

## P-CARD PURCHASE REQUISITION FORM

### I. REQUISITION

TODAY'S DATE	DATE NEEDED	MANAGER NAME	FY	DEPT.	DIVISION	DIVISION #
9/9/2020		John Bolinger	21	D210	Logist & Warehouse	2180

### II. PROCUREMENT

VENDOR NAME	ITEM OR SERVICE REQUESTED
Enterprise	QTY: 8 - Vehicle Rentals for Elections

	FUND	AGENCY	UNIT	ACTIVITY	APPROP	OBJECT CODE	TOTAL (\$)
LINE1	100	D210	2180	ELEC	ELE1	8201	\$ 9,594.80
LINE2							
LINE3							
							\$ 9,594.80

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

PROCURER SIGNATURE	DATE	RECONCILED SIGNATURE	DATE
Joseph Rodenback	9/9/2020		

### 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 Holder's Name:

Card Brand:

\*\*\*\*\*7203

0123

joseph rodenback

VISA

Card Type:

Transaction Type:

Amount:

Auth Number:

Cards on File:

CREDIT CARD

PAYMENT

9,594.80

--SELECT--

Applied Payments

Invoice#	Ticket #	Bill	Amount	Payment
650039617256	9K0DTV	Ma	\$1,271.60	1,271.60
650039617200	9JZMMS	Ma	\$1,271.60	1,271.60
650039690940	9MBKTP	Ma	\$1,271.60	1,271.60
650039617498	9KDF4T	Ma	\$1,156.00	1,156.00
650039617453	9KDQ4R	Maricopa Integrated Health Sys	\$1,156.00	1,156.00
650039616763	9JZYZ7	Maricopa Integrated Health Sys	\$1,156.00	1,156.00

## Info Messages -- Webpage Dialog

Select OK to continue.

- Payments
  - Credit Card Sale complete. Total of \$9,594.80 was charged.

OK

Totals

\$9,594.80

\$9,594.80

Apply Payments

Swipe Again

Cancel



330 N 24TH ST  
PHOENIX, AZ 85008-6012

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

9JZMMS  
6500-3961-7200  
07/31/2020  
L509485

#### BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	2 DAY	50.00	100.00
TIME & DISTANCE	4 WK	250.00	1,000.00
Subtotal			1,100.00
TRANSACTION PRIVILEGE TAX	PCT	10.60	116.60
VEHICLE LICENSE SURCHARGE	PCT	5.00	55.00

#### BILL TO

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

#### RENTAL INFORMATION

Date/Time Out  
07/01/2020 10:07 AM

Date/Time In  
07/31/2020 07:00 AM

Renter  
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

#### RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	In
WHITE	64879V2	E25C	7SB289	11,220	11,954

VIN: 1GCVGAFP7L1126788

#### CLAIM INFORMATION

Claim# / PO# / RO#	Insured
Date of Loss	Type of Loss
	Type of Vehicle
	Repair Shop

#### Amount Due (USD)

1,271.60

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) 1271.60

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  
9JZMMS

Amount  
1271.60

GPBR  
508T



330 N 24TH ST  
PHOENIX, AZ 85008-6012

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

9JZYZ7  
6500-3961-6763  
07/31/2020  
L509485

#### BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	4 WK	250.00	1,000.00
Subtotal			1,000.00
VEHICLE LICENSE SURCHARGE	PCT	5.00	50.00
TRANSACTION PRIVILEGE TAX	PCT	10.60	106.00

#### BILL TO

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

#### RENTAL INFORMATION

Date/Time Out  
07/01/2020 10:04 AM

Date/Time In  
07/29/2020 07:00 AM

Renter  
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

#### RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out In
WHITE	CJ48924	E25C	7TJVVY3	10,727 11,065

VIN: 1GCVGAFP4L1143435

#### CLAIM INFORMATION

Claim# / PO# / RO#      Insured

Date of Loss      Type of Loss      Type of Vehicle

Repair Shop

#### Amount Due (USD)

1,156.00

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Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Amount Due (USD) 1156.00

