CITY COLLEGE OF SAN FRANCISCO
REQUISITION FOR SUPPLIES, SERVICES AND EQUIPMENT

FOR QUESTIONS, CONTACT: Letha Higgins PHONE NO: (415) 239-3303 EMAIL: lhiggins

VENDOR NAME: Robert Jensen
STREET: 321 N. Marine Drive

CITY: Coupeville STATE: WA ZIP:

CONTACT PERSON:
PHONE: ( ) FAX: ( )

PAGE 1 OF TERMS

SHIP TO:
DEPARTMENT: Office of the Chancellor CAMPUS: Ocean/Phelan
STREET: 50 Phelan Avenue, Room E200

CITY: San Francisco STATE: CA ZIP: 94112
ATTN: Letha Higgins PHONE: 415-239-3303

SHIP TO CODE

<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>QTY UNIT</th>
<th>COMMODITY CODE</th>
<th>DESCRIPTION (GENERIC NOUN, DESCRIPTION, MANUFACTURER, MODEL/STOCK NO.)</th>
<th>UNIT PRICE</th>
<th>EXTENDED AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>DIRECT PAYMENT</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Honorarium</td>
<td>$2,400.00</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Board of Trustee Workshop/Retreat held on March 7, 2013 at the Chinatown/North Beach Center.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Travel and Lodging (receipts attached)</td>
<td>1,341.30</td>
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</table>

ATTACH ANY QUOTES, SCREEN PRINTS, OR CATALOG PAGES.
I certify that all orders or payment requested are for appropriate purpose and in accordance with provisions of the application and funding.

BUYER CODE:

SHIPPING CHARGE (IF ANY)
TOTAL OF ADDENDUMS
SUB-TOTAL
SALES TAX
GROSS TOTAL $3,741.30

DEPARTMENT/PROGRAM SIGNATURE:
Thelma Scott-Skillman, Interim Chancellor
SIGN & PRINT NAME DATE: 5-29-13

COLLEGE APPROPRIATION NUMBER

<table>
<thead>
<tr>
<th>FUND</th>
<th>ORGN</th>
<th>ACCT</th>
<th>PROG</th>
<th>ACTV</th>
<th>AMOUNT</th>
<th>PERCENT</th>
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<td>6600</td>
<td>S</td>
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<td>6600</td>
<td>S</td>
<td>$1,341.30</td>
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</table>

- For amounts over $2,000 allow sufficient time for bid process.
- An "NSF" condition will delay your order.

Grant Accountant's Approval
ITS Approval

REQUIRIM 1998 COST/BIDBO

ORIGINAL - TO PURCHASING DEPT.