						•	See attached invoice and statement	See attached i	DETAILED DESCRIPTION	_
	,			32,272.56	Amount Total		32,272.56	Invoice Total		
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Project Program	Account	Org	Fund	Amount	Description (50 Characters Maximum.)	Customer or Account Number	Invoice Amount	Invoice Date MM/DD/YY	# Date Invoice Invoice Number Invoice Number	220000000000000000000000000000000000000
		IGNATURE	RIZATIONS	PRINTED NAME OF AUTHORIZATION SIGNATURE		RED)	PHONE NUMBER (REQUIRED)			a
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	<u> </u>	7/2	J			egic Planning	Devan Reiff, Strategic Planning	05/22/13	Planning & Building	
LIVERED	E BEEN DEL	IT AND HAVI	PARTMEN	SE BY THIS AGENCY / DE	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:	VVOICE(S) ATTACH	S DESCRIBED BY THE IN	ES OR SERVICES PRIOR CLAIM HA	I HEREBY CERTIFY THE ARTICLE OR PERFORMED AND THAT NO F	
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		islan Kultin Kultin Kultin			1 94606	Oakland, CA 94606	CITY, STATE, ZIP		ATTACHMENT	825292****
\$32,272.56	\$	TOTAL INVOICE AMOUNT	TOTAL		cadero	1944 Embarcadero	ADDRESS		HOLD FOR PICKUP	CSGCREFTON
			eronialli ngjar e nagsedi segnala		Gregory	Lamphier-Gregory	SUPPLIER NAME		DISTRIBUTION (Check Box):	Jones -
		INPUT/AUDITED BY:	INPUT/A			64428	SUPPLIER NUMBER		put an X in the box	40000 AMMONIA
		DATE	BATCH DATE		DIRECT PAYMENT REQUEST	DIRE	2012-2013		put an X in the box	erca .
		JUMBER	BATCH NUMBER		City of Oakland	•	Fiscal Year		IF SUPPLIER IS SUBJECT TO PROMPT PAYMENT	SUBSTITUTE.

Program