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	$56,104.98

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

12/17/12
DATE

Devan Reiff, Strategic Planning
PAYMENT REQUEST PREPARED BY

510-238-3550
PHONE NUMBER (REQUIRED)

12/18/12
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	12/13/12	9302	12/07/12	$56,104.98	3-1201	December invoice for task A1	56,104.98	1010	90591	54930	P452940	IP50
2												
3												
4												
5												
6												
7												
			Invoice Total	56,104.98		Amount Total	56,104.98					

DETAILED DESCRIPTION

See attached invoice and statement.

ORIGINAL INVOICE(S) MUST BE ATTACHED

FMA 03/28/12