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  
9JZYZ7

Amount  
1156.00

GPBR  
508T



330 N 24TH ST  
PHOENIX, AZ 85008-6012

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

9K0DTV  
6500-3961-7256  
07/31/2020  
L509485

#### BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	4 WK	250.00	1,000.00
TIME & DISTANCE	2 DAY	50.00	100.00
Subtotal			1,100.00
TRANSACTION PRIVILEGE TAX	PCT	10.60	116.60
VEHICLE LICENSE SURCHARGE	PCT	5.00	55.00

#### BILL TO

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

#### RENTAL INFORMATION

Date/Time Out  
07/01/2020 10:14 AM

Date/Time In  
07/31/2020 07:00 AM

Renter  
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

#### RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	In
WHITE	CK91676	T1LC	7SD4BP	20,035	20,574

VIN: 1FTYE1ZM4KKB11738

#### CLAIM INFORMATION

Claim# / PO# / RO#	Insured
Date of Loss	Type of Loss
	Type of Vehicle
	Repair Shop

#### Amount Due (USD)

1,271.60

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  
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Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Amount Due (USD) 1271.60

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  
9K0DTV

Amount  
1271.60

GPBR  
508T



330 N 24TH ST  
PHOENIX, AZ 85008-6012

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

**9KDF4T**  
**6500-3961-7498**  
**07/31/2020**  
**L509485**

#### BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	4 WK	250.00	1,000.00
Subtotal			1,000.00
TRANSACTION PRIVILEGE TAX	PCT	10.60	106.00
VEHICLE LICENSE SURCHARGE	PCT	5.00	50.00

#### BILL TO

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

#### RENTAL INFORMATION

**Date/Time Out**  
07/02/2020 01:14 PM

**Date/Time In**  
07/30/2020 07:00 AM

**Renter**  
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

#### RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	In
WHITE	CL97631	E25C	7SCV1R	12,679	13,542

**VIN:** 1GCVGAFPXL1130687

#### CLAIM INFORMATION

Claim# / PO# / RO#	Insured
Date of Loss	Type of Loss
	Type of Vehicle
	Repair Shop

#### Amount Due (USD)

**1,156.00**

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Tel#: +1 6023743830  
GP50EFTAR@erac.com  
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**Thank You For Choosing Enterprise**

#### Please Return This Portion With Remittance

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

**Email Remit To:** AskNationalPayments@ehi.com

**Fed Tax Id:** 86-0408806

**Account #**  
L509485

**Rental Agreement**  
9KDF4T

**Amount**  
1156.00

**GPBR**  
508T

#### Amount Due (USD)

1156.00

#### Paid By:

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



330 N 24TH ST  
PHOENIX, AZ 85008-6012

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

**9KDQ4R**  
**6500-3961-7453**  
**07/31/2020**  
**L509485**

#### BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	4 WK	250.00	1,000.00
Subtotal			1,000.00
TRANSACTION PRIVILEGE TAX	PCT	10.60	106.00
VEHICLE LICENSE SURCHARGE	PCT	5.00	50.00

#### BILL TO

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

#### RENTAL INFORMATION

**Date/Time Out**  
07/02/2020 01:13 PM

**Date/Time In**  
07/30/2020 07:00 AM

**Renter**  
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

#### RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out In
WHITE	CH28266	T1LC	7SR8LS	20,919 21,694

**VIN:** 1FTYE1ZM6KKB12051

#### CLAIM INFORMATION

Claim# / PO# / RO#	Insured
Date of Loss	Type of Loss
	Type of Vehicle
	Repair Shop

