

IF SUPPLIER IS SUBJECT TO PROMPT PAYMENT put an X in the box	Fiscal Year 2012-2013
IF INVOICE IS DISPUTED put an X in the box	
DISTRIBUTION (Check Box):	
HOLD FOR PICKUP	
ATTACHMENT	
MAIL	X

City of Oakland
DIRECT PAYMENT REQUEST

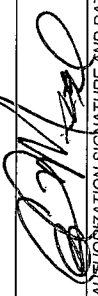
SUPPLIER NUMBER	64428
SUPPLIER NAME	Lamphier-Gregory
ADDRESS	1944 Embarcadero
CITY, STATE, ZIP	Oakland, CA 94606

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
AGENCY/DEPARTMENT	DATE	PAYMENT REQUEST PREPARED BY

510-238-3550
PHONE NUMBER (REQUIRED)

	8/8/12
AUTHORIZATION SIGNATURE AND DATE (REQUIRED)	

ED MANASSER
PRINTED NAME OF AUTHORIZATION SIGNATURE

#	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