Prompt Payment Invoice Transmittal

Receiving Department Date Stamp Here

ATTENTION

20-Day Processing

REQUIRED

HELP YOUR INVOICE SPEED THROUGH THE PROCESS

This form was designed to collect necessary information and to quickly and accurately route undisputed invoices to the responsible approval and payment authorities. Contact Vivian Inman, Acting Prompt Payment Business Liaison via e-mail vinman@oaklandnet.com,or (510) 238-6261 regarding this Prompt Payment Invoice Transmittal form.

NOTE: BUSINESSE MUST ATTACH TO THIS FORM, TWO FULLY EXECUTED COPIES OF THE COMPANY INVOICE TO THIS TRANSMITTAL.

To: City of Oakland

Department Name: _____

Attention: _____
City staff responsible for approving this invoice.

Address _____

Phone # _____

e-mail _____

Undisputed Invoice ? Y_____ N _____

From: Contractor Name: _____

Contact Name (if different) _____

Address _____

City/State/Zip _____

Vendor/Federal ID No. _____

Business Tax No. _____

Contractor Signature: _____

Date: _____

Re: Project Name: _____ Project Number: _____

Invoice No.	Invoice Date	PO#	Amount of Payment	Balance Remaining
Brief Description of Services:				

FOR OFFICE USE ONLY

Project Manager/Supervisor /Inspector _____Date_____

Contract Compliance Reviewer _____Date _____

User Agency Fiscal Reviewer _____Date _____

Accounts Payable Reviewer _____Date _____

Check No. _____ Check Date _____ Mail Date _____