

MAYFIELD VILLAGE REQUISITION

PO #: _____

REQ. #: 38680

VENDOR #: 4206 DEPT.: FIRE

DATE: 2/4/19

VENDOR NAME: City of Shaker Heights

BILLING ADDRESS 1: _____

ADDRESS 2: _____

CITY, STATE, ZIP: _____

PHONE: _____ CONTACT: _____

TIN: _____

ITEM / SERVICE:

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT
		HHTBT 2019 Annual Contribution		\$5400 ⁰⁰

JUSTIFICATION OF NEED: Annual Tech Team Contribution Approved by Council Ordinance 2016-30

ACCOUNT #: 101.121.50390

AMOUNT: _____

REQUESTED BY: _____

DEPT. APPROVAL: _____

MAYOR'S APPROVAL: _____

CLERK: _____ (Certification of Council Approval)

FINANCE DIRECTOR INITIAL: _____ NOTES: _____

SHAKER HEIGHTS FIRE DEPARTMENT
17000 CHAGRIN BLVD
SHAKER HEIGHTS, OH 44120-3728



INVOICE

Invoice Date	Invoice No.
01/25/2019	31222
Customer Number	
14692	
Invoice Total Due	
\$5,400.00	
Amount Paid	

Due upon receipt

MAYFIELD VILLAGE
6622 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143

Parcel No.

Detach and return above portion with your remittance.

City of Shaker Heights, Shaker Heights, Ohio

Invoice Date 01/25/2019

Customer Number 14692

Description	Quantity	Price	UOM	Original Bill	Adjustment	Paid	Amount Due
HHTRT ANNUAL BASE CONTRIBUTION	1.00	\$5,400.00	EACH	\$5,400.00	\$0.00	\$0.00	\$5,400.00

**Please include Invoice Number on your check.
Make checks payable to: City of Shaker Heights.**

Invoice Total:

\$5,400.00

We now accept Master Card, Visa and Discover Card. If service is no longer required, forward a letter authorizing us to remove our equipment. For any questions call Diane Burk at 216-491-3252.

DEPARTMENT COPY

900



SHAKER HEIGHTS FIRE DEPARTMENT
17000 CHAGRIN BLVD
SHAKER HEIGHTS, OH 44120-3728

FORWARDING SERVICE REQUESTED

MAYFIELD VILLAGE
6622 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143