

CITY OF CINCINNATI CLAIM VOUCHER - INVOICE

DOCID	
	CD AGY VOUCHER#
Vendor Code	
Check Category	For City Use

Invoice Date _____

Vendor Invoice No. _____

City Order, Contract or Agreement No. _____

Reference No. _____

Terms _____

Partial _____ Final _____
For City Use Only

Name of Department, Office or Institution Receiving Goods or Services

Address

Send Check To _____
Claimant (Vendor's or Contractor's Name)

Claimant's Address

Notice: All invoices against the City for purchases made or for services performed, must be presented upon this form. 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".

TOTAL

THIS CERTIFICATE MUST BE EXECUTED BY CLAIMANT

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.

(NAME OF VENDOR) By _____ (SIGNATURE IN FULL) Title: _____

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 (Support Mgr.)				Department/Division Head (Administrator/City Solicitor)			City Manager or President of Board						
PREVIOUS DOCID	LN#	CD	AGY	PO/CONTRACT#	LN#	FUND	AGY	ORG	OBJ / REV/ BS ACCT	JOB/ PROJECT	(ACT)	RPT CAT	AMOUNT

<p>Prepared by: _____</p> <p style="text-align: center;"><u>Approved as to Price</u></p> <p style="text-align: center;">DATE _____</p>	<p>Audited & Found Correct</p>	<p>Paid</p>
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Original - Finance Department Copy