



City of San Marcos Consultant Payment Requisition

Payment Request # _____

Billing Period _____

Company Name _____

Contract Name _____

Company Invoice # _____

Contract # _____

#	+/_ Changes

Original Contract Amount	
Total Change Orders	
Revised Contract Amount	
Total Paid to Date	
Total Amount Due This Period	
Remaining Contract Balance	

This is our final invoice for this project

Consultant Date

Department Director Date

City Project Manager Date

Purchasing Manager (Final Payment Only) Date

CDBG Program Manager Date

City Attorney (Final Payment Only) Date

For Internal Use Only. To be filled out by PM

Project	Fund	Phase	Amount

GL Account _____