

MAYFIELD VILLAGE REQUISITION

PO #: _____

REQ. #: 37750

VENDOR #: 00702 DEPT.: Finance

DATE: 1-29-19

VENDOR NAME: Bureau of Workers Compensation

BILLING ADDRESS 1: _____

ADDRESS 2: _____

CITY, STATE, ZIP: _____

PHONE: _____

CONTACT: _____

TIN: _____

ITEM / SERVICE:

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT

JUSTIFICATION OF NEED: 2018 Turn-up Report

ACCOUNT #: _____

AMOUNT: _____

101.790.50124
go thru rebate

\$13,054⁰⁰
- 1,357⁰⁰

\$ 11,697⁰⁰

REQUESTED BY: *Ronald C. [Signature]*

DEPT. APPROVAL: _____

MAYOR'S APPROVAL: _____

CLERK: _____ (Certification of Council Approval)

FINANCE DIRECTOR INITIAL: _____ NOTES: _____

February Council