



Coastline Community College  
 FOUNDATION  
 11460 Warner Avenue  
 Fountain Valley, CA 92708-2597  
 (714) 241-6154

This complete purchase order letter and number must appear on all packages, letters, and correspondence.

Prepared by: KHUE VU Phone: ( ) x 16154 Date: 10/05/11

| VENDOR INFORMATION |  | Special Instructions: |
|--------------------|--|-----------------------|
| Name:              | <u>COMET SCHOOL SUPPLIES, INC</u>                |                       |
| Address:           | <u>2015 Tile Factory Road</u>                    |                       |
| City/State/Zip:    | <u>Palestine, TX 75801</u>                       |                       |
| Attention:         | <u>RICK LAMBRIGHT</u>                            |                       |
| Phone:             | <u>(903) 729-3108</u> FAX: <u>(903) 729-3989</u> |                       |

| QUANTITY | UNIT | ITEMS AND DESCRIPTION | UNIT PRICE   | AMOUNT               |
|----------|------|-----------------------|--------------|----------------------|
| 48       |      | 11x4 Tall Tales       | \$1.10       | \$52.80              |
|          |      |                       | Sub-total    | \$52.80              |
|          |      |                       | Tax          |                      |
|          |      |                       | Shipping     | \$20.00 <i>apprc</i> |
|          |      |                       | <b>Total</b> | <b>\$72.80</b>       |

|  |  |
|--|--|
| Account Name:<br><u>OFFICE SUPPLIES</u>  | <b>APPROVALS</b>                                     |
| Account Number:<br><u>2-01-5025-0000</u> |  |
|  | Project Administrator Approval<br><i>[Signature]</i> |
|  | Foundation Approval<br><i>[Signature]</i>            |

**GENERAL INSTRUCTIONS TO VENDOR:**

1. Invoices must be submitted in duplicate.
2. Purchase Order number must appear on all invoices, delivery slips, packages, and correspondence.

| Office Use Only |       |
|-----------------|-------|
| Check #         | _____ |
| Issue Date      | _____ |



**Request for Direct Pay/Invoice**

Direct Pay Request #: 0761

Date: 06/25/12

**Payment Information:**

Vendor # C02225151 5402

Name: Amelia Schulz

Address: 2895 American Way

Quincy, CA 95971

Attention: \_\_\_\_\_

Phone: 530-386-3474

**Special Instructions for Fiscal Services:**

Mail check to Amelia Schulz

2895 American Way

Quincy, CA 95971

**Requirements that need to be completed in order to receive payment:**

1. Invoice Attached-Sign & Date Invoice as OK to pay
2. Original Reimbursement Receipts attached
3. Project Administrator Approval Below

**Budget Information:**

Account Name: BESAC

Account Number: 2-02-5010-4244

Direct Pay Request: \$540.17

**Items & Descriptions:**

BESAC Advisory Board Member

Conference travel San Diego

I, the undersigned, agree that the above information is correct.

*Spencer Law (I. Marin)*  
Requestor's Signature

BESAC Standard Reimbursement form,  
Hotel receipt, meal reimbursement  
per diem, airfare receipt, mileage, parking

**OK To Pay:**

*Nancy Jones*  
Project Administrator Approval

*Amelia Schulz*  
Foundation Approval

*Nick Hill*  
Signature of V.P., Admin. Serv./Fiscal Serv. Dir.

|                   |                                     |                  |
|-------------------|-------------------------------------|------------------|
| Please Select One | <input checked="" type="checkbox"/> |                  |
| Contract Ed       | <input type="checkbox"/>            |                  |
| Foundation        | <input checked="" type="checkbox"/> | Office Use Only  |
| ISD               | <input type="checkbox"/>            | Check # _____    |
| SAC               | <input type="checkbox"/>            | Issue Date _____ |