#### Amount Due (USD)

**1,156.00**

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

**Email Remit To:** AskNationalPayments@ehi.com

**Fed Tax Id:** 86-0408806

**Account #**  
L509485

**Rental Agreement**  
9KDQ4R

**Amount**  
1156.00

**GPBR**  
508T

#### Amount Due (USD)

1156.00

#### Paid By:

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



330 N 24TH ST  
PHOENIX, AZ 85008-6012

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

**9KDWF2**  
**6500-3961-4470**  
**07/31/2020**  
**L509485**

#### BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	4 WK	250.00	1,000.00
Subtotal			1,000.00
VEHICLE LICENSE SURCHARGE	PCT	5.00	50.00
TRANSACTION PRIVILEGE TAX	PCT	10.60	106.00

#### BILL TO

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

#### RENTAL INFORMATION

**Date/Time Out**  
07/02/2020 01:13 PM

**Date/Time In**  
07/30/2020 06:59 AM

**Renter**  
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

#### RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out In
WHITE	CM13092	T1LC	7SFP4C	10,128 11,806

**VIN:** 1FTYE1ZMXKKB65805

#### CLAIM INFORMATION

Claim# / PO# / RO#	Insured
Date of Loss	Type of Loss
	Type of Vehicle
	Repair Shop

#### Amount Due (USD)

**1,156.00**

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DALLAS, TX 75284-

**Email Remit To:** AskNationalPayments@ehi.com

**Fed Tax Id:** 86-0408806

**Account #**  
L509485

**Rental Agreement**  
9KDWF2

**Amount**  
1156.00

**GPBR**  
508T

#### Amount Due (USD)

1156.00

#### Paid By:

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





330 N 24TH ST  
PHOENIX, AZ 85008-6012

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

9MBKTP  
6500-3969-0940  
08/06/2020  
L509485

#### BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	4 WK	250.00	1,000.00
TIME & DISTANCE	2 DAY	50.00	100.00
Subtotal			1,100.00
TRANSACTION PRIVILEGE TAX	PCT	10.60	116.60
VEHICLE LICENSE SURCHARGE	PCT	5.00	55.00

#### BILL TO

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

#### RENTAL INFORMATION

Date/Time Out  
07/07/2020 07:00 AM

Date/Time In  
08/06/2020 06:59 AM

Renter  
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

#### RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out	In
WHITE	AGYV09	E25C	7S7YSS	17,873	19,789

VIN: 1GCVGAFPL1116420

#### CLAIM INFORMATION

Claim# / PO# / RO#	Insured
Date of Loss	Type of Loss
	Type of Vehicle
	Repair Shop

#### Amount Due (USD)

1,271.60

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#### For Billing Inquiries / Payment Terms :

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Please Return This Portion With Remittance

Amount Due (USD) 1271.60

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  
9MBKTP

Amount  
1271.60

GPBR  
508T



330 N 24TH ST  
PHOENIX, AZ 85008-6012

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

**9JZDZG**  
**6500-3961-6612**  
**07/31/2020**  
**L509485**

#### BILLING DETAIL

Description	Qty/Per	Rate	Amount
TIME & DISTANCE	4 WK	250.00	1,000.00
Subtotal			1,000.00
TRANSACTION PRIVILEGE TAX	PCT	10.60	106.00
VEHICLE LICENSE SURCHARGE	PCT	5.00	50.00

#### BILL TO

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

#### RENTAL INFORMATION

**Date/Time Out**  
07/01/2020 10:03 AM

**Date/Time In**  
07/29/2020 07:00 AM

**Renter**  
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

#### RENTAL VEHICLES

Color	License	Model	Unit	Miles/Kms Out In
WHITE	CLY4021	NV20	8CM1B7	10,824 11,910

**VIN:** 3N6CM0KN5LK699078

#### CLAIM INFORMATION

**Claim# / PO# / RO#**      **Insured**

**Date of Loss**      **Type of Loss**      **Type of Vehicle**  
**Repair Shop**

#### Amount Due (USD)

**1,156.00**

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**Fed Tax Id:** 86-0408806

**Account #**  
L509485

**Rental Agreement**  
9JZDZG

**Amount**  
1156.00

**GPBR**  
508T

**Amount Due (USD)**

1156.00

**Paid By:**

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