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:** Susan Lamb (428-31-0822)  
**STREET:** 529 Balva Drive  
**CITY:** El Cerrito  
**STATE:** CA  
**ZIP:** 94530  
**CONTACT PERSON:**  
**PHONE:** ( )  
**FAX:** ( )

**SHIP TO:**  
**DEPARTMENT:** Letha Higgins  
**CAMPUS:** Ocean/Phelan  
**STREET:** 50 Phelan Avenue, Room E200  
**CITY:** San Francisco  
**STATE:** CA  
**ZIP:** 94112  
**ATTN:** Letha Higgins  
**PHONE:** 415-239-3303

<table>
<thead>
<tr>
<th>ITEM NO</th>
<th>QTY UNIT</th>
<th>COMMODITY CODE</th>
<th>DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>EXTENDED AMOUNT</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>DIRECT PAYMENT</td>
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<td></td>
<td></td>
<td></td>
<td>Honorarium</td>
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<td>$300.00</td>
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<td></td>
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<td></td>
<td>Presentation at the December 11, 2012 Leadership Team Meeting (For Professional Development)</td>
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**SHIPPING CHARGE (IF ANY)**  
**TOTAL OF ADDENDUMS**  
**SUB-TOTAL**  
**SALES TAX**  
**GROSS TOTAL** $300.00

I certify that all orders or payment requested are for appropriate purpose and in accordance with provisions of the application and funding.

**BUYER CODE:**  
**RE: Cool**

**DEPARTMENT/PROGRAM SIGNATURE:**  
**SIGN & PRINT NAME:** Dr. Thelma Scott-Skillman, Interim Chancellor  
**DATE:** 12-14-2012

**SHARED AREAS FOR PURCHASING DEPARTMENT USE ONLY**

<table>
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<tr>
<th>FUND</th>
<th>ORGN</th>
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<th>PROG</th>
<th>ACTV</th>
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<td>6600</td>
<td>S</td>
<td>$300.00</td>
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</table>

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

**Gerard Accountant's Approval**  
**ITS Approval**

**ORIGINAL TO PURCHASING DEPT**

**SEE OTHER SIDE FOR INSTRUCTIONS**