

**MAYFIELD VILLAGE REQUISITION**

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

REQ. #: 37240

VENDOR #: 3319

DEPT.: FIN

DATE: 1.9.18

VENDOR NAME: Chapman and Chapman

BILLING ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

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

PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_

TIN: \_\_\_\_\_

**ITEM / SERVICE:**

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT
		Annual Fee - Health Insurance Consultants - 2018		14400.00

JUSTIFICATION OF NEED: \_\_\_\_\_

ACCOUNT #: 101.790.50350

AMOUNT: 14400.00

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REQUESTED BY: *Jubeta*

DEPT. APPROVAL: \_\_\_\_\_

MAYOR'S APPROVAL: \_\_\_\_\_

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

FINANCE DIRECTOR INITIAL: \_\_\_\_\_ NOTES: \_\_\_\_\_

1.29.18 Council