IF SUPPLIER IS SUBJECT TO PROMPT PAYMENT put an X in the box	
IF INVOICE IS DISPUTED put an X in the box	
DISTRIBUTION (Check Box):	
HOLD FOR PICKUP	
ATTACHMENT	
MAIL	X

Fiscal Year **2012-2013**

City of Oakland
DIRECT PAYMENT REQUEST

SUPPLIER NUMBER **64428**

SUPPLIER NAME **Lamphier-Gregory**

ADDRESS **1944 Embarcadero**

CITY, STATE , ZIP **Oakland, CA 94606**

BATCH NUMBER	
BATCH DATE	
INPUT/AUDITED BY:	
TOTAL INVOICE AMOUNT	**$23,408.86**

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES:

Planning, Building & Neighborhood Preservation	08/08/12	Devan Reiff, Strategic Planning	8/8/12
AGENCY/DEPARTMENT	*DATE*	*PAYMENT REQUEST PREPARED BY*	*AUTHORIZATION SIGNATURE AND DATE (REQUIRED)*
		510-238-3550	ED MANASSE
		PHONE NUMBER (REQUIRED)	*PRINTED NAME OF AUTHORIZATION SIGNATURE*

Line #	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer or Account Number	Description (50 Characters Maximum)	Amount	Fund	Org	Account	Project	Program
1	08/06/12	9244	08/01/12	$23,408.86	3-1201	Second payment for "Coliseum City" consulting work--Specific Plan	23,408.86	2108	94350	54930	P452520	SC09
2												
3												
4												
5												
6												
7												
			Invoice Total	23,408.86		Amount Total	23,408.86					

DETAILED DESCRIPTION

ORIGINAL INVOICE(S) MUST BE ATTACHED

FMA 03/28/12