

<b>SHIP TO: DEPARTMENT OF TRANSPORTATION</b>				<b>DATE PREPARED</b> 2/15/2007		<b>BILLING CODE</b> 60017	
<b>OFFICE NAME</b> Office of Electrical, Mechanical, Water & Wastewater Engineering				<b>PURCHASE REQUEST NO.</b> EMWW07030		<b>CONTRACT, CMAS, PRICE SCHED., OR DELEGATION NO.</b> (REQUIRED AUTHORITY)	
1801 30th STREET				<b>I.C. NO. (as required)</b>		<b>PURCHASE ORDER NO. (To be completed by Purchasing Branch)</b>	
MS 9-3/11H				<b>ISSC APPROVAL (Signature)</b>		<b>ISSC PHONE NO.</b>	
<b>CONTACT</b> LAURA L. HAGGARD		<b>M.S.</b> 9-3/11H	<b>ROOM #</b>	<b>PHONE</b> 916-227-8596		<b>FAX:</b> 916-227-8157	
<b>VENDOR NAME</b> FRANK MARCHELLO CO., INC.				<b>FOR CAL-CARD PURCHASES ONLY: (PRINT)</b>			
21810 E. BUCKSKIN DRIVE				<b>CARDHOLDER NAME:</b> MARK HEDGLIN		<b>PHONE:</b> 916-227-8541	
CITY: WALNUT STATE: CA ZIP CODE: 91789				<b>MAIL INVOICE IN TRIPLICATE TO:</b> DEPARTMENT OF TRANSPORTATION MAIL STATION MS 9-3/11H			
<b>VENDOR CONTACT:</b>				<b>PHONE:</b> 909-594-5108		<b>BUSINESS PHONE:</b> 916-227-8596	
<b>FAX:</b> 909-594-4397				<b>CITY:</b> SACRAMENT		<b>ST:</b> CA	
<b>S/B</b>		<b>MBE</b>		<b>WBE</b>		<b>DVBE</b>	
<b>FEIN</b>							

DATE WANTED	SHIP VIA	F.O.B.	Terms		
	1801 30th St - MS #9				
QUANTITY	UNIT	PIN NUMBER (if known)	GIVE FULL DESCRIPTION - Catalog Reference, Form No., Specs, etc.)	UNIT PRICE	EXTENSION
1	EA	S10	DESK CLOCK SET	\$87.77	\$87.77
1	EA		35 YEAR CERTIFICATE FOR TOM H. HATAM 07/19/2007		\$0.00
VISA PURCHASE					

<b>REQUESTED BY (Please Print)</b> LAURA HAGGARD/TOM HATAM	<b>BUSINESS PHONE</b> 916-227-8596	<b>DATE RECEIVED</b>	<b>SUB-TOTAL</b>	\$87.77
<b>REQUESTED BY (Signature)</b>		<b>RECEIVED BY (SIGNATURE)</b>	<b>TRADE DISCOUNT</b>	
<b>CONTACT PERSON, for questions on item(s) ordered. (if different from requester)</b> LAURA L. HAGGARD	<b>BUSINESS PHONE</b> 916-227-8596	<b>BUSINESS PHONE</b> 916-227-8337	<b>FREIGHT</b>	
<b>APPROVED BY (Please Print)</b> J. STEPHEN SCHOFF	<b>APPROVED BY (Signature)</b> 	<b>DATE</b> 2/15/07	<b>SALES TAX</b>	\$6.80
			<b>TOTAL</b>	\$94.57

ALTERNATE PRICE(S)	DATE	COMPANY NAME	PERSON CONTACTED	CODE	PHONE NUMBER
QUOTATION #1					
\$					
QUOTATION #2					
\$					

SOURCE	CHG. DIST.	EXPENDITURE AUTHORIZATION	SUB-JOB	SPECIAL DESIGNATION	F.A.	AGCY. OBJ.	AMOUNT	FFY
59	021	59	910076	625YR	7	044	\$94.57	2007

DATE Received