

P-CARD PURCHASE REQUISITION FORM

I. REQUISITION

| TODAY'S DATE | DATE NEEDED | MANAGER NAME | FY | DEPT. | DIVISION | DIVISION # |
|--------------|-------------|------------------------------|----|-------|--------------------|------------|
| 9/22/2020 | | John Bolinger/Gary Bonkowski | 21 | D210 | Logist & Warehouse | 2180 |

II. PROCUREMENT

| VENDOR NAME | ITEM OR SERVICE REQUESTED |
|-------------|---------------------------------------------|
| Enterprise | Vehicle Rentals for Elections (16 Invoices) |

| | FUND | AGENCY | UNIT | ACTIVITY | APPROP | OBJECT CODE | TOTAL (\$) |
|-------|------|--------|------|----------|--------|-------------|--------------|
| LINE1 | 100 | D210 | 2180 | ELEC | ELE1 | 8201 | \$ 17,809.87 |
| LINE2 | | | | | | | |
| LINE3 | | | | | | | |
| | | | | | | | \$ 17,809.87 |

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

| PROCURER SIGNATURE | DATE | RECONCILED SIGNATURE | DATE |
|-------------------------|-----------|----------------------|------|
| <i>Joseph Rodenback</i> | 9/22/2020 | | |

III. BUDGET

| BUDGET SIGNATURE | DATE |
|------------------|------|
| | |

Accounts Receivable ^A

Invoices ^I

Cash Box ^B



Payments MARICOPA COUNTY (L509485)

Credit Card

Credit Card Number:

*****7203

Expiration Date:

0123

Card Holder's Name:

joseph rodenback

Card Brand:

VISA

Card Type:

CREDIT CARD

Transaction Type:

PAYMENT

Amount:

17,809.87

Auth Number:

Cards on File:

--SELECT--

Info Messages -- Webpage Dialog

Select OK to continue.

- Payments
 - Credit Card Sale complete. Total of \$17,809.87 was charged.

OK

Applied Payments

| Invoice# | Ticket # | Bill | Amount | Payment |
|---------------|----------|--------------------------------|--------------------|--------------------|
| 650039778149 | 9P7LCB | Ma | \$2,206.68 | 2,206.68 |
| 650039747284 | 9PN0DG | Ma | \$1,156.00 | 1,156.00 |
| 650039803701 | 9PN1MC | Ma | \$1,637.59 | 1,637.59 |
| 650039748901 | 9PN64L | Ma | \$1,156.00 | 1,156.00 |
| 650039747212 | 9PN8SW | Maricopa Integrated Health Sys | \$1,156.00 | 1,156.00 |
| 650039746099 | 9PNNC4 | Maricopa Integrated Health Sys | \$1,156.00 | 1,156.00 |
| Totals | | | \$17,809.87 | \$17,809.87 |



330 N 24TH ST
PHOENIX, AZ 85008-6012

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

9P7LCB
6500-3977-8149
08/12/2020
L509485

BILLING DETAIL

| Description | Qty/Per | Rate | Amount |
|---------------------------|----------|--------|----------|
| TIME & DISTANCE | 4 WK | 450.00 | 1,800.00 |
| EXCESS DISTANCE CHARGE | 1508 DIS | 0.20 | 301.60 |
| Subtotal | | | 2,101.60 |
| VEHICLE LICENSE SURCHARGE | PCT | 5.00 | 105.08 |

BILL TO

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

RENTAL INFORMATION

Date/Time Out
07/16/2020 08:16 AM

Date/Time In
08/12/2020 02:26 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|------------------------|
| WHITE | CL97419 | 268A | 7S1JWW | 30,544 32,052 |

VIN: 5PVNJ8JV4L4S76819

CLAIM INFORMATION

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

Amount Due (USD)

2,206.68

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

Remit To :
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
9P7LCB

Amount
2206.68

GPBR
508T

Amount Due (USD)

2206.68

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 #:

9PN0DG
6500-3974-7284
08/10/2020
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
07/15/2020 06:59 AM

Date/Time In
08/10/2020 01:43 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|------------------------|
| WHITE | 497K02 | E25C | 7SL824 | 19,385 20,790 |

VIN: 1GCVGBFP7L1130555

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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PO BOX 847178
DALLAS, TX 75284-

Email Remit To: AskNationalPayments@ehi.com

Fed Tax Id: 86-0408806

Account #
L509485

Rental Agreement
9PN0DG

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 #:

