



**PURCHASE ORDER # CBF-**

VENDOR:

PO Date:

Date Required:

Ordered By:

Requisition #

SHIP TO: FOLSOM LAKE COLLEGE RECEIVING  
10 COLLEGE PARKWAY  
FOLSOM, CA 95630

BILL TO: FOLSOM LAKE COLLEGE  
ATTN: BUSINESS SERVICES  
10 COLLEGE PARKWAY  
FOLSOM, CA 95630

email invoice to: FLC-BSOPurchasing@flc.losrios.edu

Payment Terms: NET 30

Line #	Item/Description	QTY	UOM	PO Price	Extended Amount
	Shipping/Handling (taxable)				

INSTRUCTIONS:

**PLEASE BE ADVISED THAT FOLSOM LAKE COLLEGE RECEIVING HOURS ARE CURRENTLY MONDAY THROUGH THURSDAY 10AM - 1PM UNTIL FURTHER NOTICE**

All shipments, invoices, and correspondence MUST be identified with purchase order number  
Direct all deliveries and delivery documents to SHIP TO address  
Direct all correspondence and invoices to the BILL TO address  
NO PAYMENT will be made without an invoice

Subtotal	
State Tax %	<input type="text"/>
State Tax	
Shipping	
<b>Total PO Amount</b>	

\_\_\_\_\_  
Authorized Signature Date

## CAMPUS-BASED REQUISITION

DATE \_\_\_\_\_  
 VENDOR \_\_\_\_\_ REQ. # CBF \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PO REQUIRED(circle one)    YES            NO  
 CITY \_\_\_\_\_ P.O. # CBF \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DATE REQUIRED \_\_\_\_\_

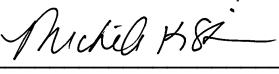
ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

All payments are mailed to vendor directly by the bank (similar to bill pay). No forms or additional paperwork can be included with check. If there is any comment or notation you would like included on the check, include the verbiage in the area provided below. There is a 30 character limit.

Sub-Total	
Sales Tax	
Freight	
<b>TOTAL</b>	

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$  
 Account Name            Bus Unit            Account            Fund            Department            Program            Class            Project            Amount

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \$  
 Account Name            Bus Unit            Account            Fund            Department            Program            Class            Project            Amount

AUTHORIZED _____ <div style="text-align: center; font-size: small;">Club Officer/Requestor</div>	
APPROVED  <div style="text-align: center; font-size: small;">Faculty Advisor/Administrator</div>	

Business Services Use Only	
Budget Checked _____	Vendor ID _____
Voucher # _____	Date _____
Warrant # _____	Date _____



PO Box 841393  
 Dallas, TX 75284-1393  
 Phone: 800-527-7510 Fax: 800-899-0149  
 Visit us at www.bsnsports.com

Order Summary	
Cart #:	9322234
Purchase Order #:	Nike Softball Pants
Cart Name:	Softball Pants 23
Order Date:	11/09/2022
Estimated Delivery:	11/23/2022
Payment Terms:	NT30
Ship Via:	
Ordered By:	Amber Grahman

Contact Your Rep

Brett Lindgren Email: [blindgren@bsnsports.com](mailto:blindgren@bsnsports.com) | Phone: 559-706-9033

**Sold to**  
**2864150**  
**FOLSOM LAKE COLLEGE**  
 LOS RIOS COMMUNITY COLLEGE DIS  
 10 COLLEGE PKWY  
 FOLSOM CA 95630

**Ship To**  
**2864150**  
**FOLSOM LAKE COLLEGE**  
 Amber Grahman Softball  
 LOS RIOS COMMUNITY COLLEGE DIS  
 10 COLLEGE PKWY  
 FOLSOM CA 95630

**Payer**  
**2864150**  
**FOLSOM LAKE COLLEGE**  
 LOS RIOS COMMUNITY COLLEGE DIS  
 10 COLLEGE PKWY  
 FOLSOM CA 95630

Item Description	Qty	Unit Price	Total
<b>010 - BLACK-WOMENS VAPOR SELECT SOFTBALL PANT</b>	27 EA	\$ 26.75	\$ 722.25
Item # - NKA6718			
SML 12			
MED 6			
LRG 5			
XLG 2			
XXL 2			

Subtotal:	\$722.25
Other:	\$0.00
Freight:	\$57.78
Sales Tax:	\$55.99
Order Total:	\$836.02
Payment/Credit Applied:	\$0.00
<b>Order Total:</b>	<b>\$836.02</b>