

MAYFIELD VILLAGE REQUISITION

PO #: _____

REQ. #: 39609

VENDOR #: 3032 DEPT.: Rec

DATE: 8/1/17

VENDOR NAME: Sal Chemical

BILLING ADDRESS 1: _____

ADDRESS 2: _____

CITY, STATE, ZIP: _____

PHONE: _____ CONTACT: _____

TIN: _____

ITEM / SERVICE:

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT
		Chemical for Parkview Pool		\$3000. ⁰⁰

JUSTIFICATION OF NEED: _____

ACCOUNT #: 101.341.50405

AMOUNT: \$3000.⁰⁰

REQUESTED BY: DE

DEPT. APPROVAL: SM

MAYOR'S APPROVAL: _____

CLERK: _____ (Certification of Council Approval)

FINANCE DIRECTOR INITIAL: _____ NOTES: For Council Approval

