



TERMS (OPTIONAL)

SELECT A DEPARTMENT

ENTER SPECIAL REQUESTS, ACTIONS, OR NOTES HERE

**CERTIFICATION BY DEPARTMENT HEAD**

I certify that the items or services listed hereon have been received, that payment has not previously been made, that the attached invoice is an original invoice, and that this expenditure is a proper charge as indicated in conformance with all City Purchasing Ordinances and Regulations.

DEPARTMENT HEAD

DATE \_\_\_\_\_

**ORG**

**OBJ**

## PROJECT

**AMOUNT**

## TOTAL ALLOCATIONS