



# 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 at [vinman@oaklandnet.com](mailto:vinman@oaklandnet.com) or (510) 238-6261 regarding this Prompt Payment Invoice Transmittal form.

**Note:** Businesses must attach to this form two fully executed copies of the company's invoice.

<p><b>To: City of Oakland</b></p> <p>Department Name: _____</p> <p>Attention: _____ <small>City staff responsible for approving this invoice.</small></p> <p>Address: _____</p> <p>Phone: _____</p> <p>e-mail: _____</p> <p>Undisputed Invoice? Y____ N____</p>	<p><b>From: Contractor Name:</b> _____</p> <p>Contact Name (if different): _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Vendor/Federal ID: _____</p> <p>Business Tax No: _____</p>
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**Re: Project Name:** \_\_\_\_\_ **Project Number:** \_\_\_\_\_

Invoice No.	Invoice Date	PO#	Amount of Payment	Balance Remaining

Brief Description of Services:

**Contractor Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

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 \_\_\_\_\_