

MAYFIELD VILLAGE REQUISITION

PO #: _____

REQ. #: 46966

VENDOR #: 04543 DEPT.: Parks

DATE: 1/3/23

VENDOR NAME: Rookie Sports

BILLING ADDRESS 1: _____

ADDRESS 2: _____

CITY, STATE, ZIP: _____

PHONE: _____ CONTACT: _____

TIN: _____

ITEM / SERVICE:

QUANTITY	UNIT	DESCRIPTION	PRICE/UNIT	AMOUNT
		Rookie Sports program		\$55,000.00
		Pass through - Not to exceed		

JUSTIFICATION OF NEED: _____

Not to exceed

ACCOUNT #: 101313 50352

AMOUNT: \$55,000.00

REQUESTED BY: *Shane Moran*

DEPT. APPROVAL: *Shane Moran*

MAYOR'S APPROVAL: _____

CLERK: _____ (Certification of Council Approval)

FINANCE DIRECTOR INITIAL: _____ NOTES: for Council

