

CITY OF CINCINNATI

CLAIM VOUCHER/INVOICE

Invoice Date

Vendor Invoice No.

City Order, Contract or Agreement No.

Reference No.

Terms

Partial Final

Name of Department, Office or Institution Receiving Goods or Services

Address:

Send Check To: Claimant Name

Claimant Addr:

DOCID

CD Dept Voucher No.

Vendor Code

Disb. Category

For City Use Only

NOTICE: Send this Claim Voucher/Invoice form to the address listed in the City's contract, purchase order or other authorizing document under "send invoices to".

New Item Replacement: Inv # _____ Additional Information: Inv # _____

Memo

Project Manager:	Contract Amount:
Project Number:	Previously Billed:
Contract End Date:	Current Billing:
Task Order Number	Total Billed to Date:
Task Order Expiration Date:	Remaining Balance:

THIS CERTIFICATE MUST BE EXECUTED BY CLAIMANT

\$ Total:

The undersigned claimant hereby certifies that the goods or services specified above have been shipped or performed and that payment thereof has not been received.

Signature must be in ink

Claimant _____ By _____ Title _____
(Name of Vendor) (Signature in full)

CLAIMANT MUST NOT WRITE BELOW THIS LINE

I hereby certify that the items specified and enumerated above have been received or performed, and that the charges shown are correct and constitute legitimate charges against the appropriation of fund accounts shown below.

As to Services or Quantities _____ Department/Division Head _____ City Manager or President of Board _____

PREVIOUS DOCID

LN#	CD	DEPT	PO/CONTRACT#	LN#	FUND	DEPT	UNIT	OBJ/REV/BS	ACCT	TASK/PROJ	(ACT)	RPT CODE	AMOUNT
**	**	***	*****	**	***	***	**	*****	**	*****	****	****	
()													

Prepared By: _____

 Approved as to Price

 Date _____

Audited & Found Correct

Paid