

Control Group Information

| Group ID | Group Date | Group Status | Assigned To | Group Due Date | Control Gross Amount | Control Voucher Count |
|------------|------------|--------------|-------------|----------------|----------------------|-----------------------|
| 0000415571 | 12/10/2018 | Assigned | DFOWLE | 12/07/2018 | 25.00 | 0 |

THE UNDERSIGNED CERTIFY THAT THE INFORMATION PRESENTED BELOW IS CORRECT, THAT THE SERVICES OR MATERIALS HAVE BEEN PROCURED IN ACCORDANCE WITH THE PROPER CITY PURCHASING POLICIES AND PROCEDURES, AND THAT THE SERVICES AND MATERIALS HAVE BEEN RECEIVED AND SERVE A PUBLIC PURPOSE. THE UNDERSIGNED ALSO AUTHORIZE THE RELEASE OF ANY CHECKS TO BE RETURNED TO THIS DEPARTMENT AND TAKE RESPONSIBILITY FOR THE DELIVERY OF THEM.

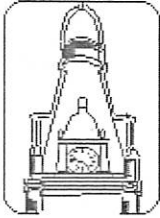
Approval:  Date: 12/10/2018 Dept: CCCC

Approval: _____ Date: _____ Dept: _____

Voucher Information

| Voucher ID | Invoice ID | Invoice Dt | Supplier ID | BCM | Doc Tol | Check Handling | Gross Amt | | | | |
|---------------------------|-------------|----------------|-------------|------------|----------|-----------------------|-----------|--------------|-----------|----------|----------|
| 01708736 | 18125 | 12/07/2018 | 0001102734 | V | V | Regular Payments | \$25.00 | | | | |
| PO ID: | | Supplier Name: | | ADE ESUOSO | | | | | | | |
| Line # | Description | Qty | Unit Price | 1099 Code | Line Amt | | | | | | |
| 1 | ADE ESUOSO | 0 | \$0.00 | N | \$25.00 | | | | | | |
| Distrib # | Account | Fund | Dept ID | Program | Class | Budget Ref | Project | Open Item ID | Asset Flg | Dist Amt | Operator |
| 1 | 941095 | 0001 | 1310 | 2430 | | 2018 | | | N | \$25.00 | DFOWLE |
| Total of Vouchers Entered | | | | 25.00 | | Total Voucher Count | | 1 | | | |
| Control Gross Amount | | | | 25.00 | | Control Voucher Count | | 0 | | | |
| Difference | | | | 0.00 | | Difference | | 1 | | | |

01704736



**City
of
Milwaukee**

INTERDEPARTMENTAL CORRESPONDENCE
COMMON COUNCIL CITY CLERK'S OFFICE

MEMO

To: Debra Fowler
From: Linda Elmer
Staff Assistant
Re: Refund of ARAB filing fees – appeal 18125
Date: December 7, 2018

Please refund the \$25 ARAB filing fees for the following individual:

Ade Esuoso #18125
400 N. Broadway #501
Milwaukee, WI 53202