

LOS RIOS COMMUNITY COLLEGE DISTRICT
 1919 Spanos Court • Sacramento, CA 95825-3981

P.O. No. F4076

Date 12/1/21

LIMITED PURCHASE ORDER
 (Not to Exceed \$1000.00)

VENDOR NAME AND ADDRESS: <p align="center">RALEYS</p>	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call <p align="center">FLC-LINDSEY CAMPBELL</p>
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1	OTHER ITEMS FOR JOANY'S RETIREMENT PARTY -	1	EA		49.46	49.46
2	RECEIPT # 187098					
3						
4	PAID					
5	CHECK #: 0094823011					
6	DATE: 1/6/22					
7						
8	AMOUNT \$: 49.46					
9	VOUCHER #: F4076					
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 _____ Program Director/Coord. Signature Project/Grant Number _____ Program Goal/Objective Number/Explanation	SUB-TOTAL SALES TAX TOTAL (Not to Exceed \$1000.00)		49.46
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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.

LINDSEY CAMPBELL REQUESTED BY: TYPED/PRINT	12/1/21 DATE	GENFD / 5200 / 11 / FL.CP.SPEC Bus. Unit Account Fund Org
LINDSEY CAMPBELL REQUESTED BY: SIGNATURE	12/1/21 DATE	67102 / 00000 / 2022 / 046K \$ 49.46 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

Received by	Date
_____ (Signature)	_____ (Date)

**FOLSOM LAKE COLLEGE
RALEY'S PURCHASE CARD CHECKOUT REQUEST FORM**

SECTION I:

To be completed by Requesting Area/Dept. and submitted to FLC Business Services

AUTHORIZED PURCHASER: Lindsey Campbell Dept. /Area: Pres. Office
Print Name of Employee Making Purchase

ESTIMATED PURCHASE AMOUNT ~~\$70~~ 70 or NOT TO EXCEED LIMIT

BUDGET CODE: GENFD 5200 11 FL.CP.SPEC 67162 00006 2022 016
FOR: CHARGEBACK: BUS UNIT ACCT FUND DEPT/ORG PROGRAM SUB-CLS BY PROJ/GRNT

SIGNATURE: Lindsey Campbell DATE: 12/1/21
Approved: Supervisor, Dean or Other Authorized Signature - for Budget Code provided above.

SECTION II:

To be completed by FLC Business Services Staff - at time of Card Checkout

Complete ALL applicable Sections:

*BSO Staff: Issue Raley's Card from correct A/C# - based on Business Unit designated above:

*A/C# 5000154 - GENFD USE ONLY
Final Receipt Total: \$ 49.46

*A/C# 5000153 - CAMPUS BASED USE ONLY
Final Receipt Total:

Budget Available YES NO (Confirmed by FLC BSO Staff)

Raley's Purchase Card # XXXX XXXX XXXX 5865 1249 has been checked out to you for - Folsom Lake College use ONLY.

Purchaser: By signing below you acknowledge receipt of this card, and understand that it will be used only for supplies for your Folsom Lake College Area/Dept. as authorized above, and agree that you will return this card and all original Raley's / Bel-Air purchase receipts to: FLC Business Services same business day. EXTENDED CHECKOUT IS PROHIBITED WITHOUT PRIOR VPA APPROVAL.

Card Check Out:
Received Card (Purchaser Signature) Lindsey Campbell Date: 12/8/21 Time: 8:50a

Card Check Out:
Released By: (FLC BSO Signature) [Signature] Date: 12/8/21

Card Check In:
Returned Card (Purchaser Signature) [Signature] Date: 12/8/21 Time: 9:20a

Card Check In:
Received By: (FLC BSO Signature) [Signature] Date: 12/8/21

Questions Contact: Folsom Lake College - Business Services 916.608.6635 OR 916.608.6549

BELBAIR

Get Something Extra
at Raleys.com

TERM# 7 STORE# 524 OPERATOR# 887
12/08/21 BEL AIR (800)925-9989 09:08:09

SOMETHING EXTRA ACCT. XXXXXXXX8849		
MILTONS CRSPY SEA	Q1	3.00 F
1 @ 2 / 6.00		
Regular Price		3.99
MILTONS RSTD GRLC	Q1	3.00 F
1 @ 2 / 6.00		
Regular Price		3.99
SPIDER/CREMON MUM	Q1	4.99 T
SPIDER/CREMON MUM	Q1	4.99 T
ALSTROMERIA 6 STEM	Q1	4.99 T
ALSTROMERIA 6 STEM	Q1	4.99 T
10 STEM TULIPS	Q1	8.99 T
SPIDER/CREMON MUM	Q1	4.99 T
SPINDRIFT WATER	Q1	5.99 TF
CRV 4PK-0V-8PK-UN	Q1	.40 tf
Points Ineligible Item		
SUBTOTAL		46.33
7.75% TAX CA		3.13
TOTAL	\$	49.46
R CHARGE CARD		49.46
XXXXXXXXXXXX5865		
CASH	CHANGE	.00

NUMBER OF ITEMS 10

CREDIT CARD PAYMENT

12/08/21 09:09:29
K Acct XXXXXXXXXXXX5865
Withdrawal from R CHARGE CARD 49.46
RESPONSE CODE 068019
RMOO Cash back .00
Ref #187098

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RALEY'S PURC
SECTION 1:
To be completed by Request
AUTHORIZED PURCHASER:
ESTIMATED PURCHASE AMOUNT
BUDGET CODE:
BUDGET PACKAGE:
SIGNATURE:
APPROVAL:
SECTION 1B:
To be completed by REC-B:
ACCOUNT #:
BANK ACCOUNT:
BUDGET AVAILABLE:
PURCHASER: By signing below
I certify this card and all exten-
sion cards are EXTENDED C
Card Cash Back:
Received Card (Purchaser Signature)
Card Cash Back Out:
Received By: (REC-RSD Signature)
Card Cash In:
Received Card (Purchaser Signature)
Card Cash In:
Received By: (REC-RSD Signature)

Questions Contact: Fojan Lake (Office) Business Services 910.608.6032 OR 910.608.0240