

Los Rios Community College District

Purchasing: (916)568-3071 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: 0000030007 STYLE MEDIA GROUP INC 909 MORMON ST STE 104 FOLSOM CA 95630

email:

PURCHASE ORDER NO 0001119779

Date	Revision	Page
02/15/202	2	1
Payment Te	rms Freight Terms	Ship Via
NET 30	Shipping Point	Best Method
Reference:		Location / Dept
1034277 CA	MPBELLL HANEYB	01ADMN PRES

FOLSOM LAKE COLLEGE Ship To:

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

Line-Sch	Item/Description	Quantity UOM	PO Price	Extended Amt	Due Date
1- 1	STYLE MAGAZINE/STYLE LOCAL REGION EDITION 1/2P ADVERTISEMENT (HCA AND FLC) WITH A DISCOUNT	1.00EA	1,108.00	1,108.00	02/11/2022

PREPAY INVOICE# SR-22-2-78

PAID

CHECK #: 0094824452

Sub Total Amount 2-16-22 1,108.00 DATE: Sales Tax Amount 0.00 **Total PO Amount** ,108.00

AMOUNT: 1108.00

VOUCHER#: 00618398

<u>BU</u> <u>Prog</u> Sub <u>Proj</u> <u>Amount</u> <u>BYear</u> FL.VA.VAPA 70900 00000 1,108.00 2022

0001034277CHAVEZA11-FEB-2022

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 email address: LRCCDpurchase@losrios.com.

https://psreports.losrios.edu/PurchaseOrderInformation.asp

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: STYLE MEDIA GROUP INC

909 MORMON ST STE 104 FOLSOM CA 95630

United States

email:

RECEIVING Ship To:

10 COLLEGE PARKWAY FOLSOM CA 95630-6798

FLC) WITH A DISCOUNT

0000030007

OPEN **Business Unit: GENFD** Reg ID: Date Page 0001034277 01/18/2022 Requisition Name: STYLE MEDIA GROUP Requester Lindsey Campbell Requester Signature

Buyer: Brenda Haney

Approved:

Entered By: CAMPBELL 18-JAN-2022

Line-Schd	Description	Quantity	y UOM	Price	Extended Amt Due Date
1-1	STYLE MAGAZINE/STYLE LOCAL REGION EDITION 1/2P ADVERTISEMENT (HCA AND	1	EA	1,108.00	1,108.00 01/31/2022

1,108.00 Sub-total 0.00 Est. tax

Total Requisition Amount: 1,108.00

PREPAY ATTACHED INVOICE SR-22-2-78 PLEASE SET-UP 2-WAY MATCH

Acct Fd 5890 12 <u>Org</u> <u>Prog</u> <u>Sub</u> FL.VA.VAPA 70900 00000 <u>Proj</u> <u>Amount</u> GENFD 364A 1,108.00

Purchases Charged to Catagorical Programs, Grants or Special Project.

Program Name: Shuttered Venue Operator's Grant

Project Grant: 364A

Program Director: Augustine Chavez Program Goal: COVID Relief, Marketing

Approval Signature	Approval Signature	Approval Signature



Bill To

Style Media Group | 909 Mormon St., Ste. 104 | Folsom, CA 95630

		Date	Invoice #
O College Parkway olsom, CA 95630		1/17/2022	SR-22-2-78
TTN: Lindsey Campbo	ااد		
		Terms	Due Date
		Due upon receipt	1/17/2022
ltem	Description	Rate	Amount
Style Local Regional	Style Magazine/Style Local Regional Edition - 1/2P EDU Advertisement - FEBRUARY 2022 Issue	1,733.00	1,733.00
Discounts	Discounts noted on and subject to terms of clients' Advertising Contract/Insertion Order	-625.00	-625.00
		 Total	\$1,108.00
the 1	received by the due date, all discounts are f x open rate, as per Style Media Group's Ter		-
-	nience, we accept Visa and Mastercard. If y nplete the information below and fax to our		-
please con			-
please con	nplete the information below and fax to our	secure fax: 916 5	-
please con edit Card Numbe	nplete the information below and fax to our	secure fax: 916 5	-
please con edit Card Numbe piration Date on ardholder Name:	nplete the information below and fax to our street to our	secure fax: 916 5	96-2100.
please con redit Card Numbe spiration Date on ardholder Name:	nplete the information below and fax to our street r:Card:	secure fax: 916 5	96-2100.

Invoice