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

Fiscal Year **2013-2014**

City of Oakland
ENCUMBRANCE LIQUIDATION

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	**$114,459.87**

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:

DPB	10/01/13	Devan Reiff		
AGENCY/DEPARTMENT	*DATE*	*PAYMENT REQUEST PREPARED BY*		*AUTHORIZATION SIGNATURE AND DATE REQUIRED*
		x3550	Ed Manasse, 10/8/13	Rina Hernandez, Administrative Services Manager, DPB
		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 (45 Characters Maximum)	PO #	Release	Line	Amount	CA BOE Sales Tax
1	09/10/13	9549	09/06/13	114,459.87	3-1201	September invoice, Coliseum	2013001239		2	114,459.87	
2											
3											
4											
5											
6											
7											
			Invoice Total	114,459.87					Total	114,459.87	-

DETAILED DESCRIPTION

ORIGINAL INVOICE(S) MUST BE ATTACHED