9PN1MC
6500-3980-3701
08/14/2020
L509485

BILLING DETAIL

| Description | Qty/Per | Rate | Amount |
|---------------------------|----------|--------|----------|
| TIME & DISTANCE | 4 WK | 250.00 | 1,000.00 |
| TIME & DISTANCE | 3 DAY | 50.00 | 150.00 |
| EXCESS DISTANCE CHARGE | 1333 DIS | 0.20 | 266.60 |
| Subtotal | | | 1,416.60 |
| TRANSACTION PRIVILEGE TAX | PCT | 10.60 | 150.16 |
| VEHICLE LICENSE SURCHARGE | PCT | 5.00 | 70.83 |

BILL TO

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

RENTAL INFORMATION

Date/Time Out
07/15/2020 06:59 AM

Date/Time In
08/14/2020 10:23 AM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

Amount Due (USD) **1,637.59**

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.

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|---------------------|
| WHITE | CL54337 | T2LC | 7TB8RH | 5,929 10,712 |

VIN: 1FTBR1Y86LKA43328

CLAIM INFORMATION

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

For Billing Inquiries / Payment Terms :

Tel#: +1 6023743830
GP50EFTAR@erac.com
Payment Due within 30 days of invoice date
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Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Amount Due (USD) 1637.59

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
9PN1MC

Amount
1637.59

GPBR
508T



330 N 24TH ST
PHOENIX, AZ 85008-6012

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

9PN64L
6500-3974-8901
08/10/2020
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
07/15/2020 06:59 AM

Date/Time In
08/10/2020 02:49 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|------------------------|
| WHITE | CM13105 | T1LC | 7SFT61 | 6,810 8,598 |

VIN: 1FTYE1ZM0KKB65781

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.

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

Remit To :
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
9PN64L

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 #:

9PN8SW
6500-3974-7212
08/10/2020
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
07/15/2020 06:59 AM

Date/Time In
08/10/2020 01:40 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|------------------------|
| WHITE | CL97529 | T1LC | 7SCG2H | 7,728 9,822 |

VIN: 1FTYE1ZM6KKB65767

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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Tel#: +1 6023743830
GP50EFTAR@erac.com
Payment Due within 30 days of invoice date
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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
9PN8SW

Amount
1156.00

GPBR
508T



330 N 24TH ST
PHOENIX, AZ 85008-6012

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

9PNNC4
6500-3974-6099
08/10/2020
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
07/15/2020 06:59 AM

Date/Time In
08/10/2020 01:05 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|------------------------|
| WHITE | CJ94173 | E25C | 7TLLVL | 800 3,477 |

VIN: 1GCWGAFP2L1219363

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.

For Billing Inquiries / Payment Terms :

Tel#: +1 6023743830
GP50EFTAR@erac.com
Payment Due within 30 days of invoice date
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Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Remit To :
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
9PNNC4

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 #:

9PNRF9
6500-3974-8176
08/10/2020
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
07/15/2020 06:59 AM

Date/Time In
08/10/2020 02:18 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|------------------------|
| WHITE | CM18399 | T2LC | 7TPPCM | 35 2,673 |

VIN: 1FTBR1Y8XLKA69687

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.

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

Remit To :
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
9PNRF9

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 #:

9Q8RM3
6500-3984-8473
08/18/2020
L509485

BILLING DETAIL

| Description | Qty/Per | Rate | Amount |
|---------------------------|---------|--------|----------|
| TIME & DISTANCE | 4 WK | 450.00 | 1,800.00 |
| TIME & DISTANCE | 2 DAY | 90.00 | 180.00 |
| EXCESS DISTANCE CHARGE | 9 DIS | 0.20 | 1.80 |
| DEF | 1 RNT | 6.00 | 6.00 |
| Subtotal | | | 1,987.80 |
| VEHICLE LICENSE SURCHARGE | PCT | 5.00 | 99.39 |

BILL TO

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

RENTAL INFORMATION

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

Date/Time In
08/16/2020 06:59 AM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

Amount Due (USD) **2,087.19**

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.

