

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	X
ATTACHMENT	
MAIL	

Fiscal Year  
**2016-17**

City of Oakland  
**DIRECT PAYMENT REQUEST**

SUPPLIER NUMBER **92999**  
SUPPLIER NAME **CELLEBRITE**

ADDRESS **7 CAMPUS DR. #210**  
CITY, STATE, ZIP **PARSIPPANY, NJ 07054**

**URGENT**

BATCH NUMBER	
BATCH DATE	
INPUT/AUDITED BY:	
TOTAL INVOICE AMOUNT	<b>\$3,098.99</b>

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:

OPD - FISCAL SERVICES 12/01/16

AGENCY/DEPARTMENT DATE

KAREN LU

PAYMENT REQUEST PREPARED BY

510-238-7447

PHONE NUMBER (REQUIRED)

*Donneshia Taylor* 12/2/16

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)

PRINTED NAME OF AUTHORIZATION SIGNATURE **DONNESHIA TAYLOR**

#	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	12/01/16	CB-58834	12/01/16	3,098.99	SF-00034893	ONLINE DATABASE	3,098.99	1010	102310	55214	0	PS03
2												
3												
4												
5												
6												
7												
Invoice Total				3,098.99				Amount Total		3,098.99		

DETAILED DESCRIPTION

92999

**Cellebrite Inc.**  
 7 Campus Drive  
 Suite 210  
 Parsippany, NJ 07054  
 USA  
 Tel. +1 201 848 8552  
 Fax. +1 201 848 9982  
 Tax ID#: 22-3770059

# cellebrite

delivering mobile expertise

## Invoice

# URGENT

Invoice #:  
 CB-58834  
 Invoice Date:  
 Dec 1, 2016

**Bill To:** Oakland Police Department  
 455 7th Street  
 Oakland, California, 94607  
 United States

**Ship To:** Oakland Police Department  
 455 7th Street  
 Oakland, CA, 94607  
 United States

**Contact:** Omega Crum  
**Phone #:** 510-773-0818

**Contact:** Omega Crum  
**Phone #:** 510-773-0818

Customer ID	Good Thru	Payment Terms	Sales Rep
SF-00034893	Dec 31, 2016	Net 30	Zach Cohen

Item Code	Description	Quantity	Unit Price
A-SOW-07-023	UFED Touch Ultimate SW renewal Starting from: Nov 19, 2016 To: Nov 18, 2017 SN: 5971073-1299407601	1	\$3,098.99

RECEIVED  
 DEC 01 2016

Subtotal:	\$3,098.99
Shipping & Handling:	\$ 0
Sales Tax (0.0%*):	\$ 0
<b>Total:</b>	<b>\$3,098.99</b>

**Comments:**

KCF 1 Dec 16

**\*SALES TAX DISCLAIMER:** Cellebrite, Inc. is required to collect Sales and Use Tax for purchases made from the following certain U.S. States. Orders are accepted with the understanding that such taxes and charges shall be added, as required by law. Where applicable, Cellebrite Inc. will charge sales tax unless you have a valid sales tax exemption certificate on file with Cellebrite Inc. Cellebrite Inc. will not refund tax amounts collected in the event a valid sales tax certificate is not provided. If you are exempt from sales tax, you must provide us with your sales tax exempt number and fax a copy of your sales tax exempt certificate to Cellebrite Inc.

Please include the following information on your PO for Cellebrite UFED purchase:

- Please include the ORIGINAL QUOTE NUMBER (For example - M777) on your PO
- CONTACT NAME & NUMBER of individual purchasing and bill to address
- E-MAIL ADDRESS of END USER for monthly software update as this is critical for future functionality

**Terms and conditions:**

- Payment terms: Net 30; 1.5% per month interest on late payment
- Shipping: FCA, Parsippany, NJ, USA : Limited Warranty: Hardware: 12 Months; Software: 60 days; Touch Screen: 30 days
- 12 months software support included in initial purchase. The next support period purchased begins immediately at the end of the