

**COMPLETED**

P.O. No. \_\_\_\_\_

Date \_\_\_\_\_

**LIMITED PURCHASE ORDER**  
 (Not to Exceed \$1000.00)

VENDOR NAME AND ADDRESS:	DELIVERY INSTRUCTIONS: <input type="checkbox"/> Deliver to Address Below (Check one) <input type="checkbox"/> Will Call
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ITEM	DESCRIPTION GIVE COMPLETE DESCRIPTION, INCLUDING CAT. NO. & SIZES	ORDERED			UNIT PRICE	TOTAL
		QUANTITY	UNIT	STOCK NO.		
1						
2						
3						
4	<b>PAID</b>					
5						
6	<b>CHECK #: 94827917</b>					
7	<b>DATE: 5-26-22</b>					
8	<b>AMOUNT: 61.06</b>					
9						
10	<b>VOUCHER#:</b>					

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

Program Name	364A
For grants/special projects	Project/Grant Number
<b>SUPPORT HARRIS CENTER OPERATIONS</b>	
Program Goal/Objective Number/Explanation	

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

**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.

Received by	Date

REQUESTED BY: \_\_\_\_\_ TYPED/PRINT \_\_\_\_\_ DATE \_\_\_\_\_

Bus. Unit	Account	Fund	Org		\$	

REQUESTED BY: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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	
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PO BOX 2317  
Jacksonville, FL 32203-2317

SHIPPED TO:  
FOLSOM LAKE COLLEGE  
10 COLLEGE PARKWAY  
ATTN: LEVI THIESSEN  
FOLSOM CA 95630-6798

INVOICE DATE	04/01/22
INVOICE NUMBER	677642704
ACCOUNT NUMBER	779468
ORDER NUMBER	43209685

SOLD TO:  
LOS RIOS COMMU, COLLEGE DIST  
1919 SPANOS CT  
ATTN: ACCTS PAYABLE  
SACRAMENTO CA 95825-3981

FOR INQUIRIES:  
(866) 412-6726 FAX (877) 712-6726  
[www.HomeDepotPro.com/Institutional](http://www.HomeDepotPro.com/Institutional)  
FEDERAL ID 52-2418852

ORDER DATE	ORDER NO.	CUSTOMER P.O.	SHIPPED VIA	TERMS	SALESPERSON
03/29/22	43209685	F4551	DROPSHIP	NET 30 DAYS	GREGORY HANCO

LN	ITEM NO.	CAT	DESCRIPTION	ORDERED	SHIPPED	B/O	UOM	PRICE	EXT	AMT	T
1	517161100137978	248887	3-1/4 6N1 SCREWDRIVER	10	10	0	EA	2.97	29.70	T	
2	517161204153272	HTHKSM14PCN	14PC HEX KEY SET	1	1	0	EA	26.97	26.97	T	

AVAILABILITY & PRICING SUBJECT TO CHANGE  
Expected Delivery is 7-10 DAYS ARO after order.  
Special Order Item Nonreturnable.  
Special Orders may be Subject to  
Freight Charges.  
Quote#: 37691309  
Delivery information for this invoice may be  
found at: [www.HomeDepotPro.com/Institutional](http://www.HomeDepotPro.com/Institutional)

NET MERCHANDISE TOTAL	FREIGHT	HANDLING	TAX @7.750%	INVOICE TOTAL
56.67	0.00	0.00	4.39	61.06

RETAIN THIS PORTION OF THE INVOICE FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR REMITTANCE

ACCOUNT NUMBER	INVOICE DATE	INVOICE NUMBER	INVOICE AMOUNT DUE
779468	04/01/22	677642704	61.06

BILL TO:

LOS RIOS COMMU, COLLEGE DIST  
1919 SPANOS CT  
ATTN: ACCTS PAYABLE  
SACRAMENTO CA 95825-3981

NET AMOUNT PAID	
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REMIT TO:

The Home Depot Pro  
PO BOX 742440  
LOS ANGELES, CA 90074-2440