

MAYFIELD VILLAGE REQUISITION

PO #: _____

REQ. #: 46641

VENDOR #: 3354 DEPT.: FIN

DATE: 1.1.23

VENDOR NAME: Community Partnership on Aging

BILLING ADDRESS 1: 1370 Victory Dr

ADDRESS 2: _____

CITY, STATE, ZIP: South Euclid Oh 44121

PHONE: _____

CONTACT: _____

TIN: _____

ITEM / SERVICE:

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT
		8023 CPA renewal		2 30,000
		not to exceed		

JUSTIFICATION OF NEED: _____

ACCOUNT #: 101.761.50351

AMOUNT: 2
30,000

REQUESTED BY: _____

DEPT. APPROVAL: _____

MAYOR'S APPROVAL: _____

CLERK: _____ (Certification of Council Approval)

FINANCE DIRECTOR INITIAL: _____ NOTES: _____

