TO:

The City of SAN DIEGO

ECONOMIC DEVELOPMENT DEPARTMENT

1200 THIRD AVE, STE 1400, MS 56D

SAN DIEGO, CA 92101

PHONE 619-236-6700

Subrecipient understands and agrees that no future expenditures can be claimed for the reporting period listed below, unless approved by the Project Manager.

FROM:

SUBRECIPIENT/VENDOR NAME _____

SUBRECIPIENT/VENDOR ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

FISCAL YEAR _____

VENDOR NO. _____

PURCHASE ORDER NO. _____

FOR:

PROJECT NAME _____

FUNDING SOURCE _____

REPORTING PERIOD (MONTH/YEAR) _____

ENTER LINE ITEM NAME WITH NO CLAIM _____

TOTAL AMOUNT TO BE PAID NO CLAIM FOR THIS REPORTING PERIOD