

# MAYFIELD VILLAGE REQUISITION

PO # \_\_\_\_\_

REG. #: PD001060

VENDOR # - 4116

DEPT. PD

DATE- 01/12/18

VENDOR NAME: 911 CELLULAR, LLC

BILLING ADDRESS 1 - \_\_\_\_\_

ADDRESS 2- \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE- \_\_\_\_\_ CONTACT- \_\_\_\_\_

TIN- \_\_\_\_\_

### ITEM / SERVICE:

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT
		FOR 911 CELLULAR		\$ 7,000.00

JUSTIFICATION OF NEED: FOR 911 CELLULAR

ACCOUNT # 101-111-50350

AMOUNT: \$ 7,000.00

REQUESTED BY: Maura McKinley/mrm

DEPT. APPROVAL: 

MAYORS APPROVAL- \_\_\_\_\_

CLERK: \_\_\_\_\_ (Certification of Council Approval)

FINANCE DIRECTOR INITIAL: \_\_\_\_\_ NOTES- Council 1.29.18