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	**$73,483.74**

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	11/25/13	Devan Reiff	11/27/13
AGENCY/DEPARTMENT	*DATE*	*PAYMENT REQUEST PREPARED BY*	*AUTHORIZATION SIGNATURE AND DATE REQUIRED*

x3550
PHONE NUMBER (REQUIRED)

Rina Hernandez, Administrative Services Manager, DPB
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	11/15/13	9593	10/23/13	73,483.74	3-1201	October invoice, Coliseum	2013001239		2	73,483.74	
2											
3											
4											
5											
6											
7											
			Invoice Total	73,483.74					Total	73,483.74	-

DETAILED DESCRIPTION

ORIGINAL INVOICE(S) MUST BE ATTACHED

FMA 03/28/12