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

BATCH NUMBER	
BATCH DATE	
INPUT/AUDITED BY:	
TOTAL INVOICE AMOUNT	$16,405.40

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

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
AGENCY/DEPARTMENT

09/12/12
DATE

Devan Reiff, Strategic Planning
PAYMENT REQUEST PREPARED BY

510-238-3550
PHONE NUMBER (REQUIRED)

9/14/12
AUTHORIZATION SIGNATURE AND DATE (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	09/05/12	9263	08/31/12	$16,405.40	3-1201	Third payment for "Coliseum City" consulting work--for 7/21 to 8/17.	16,405.40	2108	94350	54930	P452520	SC09
2												
3												
4												
5												
6												
7												
			Invoice Total	16,405.40		Amount Total	16,405.40					

DETAILED DESCRIPTION

ORIGINAL INVOICE(S) MUST BE ATTACHED

FMA 03/28/12