

IF SUPPLIER IS SUBJECT TO PROMPT PAYMENT X
put an X in the box
 IF INVOICE IS DISPUTED
put an X in the box

Fiscal Year **2016-2017**
 City of Oakland
DIRECT PAYMENT REQUEST

BATCH NUMBER
 BATCH DATE
 INPUT/AUDITED BY:
 TOTAL INVOICE AMOUNT
\$15,000.00

DISTRIBUTION (Check Box):
 HOLD FOR PICKUP X
 ATTACHMENT
 MAIL

SUPPLIER NUMBER **2016006449**
 SUPPLIER NAME **THE PRESS SHOP**
 ADDRESS **2962 FILLMORE ST.**
 CITY, STATE, ZIP **SAN FRANCISCO, CA 94123**

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)
[Signature] 2/9/17
 DARA WISEMAN
 PRINTED NAME OF AUTHORIZATION SIGNATURE

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICES.

CITY ATTORNEY
 AGENCY/DEPARTMENT
 DATE 02/02/17

PAYMENT REQUEST PREPARED BY
MICHAEL FUNG
 PHONE NUMBER (REQUIRED)
 X3602

AUTHORIZATION SIGNATURE AND DATE (REQUIRED)
[Signature] 2/9/17
 DARA WISEMAN
 PRINTED NAME OF AUTHORIZATION SIGNATURE

Invoice #	Date Invoice Issued MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer or Account Number	Description (50 Characters Maximum)	Amount	Project	Task	Award	Exp Type	Org
1	02/02/17	0117	01/25/17	15,000.00			15,000.00	1000021	1100.1P51		54512	90321
2												
3												
4												
5												
6												
7												
Invoice Total							15,000.00	Amount		15,000.00		

DETAILED DESCRIPTION EXPERT



*Michelle / Carm
of Wheel.
W-9: FORM
Co. to pay.*

INVOICE
Attorney-Client Privilege
Privileged and Confidential
Attorney Work Product

To: City of Oakland
From: The Press Shop
Date: January 25, 2017
Invoice: #0117

20/6006449

DUE TODAY: \$15,000

Original budget amount per the Scope of Service Agreement: \$90,000

Billed/invoiced amounts to date (including this invoice, #0117): \$15,000

Amount remaining on the original budget: \$75,000

Services rendered: confidential expert media services related to December 2, 2016 warehouse fire

Time period: January, 2017

Position	Hours	Rate	Cost
Senior Associate	40	\$75	\$3,000
Managing Director	24	\$250	\$6,000
CEO	12	\$500	\$6,000
Total			\$15,000

Deliver payment via U.S. Mail to:

The Press Shop, Inc.
2962 Fillmore St.
San Francisco, CA 94123

Or direct deposit:

Bank Country: USA
Routing No. [REDACTED]
Account No. [REDACTED]
Account Holder: The Press Shop
Bank Name: First Republic Bank

AUTHORIZATION BLOCK	
CASE#	TYPE OF SERVICE
DATE	DATE
1/26/17	1/26/17
DIVISION HEAD	DATE