753280 **CHECK NUMBER** 

06/29/2017

CITY OF TUCSON ACCOUNTING DIVISION

PO BOX 27210

TUCSON, AZ 85726-7210

FOR INFORMATION CONCERNING THIS CHECK, PLEASE CALL THE ACCOUNTING DIVISION AT (520) 791-4561

| INVOICE NUMBER VOUCHER NUMBER |                    |     |     |        | ACCOUNTING DIVISION AT (520) 791-4561 |          |          |  |  |
|-------------------------------|--------------------|-----|-----|--------|---------------------------------------|----------|----------|--|--|
| 1                             | VOUCHER NUMBER     |     | A   | CCOUNT | NUMBER                                |          | AMOUNT   |  |  |
| 16626                         | TF170002080        | 054 | 120 | 9967   | 222                                   | <i>i</i> | 5,000.00 |  |  |
| i                             | ·                  |     |     |        |                                       |          |          |  |  |
|                               | ,                  |     |     | :      |                                       |          |          |  |  |
|                               | i                  |     |     |        |                                       |          |          |  |  |
|                               |                    |     |     |        |                                       |          |          |  |  |
|                               |                    |     |     |        |                                       |          |          |  |  |
|                               | PLEASE DETACH BEEC |     |     |        |                                       | TOTAL    | 5,000.00 |  |  |

CITY OF TUCSON GEN-REV - PO BOX 27210 TUCSON, AZ 85726-7210

> TO THE

> > ORDER OF

CHECK NUMBER

DATE 06/29/2017

753280

TANGERINE CROSSING HOA 6885 N ORACLE RD, #D TUCSON, AZ 85704

91-527

1221

VOID AFTER 180 DAYS

\*\*\*\*\*\*\*\*\$5,000.00

Five thousand and 00/100 Dollars

#OO753280# #122105278# 6122125112#



## CITY OF TUCSON DIRECT PAYMENT AUTHORIZATION FORM

Accounts Payable 520-791-4031

Dept Assigned Tracking No.

| AccountsPaya                                    | AccountsPayable-Finance@tucsonaz.gov (optional) |  |   |             |  |  |  |
|---|---|--|---|-------------|--|--|--|
| Date  | Department/Division                             |  | Acct No. (if multiple accts list below) |             |  |  |  |
| 6/26/17   | Finance - Risk                                  |  | 054-120-9967-22                         |             |  |  |  |
| Payee Name and Address:                         |   | Prepared By (required):                                  | F 1 11 14                               |             |  |  |  |
| Tangerine Crossing HOA<br>6885 N. Oracle Rd. #D |   | 837-4388   | Estrella Vasquez                        |             |  |  |  |
|   |   | Phone # Print/Type Name  Department Approval (required): |   |             |  |  |  |
| Tucson, AZ 85704                                |   | Department Approval (red                                 | uirea);                                 |             |  |  |  |
|   |   | (0/26/2017   | alla Water                              |             |  |  |  |
|   |   | Date   | Department/Division Signature           |             |  |  |  |
| Vendor No.:                                     | İ   | Budget Approval  |   |             |  |  |  |
| (if not k                                       | nown, leave blank)                              | Approval email or memorandum attached                    |   |             |  |  |  |
| -   | TOTAL TOUTE BILLING                             | Approval email or m                                      | emorandum attache                       | a .         |  |  |  |
| Special Handling Instructions:                  |   |  |   |             |  |  |  |
| Don't mail - Department wil                     | l pick up                                       | Date   | Budget                                  | Signature   |  |  |  |
| Include backup docs w/ check (if checked,       |   | CMO Approval   |   |             |  |  |  |
| Dept must provide duplicate backup              | Approval email or memorandum attached           |  |   |             |  |  |  |
| Other:  | cmorandam attache                               | u  |   |             |  |  |  |
|   |   |  |   |             |  |  |  |
|   |   | Date   | CMO S                                   | ignature    |  |  |  |
|   | Description                                     |  |   |             |  |  |  |
| Short Description: 16626 Tal                    | ngerine Crossing                                | HOA<br>nancial -character limit of 30)                   |   |             |  |  |  |
| Extended Description (must fully                |   |  | attached invoice)                       |             |  |  |  |
| Documentation in claim                          |   | ,  |   |             |  |  |  |
|   |   |  |   |             |  |  |  |
|   |   |  |   |             |  |  |  |
|   |   |  |   |             |  |  |  |
|   |   |  |   |             |  |  |  |
|   | Payment Detail                                  |  |   | Amount      |  |  |  |
| Invoice No.:                                    |   |  |   |             |  |  |  |
| Detailed Account Splits (if multip              | le accounts are requ                            | uirad\   |   | \$ 5,000.00 |  |  |  |
| between Account Spites (if Martip               | accounts are requ                               | ineu)  |   |             |  |  |  |
|   |   |  |   |             |  |  |  |
|   |   |  |   |             |  |  |  |
|   |   |  |   |             |  |  |  |
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|   |   |  |   |             |  |  |  |
|   |   |  |   | ļ           |  |  |  |
|   |   |  | TOTAL                                   | <b>A</b> =  |  |  |  |
| SUPPORTING DOCUMENTATION                        | MHST BE ATTACHE                                 | D (DECOLUTION INVOVO                                     | TOTAL                                   | \$ 5,000.00 |  |  |  |
| CITATO DOCUMENTATION                            | ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・          | レ はたらしにし けいがこ カヤくがんき                                     | - F11.1                                 | ı İ         |  |  |  |

From:

Mark Martin

To: Date: Vasquez, Estrella 6/26/2017 9:33 AM

Subject:

16626 check request

I need a check for \$5000.00 payable to Tangerine Crossing HOA.

Mark Martin Claims Adjuster City of Tucson Risk Management ofc (520) 837-4390 fax (520) 624-2061