FORM NO. 37-STORES REV. 7/08

CITY OF CINCINNATI

CLAIM VOUCHER/INVOICE

Invoice Date

Vendor Invoice No.

City Order, Contract or Agreement No.

Reference No.

Terms

☐ Partial ☐ Final

For City Use Only

Department of Community and Economic Development

Name of Department, Office or Institution Receiving Goods or Services

Address: 805 Central Avenue, Suite 700
Cincinnati, Ohio 45202

DOCID

CD Dept Voucher No.

Vendor Code

Disb. Category

For City Use Only

Send Check To:

Claimant Name

Claimant Addr:

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".

Print Form Reset Form

Memo R

$ 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

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