

LIMITED PURCHASE ORDER
 (Not to Exceed \$1000.00)

| | |
|---|--|
| VENDOR NAME AND ADDRESS: Style Media Group 909 Mormon St., Ste. 104 Folsom, CA 95630 | 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 | 2022 El Dorado Hills Chamber of Commerce | 1 | ea | | | 919.00 |
| 2 | Business Directory - 1/2 Page | | | | | |
| 3 | | | | | | |
| 4 | PAID | | | | | |
| 5 | | | | | | |
| 6 | CHECK #: 00094825750 | | | | | |
| 7 | DATE: 3/31/22 | | | | | |
| 8 | | | | | | |
| 9 | AMOUNT: 459.50, 459.50 | | | | | |
| 10 | VOUCHER#: | | | | | |

Purchases Charged to Categorical Programs, Grants or Special Projects
 This purchased is in compliance with the requirements of:
Shuttered Venue Operations Grant

Program Name _____
 For grants/special projects _____
 Program Director/Coord. Signature _____ Project/Grant Number _____
 Program Goal/Objective Number/Explanation _____

| | |
|---|---------------|
| SUB-TOTAL | 919.00 |
| SALES TAX | |
| TOTAL (Not to Exceed \$1000.00) | 919.00 |

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 3.30.22
 REQUESTED BY: _____ TYPED/PRINT _____ DATE _____

Lindsey Campbell 3.30.22
 REQUESTED BY: _____ SIGNATURE _____ DATE _____

APPROVED: _____ DEAN OR OTHER AUTHORIZED SIGNATURE _____ DATE _____

APPROVED: _____ VICE PRESIDENT, ADMINISTRATION _____ DATE _____

Received by _____ Date _____

GENFD 5890 / 12 / FL.VA.VAPA
 Bus. Unit Account Fund Org

70900 / 00000 / 2022 / 364A \$ **459.50**
 Program Sub-Class BY Proj/Grnt Amount

GENFD / 5890 / 11 / FL.CP.OFFC
 Bus. Unit Account Fund Org

99000 / 00000 / 2022 / 041A \$ **459.50**
 Program Sub-Class BY Proj/Grnt Amount



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

Bill To

Invoice

Folsom Lake College
10 College Parkway
Folsom, CA 95630
ATTN: Lindsey Campbell

| Date | Invoice # |
|-----------|-------------|
| 3/14/2022 | EDH- 22-4-3 |

| Terms | Due Date |
|------------------|-----------|
| Due upon receipt | 3/14/2022 |

| Item | Description | Rate | Amount |
|---------------------|---|--------|--------|
| EDH Chamber Dire... | 2022 El Dorado Hills Chamber of Commerce Business Directory - 1/2 Page | 919.00 | 919.00 |

| | |
|--------------|----------|
| Total | \$919.00 |
|--------------|----------|

Thank you so much for your business! We really appreciate it!

If payment is not received by the due date, all discounts are forfeited and advertiser is to pay the 1x open rate, as per Style Media Group's Terms and Conditions.

For your convenience, we accept Visa and Mastercard. If you'd like to pay by credit card, please complete the information below and fax to our secure fax: 916 596-2100.

Credit Card Number: _____

Expiration Date on Card: _____

Cardholder Name: _____

Cardholder Address (including City, State & Zip): _____

Cardholder Signature: _____



Style Media Group
909 Mormon St., Ste. 104
Folsom, CA 95630
916.988.9888
fax: 916.596-2100