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out | In |
|-------|---------|-------|--------|------------------|--------|
| WHITE | CL66401 | 268A | 7TXG8L | 15,598 | 15,607 |

VIN: 5PVDJ8JV5L5S78833

CLAIM INFORMATION

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

For Billing Inquiries / Payment Terms :

Tel#: +1 6023743830
GP50EFTAR@erac.com
Payment Due within 30 days of invoice date
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Thank You For Choosing Enterprise

Please Return This Portion With Remittance

Amount Due (USD) 2087.19

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
9Q8RM3

Amount
2087.19

GPBR
508T



330 N 24TH ST
PHOENIX, AZ 85008-6012

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

9Q98XZ
6500-3977-8168
08/12/2020
L509485

BILLING DETAIL

| Description | Qty/Per | Rate | Amount |
|---------------------------|---------|--------|----------|
| TIME & DISTANCE | 4 WK | 450.00 | 1,800.00 |
| EXCESS DISTANCE CHARGE | 903 DIS | 0.20 | 180.60 |
| DEF | 1 RNT | 6.00 | 6.00 |
| Subtotal | | | 1,986.60 |
| VEHICLE LICENSE SURCHARGE | PCT | 5.00 | 99.33 |

BILL TO

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

RENTAL INFORMATION

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

Date/Time In
08/12/2020 02:20 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|---------------------|
| WHITE | CL22034 | 43CA | 7R0VBH | 67,777 68,680 |

VIN: 3HAMMMML9KL159103

CLAIM INFORMATION

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

Amount Due (USD)

2,085.93

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) 2085.93

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
9Q98XZ

Amount
2085.93

GPBR
508T



330 N 24TH ST
PHOENIX, AZ 85008-6012

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

9TR4XL
6500-3974-5968
08/10/2020
L509485

BILLING DETAIL

| Description | Qty/Per | Rate | Amount |
|---------------------------|---------|--------|--------|
| TIME & DISTANCE | 2 WK | 250.00 | 500.00 |
| Subtotal | | | 500.00 |
| TRANSACTION PRIVILEGE TAX | PCT | 10.60 | 53.00 |
| VEHICLE LICENSE SURCHARGE | PCT | 5.00 | 25.00 |

BILL TO

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

RENTAL INFORMATION

Date/Time Out
07/30/2020 07:00 AM

Date/Time In
08/10/2020 01:05 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|------------------------|
| WHITE | CM13092 | T1LC | 7SFP4C | 11,806 12,822 |

VIN: 1FTYE1ZMXKKB65805

CLAIM INFORMATION

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

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

Amount Due (USD)

578.00

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.

For Billing Inquiries / Payment Terms :

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

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Email Remit To: AskNationalPayments@ehi.com

Fed Tax Id: 86-0408806

Account #
L509485

Rental Agreement
9TR4XL

Amount
578.00

GPBR
508T

Amount Due (USD)

578.00

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 #:

9TSL1T
6500-3974-7997
08/10/2020
L509485

BILLING DETAIL

| Description | Qty/Per | Rate | Amount |
|---------------------------|---------|--------|--------|
| TIME & DISTANCE | 2 WK | 250.00 | 500.00 |
| EXCESS DISTANCE CHARGE | 249 DIS | 0.20 | 49.80 |
| Subtotal | | | 549.80 |
| TRANSACTION PRIVILEGE TAX | PCT | 10.60 | 58.28 |
| VEHICLE LICENSE SURCHARGE | PCT | 5.00 | 27.49 |

BILL TO

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

RENTAL INFORMATION

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

Date/Time In
08/10/2020 02:11 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|---------------------|
| WHITE | CLY4021 | NV20 | 8CM1B7 | 11,910 13,659 |

VIN: 3N6CM0KN5LK699078

CLAIM INFORMATION

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

Amount Due (USD)

635.57

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) 635.57

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
9TSL1T

Amount
635.57

GPBR
508T



330 N 24TH ST
PHOENIX, AZ 85008-6012

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

9TT1R6
6500-3974-8749
08/10/2020
L509485

BILLING DETAIL

| Description | Qty/Per | Rate | Amount |
|---------------------------|---------|--------|--------|
| TIME & DISTANCE | 2 WK | 250.00 | 500.00 |
| EXCESS DISTANCE CHARGE | 753 DIS | 0.20 | 150.60 |
| Subtotal | | | 650.60 |
| VEHICLE LICENSE SURCHARGE | PCT | 5.00 | 32.53 |
| TRANSACTION PRIVILEGE TAX | PCT | 10.60 | 68.96 |

BILL TO

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

RENTAL INFORMATION

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

Date/Time In
08/10/2020 02:45 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|---------------------|
| WHITE | CJ48924 | E25C | 7TJVY3 | 11,065 13,318 |

VIN: 1GCVGAFP4L1143435

CLAIM INFORMATION

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

Amount Due (USD)

