

LIMITED PURCHASE ORDER
 (Not to Exceed \$1000.00)

VENDOR NAME AND ADDRESS: STATE INDUSTRIAL PRODUCTS 5915 LANDERBROOK DRIVE MAYFIELD HEIGHTS, OH 44124	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	AEROSOL TIER PROGRAM 6 PACK 3-TEF,	1	CASE		109.00	\$104.40
2	1-SPW, 1-INVISILUBE, 1-LUB					
3						
4	PAID					
5	CHECK #: 0094821893					
6						
7	DATE: 11/23/21					
8	AMOUNT \$: 112.49					
9	VOUCHER #: F4070					
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	8.09
TOTAL (Not to Exceed \$1000.00)	\$112.49

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.

TRAVIS MILLER 10/20/2021

REQUESTED BY: _____ TYPED/PRINT _____ DATE _____

MELISSA WILLIAMS 10/20/2021

APPROVED: DEAN OR OTHER AUTHORIZED SIGNATURE _____ DATE _____

APPROVED: VICE PRESIDENT, ADMINISTRATION _____ DATE _____

Received by _____ Date _____
GENFD 4500 / 11 / FL.VA.CUST

Bus. Unit Account Fund Org
65100 / 00000 / 2022 / 041A **\$ 112.49**

Program Sub-Class BY Proj/Grnt Amount

Bus. Unit Account Fund Org
 _____ / _____ / _____ / _____ \$ _____



State Chemical Solutions
 5915 Landerbrook Drive Suite 300
 Mayfield Heights, Ohio 44124
 www.statechemical.com
 Phone: 440-565-5555 Fax: 1-888-771-9670
 A Division Of State Industrial Products Corp.

Invoice

Document No.	Document Date	Due Date
902198025	10/27/2021	11/26/2021

Your Fax number on file is: 916-608-6583
 Your E-Mail address on file is: RAINSC@FLC.LOSRIOS.EDU

Our Customer Service Phone number is: 1-800-782-2436

BILL TO:
 Customer No.: **625034**

**FOLSOM LAKE COLLEGE
 CUSTODIAN DEPARTMENT
 10 COLLEGE PKWY
 FOLSOM, CA 95630
 USA**

SHIP TO:

**FOLSOM LAKE COLLEGE
 CUSTODIAN DEPARTMENT
 10 COLLEGE PKWY
 FOLSOM, CA 95630**



001010 Safety Data Sheets are available at <http://statechemical.com/safety-data-sheets>

Customer PO: F4070		Sales Order: 501204069		Delivery: 804177763			
Account Manager: 90149527		RICHARD NISHIDA		Taxable: Y STATE CONTRACT			
Open Qty	Ord Qty	Ship Qty	U M	Item	Description	Unit Price	Extended Price
0	1	1	CS	123506	AEROSOL TIER PROGRAM TIER 1 CS6	104.400	104.40

- IMPORTANT: Please return remittance portion below with your payment.
 - All tax exempt customers must submit a tax exempt certificate with payment.
 - Claims for shortage or damaged goods must be made within 5 days after receipt of goods.
 - No returns without a Return Goods Authorization.
 - Contact Customer Service concerning invoices, damaged product, or returns at 1-800-782-2436.
- Our Federal Tax ID: 34-0552740

Net Sales	Shipping&Processing	Sales Tax	TOTAL
104.40	0.00	8.09	112.49

PAY NO MONEY TO ACCOUNT MANAGER

FOR CHEMICAL EMERGENCY SPILL,
 LEAK, FIRE, EXPOSURE OR ACCIDENT
 CALL CHEMTREC 24/7 AT (800)
 424-9300.

PLEASE DETACH AND RETURN WITH PAYMENT

Please update your remittance information as shown below.

Make Checks Payable to:
State Industrial Products

REMITTANCE INFORMATION

P.O. Box
 844284
 Boston, MA
 02284-4284

Invoice No	Due Date	Customer No	Acct Mgr	Total Due
902198025	11/26/2021	625034	90149527	112.49
METHOD OF PAYMENT				
<input type="checkbox"/>	CHECK ENCLOSED	AMOUNT PAID _____		<input type="checkbox"/>
<input type="checkbox"/>	CHARGE MY CREDIT CARD	SIGNATURE _____		<input type="checkbox"/>
EXPIRATION CARD NO.	<input type="text"/>	INTERBANK NO. (MC ONLY)		<input type="checkbox"/>
<input type="checkbox"/>				AMEX
<input type="checkbox"/>				VISA
<input type="checkbox"/>				MASTERCARD

For Easy Payment
 Complete Credit Card
 Information or Call
 1-800-782-8399

00100000625034090219802590000000112495