

P-CARD PURCHASE REQUISITION FORM

I. REQUISITION

TODAY'S DATE	DATE NEEDED	MANAGER NAME	FY	DEPT.	DIVISION	DIVISION #
8/31/2020		John Bolinger	21	D210	Logist & Warehouse	2180

II. PROCUREMENT

VENDOR NAME	ITEM OR SERVICE REQUESTED
Enterprise	Vehicle Rentals for Elections

	FUND	AGENCY	UNIT	ACTIVITY	APPROP	OBJECT CODE	TOTAL (\$)
LINE1	100	D210	2180	ELEC	1000	8201	\$ 1,932.12
LINE2	100	D210	2180	ELEC	1000	8201	\$ 1,896.63
LINE3							
							\$ 3,828.75

P-CARD (NC)	
NV	
LQ	
BidSync #	
SS	
CL	

PROCURER SIGNATURE	DATE	RECONCILED SIGNATURE	DATE
<i>Joseph Rodenback</i>	8/31/2020		

III. BUDGET

BUDGET SIGNATURE	DATE

Accounts Receivable ^A

Invoices ^I

Cash Box ^B



Payments MARICOPA COUNTY (L509485)

Credit Card

Credit Card Number:

Expiration Date:

Card Holders Name:

Card Brand:

*****7203

0123

joseph rodenback

VISA

Card Type:

Transaction Type:

Amount:

Auth Number:

Cards on File:

CREDIT CARD

PAYMENT

3,828.75

--SELECT--

Applied Payments

Invoice#	Ticket #	Bill
650039458502	9FJWPP	Ma
650039458035	9FK27L	Ma

Info Messages -- Webpage Dialog

Select OK to continue.

- Payments
 - Credit Card Sale complete. Total of \$3,828.75 was charged.

OK

Amount	Payment	
\$1,932.12	1,932.12	X
\$1,896.63	1,896.63	X
Add New Line		

Totals

\$3,828.75

\$3,828.75

Apply Payments

Swipe Again

Cancel



330 N 24TH ST
PHOENIX, AZ 85008-6012

Rental Agreement #:
Bill Ref #:
Invoice Date:
Account #:

9FJWPP
6500-3945-8502
07/20/2020
L509485

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	4 WK	450.00	1,800.00
EXCESS DISTANCE CHARGE	172 DIS	0.20	34.40
DEF	1 RNT	6.00	6.00
Subtotal			1,840.40
VEHICLE LICENSE SURCHARGE	PCT	5.00	91.72

BILL TO

Maricopa Integrated Health System
ATTN: Sophia Deal
2611 EAST PIERCE ST
PHOENIX, AZ - 85003--2438

RENTAL INFORMATION

Date/Time Out
06/19/2020 07:03 AM

Date/Time In
07/17/2020 06:59 AM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out In
WHITE	CL22034	43CA	7R0VBH	67,605 67,777

VIN: 3HAMMMML9KL159103

CLAIM INFORMATION

Claim# / PO# / RO# Insured

Date of Loss Type of Loss Type of Vehicle

Repair Shop

Amount Due (USD)

1,932.12

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

For Billing Inquiries / Payment Terms :

Tel#: +1 6023743830
GP50EFTAR@erac.com
Payment Due within 30 days of invoice date
Late payments are subject to a finance charge.



Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Amount Due (USD) 1932.12

Remit To :
ENTERPRISE LEASING COMPANY OF PHOENIX, LLC
PO BOX 847178
DALLAS, TX 75284-

Paid By:
Maricopa Integrated Health System
2611 EAST PIERCE ST
PHOENIX, AZ 85003-2438

Email Remit To: AskNationalPayments@ehi.com

Fed Tax Id: 86-0408806

Account #
L509485

Rental Agreement
9FJWPP

Amount
1932.12

GPBR
508T



330 N 24TH ST
PHOENIX, AZ 85008-6012

Rental Agreement #:
Bill Ref #:
Invoice Date:
Account #:

9FK27L
6500-3945-8035
07/20/2020
L509485

BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	4 WK	450.00	1,800.00
EXCESS DISTANCE CHARGE	3 DIS	0.20	0.60
DEF	1 RNT	6.00	6.00
Subtotal			1,806.60
VEHICLE LICENSE SURCHARGE	PCT	5.00	90.03

BILL TO

Maricopa Integrated Health System
ATTN: Sophia Deal
2611 EAST PIERCE ST
PHOENIX, AZ - 85003--2438

RENTAL INFORMATION

Date/Time Out
06/19/2020 07:01 AM

Date/Time In
07/17/2020 06:59 AM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	In
WHITE	CL66401	268A	7TXG8L	15,595	15,598

VIN: 5PVDJ8JV5L5S78833

CLAIM INFORMATION

Claim# / PO# / RO# Insured

Date of Loss Type of Loss Type of Vehicle

Repair Shop

Amount Due (USD)

1,896.63

Individual line item charges such as rental rates for Time and Distance, percentage-based charges (e.g., sales taxes and fees or surcharges), and charges divided between multiple parties may be rounded up or down a whole cent to ensure that the charges equal the actual Total Amount Due and/or to avoid fractional cents.

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Tel#: +1 6023743830
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Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Amount Due (USD) 1896.63

Remit To :
ENTERPRISE LEASING COMPANY OF PHOENIX, LLC
PO BOX 847178
DALLAS, TX 75284-

Paid By:
Maricopa Integrated Health System
2611 EAST PIERCE ST
PHOENIX, AZ 85003-2438

Email Remit To: AskNationalPayments@ehi.com

Fed Tax Id: 86-0408806

Account #
L509485

Rental Agreement
9FK27L

Amount
1896.63

GPBR
508T