752.09

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) 752.09

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
9TT1R6

Amount
752.09

GPBR
508T



330 N 24TH ST
PHOENIX, AZ 85008-6012

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

9TTJ5H
6500-3974-8800
08/10/2020
L509485

BILLING DETAIL

| Description | Qty/Per | Rate | Amount |
|---------------------------|---------|--------|--------|
| TIME & DISTANCE | 1 WK | 250.00 | 250.00 |
| TIME & DISTANCE | 4 DAY | 50.00 | 200.00 |
| EXCESS DISTANCE CHARGE | 105 DIS | 0.20 | 21.00 |
| Subtotal | | | 471.00 |
| TRANSACTION PRIVILEGE TAX | PCT | 10.60 | 49.93 |
| VEHICLE LICENSE SURCHARGE | PCT | 5.00 | 23.55 |

BILL TO

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

RENTAL INFORMATION

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

Date/Time In
08/10/2020 02:47 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|---------------------|
| WHITE | 64879V2 | E25C | 7SB289 | 11,954 13,409 |

VIN: 1GCVGAFP7L1126788

CLAIM INFORMATION

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

Amount Due (USD)

544.48

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) 544.48

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
9TTJ5H

Amount
544.48

GPBR
508T



330 N 24TH ST
PHOENIX, AZ 85008-6012

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

9TTL92
6500-3974-5944
08/10/2020
L509485

BILLING DETAIL

| Description | Qty/Per | Rate | Amount |
|---------------------------|---------|--------|--------|
| TIME & DISTANCE | 4 DAY | 50.00 | 200.00 |
| TIME & DISTANCE | 1 WK | 250.00 | 250.00 |
| EXCESS DISTANCE CHARGE | 498 DIS | 0.20 | 99.60 |
| Subtotal | | | 549.60 |
| TRANSACTION PRIVILEGE TAX | PCT | 10.60 | 58.26 |
| VEHICLE LICENSE SURCHARGE | PCT | 5.00 | 27.48 |

BILL TO

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

RENTAL INFORMATION

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

Date/Time In
08/10/2020 01:03 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

Amount Due (USD)

635.34

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.

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out | In |
|-------|---------|-------|--------|------------------|--------|
| WHITE | CK91676 | T1LC | 7SD4BP | 20,974 | 22,822 |

VIN: 1FTYE1ZM4KKB11738

CLAIM INFORMATION

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

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)

635.34

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
9TTL92

Amount
635.34

GPBR
508T



330 N 24TH ST
PHOENIX, AZ 85008-6012

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

9TTMF7
6500-3974-7190
08/10/2020
L509485

BILLING DETAIL

| Description | Qty/Per | Rate | Amount |
|---------------------------|---------|--------|--------|
| TIME & DISTANCE | 2 WK | 250.00 | 500.00 |
| Subtotal | | | 500.00 |
| VEHICLE LICENSE SURCHARGE | PCT | 5.00 | 25.00 |
| TRANSACTION PRIVILEGE TAX | PCT | 10.60 | 53.00 |

BILL TO

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

RENTAL INFORMATION

Date/Time Out
07/30/2020 07:00 AM

Date/Time In
08/10/2020 01:39 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|------------------------|
| WHITE | CL97631 | E25C | 7SCV1R | 13,042 13,417 |

VIN: 1GCVGAFPXL1130687

CLAIM INFORMATION

Claim# / PO# / RO#

Insured

Date of Loss

Type of Loss

Type of Vehicle

Repair Shop

Amount Due (USD)

578.00

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.

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)

578.00

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
9TTMF7

Amount
578.00

GPBR
508T



330 N 24TH ST
PHOENIX, AZ 85008-6012

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

9WFBWK
6500-3974-8328
08/10/2020
L509485

BILLING DETAIL

| Description | Qty/Per | Rate | Amount |
|---------------------------|---------|--------|--------|
| TIME & DISTANCE | 1 WK | 250.00 | 250.00 |
| Subtotal | | | 250.00 |
| VEHICLE LICENSE SURCHARGE | PCT | 5.00 | 12.50 |
| TRANSACTION PRIVILEGE TAX | PCT | 10.60 | 26.50 |

BILL TO

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

RENTAL INFORMATION

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

Date/Time In
08/10/2020 02:25 PM

Renter
MARICOPA COUNTY ELECTIONS, JOHN BOLLINGER

RENTAL VEHICLES

| Color | License | Model | Unit | Miles/Kms Out In |
|-------|---------|-------|--------|---------------------|
| WHITE | AGYV09 | E25C | 7S7YSS | 19,789 20,335 |

VIN: 1GCVGAFPXL1116420

CLAIM INFORMATION

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

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

Amount Due (USD)

289.00

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.

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) 289.00

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
9WFBWK

Amount
289.00

GPBR
508T