) e	lional	)			
See	PO Box 5494													
(I)	6 City, state, and ZIP code			1										
	Salem, OR 97304													
	7 List account number(s) here (optional)						_		_		_	_		
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Par	Taxpayer Identification Number	er (TIN)				_	_						_	
2000	your TIN in the appropriate box. The TIN provided		ime diven on line 1 to a	hion	Sac	ial sec	urity	um	ber	_				
acku	p withholding. For individuals, this is generally yo	ur social security nu	mber (SSN), However,	tor a			7		Ī				-	
eside	int allen, sole proprietor, or disregarded entity, see	e the instructions fo	r Part I, later. For other	200		Ш	-			-				
	s, it is your employer identification number (EIN).	If you do not have a	number, see How to g		ш			_	-		_			
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	If the account is in more than one name, see the er To Give the Requester for guidelines on whose		1. Also see What Name	and	Emp	oloyer	dent	icat	ion r	umb	or	_	_	
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