



City of San Marcos Consultant Payment Requisition

Payment Request # _____

Billing Period _____

Company Name _____

Contract Name _____

Company Invoice # _____

Contract # _____

City Project Manager _____

#	+/_ Changes

Original Contract Amount	
Total Change Orders	
Revised Contract Amount	
Total Amount Previously Invoiced	
Total Amount Due This Period	
Remaining Contract Balance	

This is our final invoice for this project

Consultant Date

Department Director (CDBG / Final Payment) Date

City Project Manager Date

Purchasing Manager (Final Payment) Date

Grant Program Manager (if applicable) Date

City Attorney (Final Payment) Date

Grants Manager (if applicable) Date

Project	Fund	Phase	Amount

GL Account _____