City of Memphis
Finance Division
Various Contract Reconciliation
1/21/2009

24704 R	6500	24704	6500
25344 R	8610	25344	8610
25410 R	48,000.00	25410	23944.47
25410	37,690.68	25410	22301.41
25410	23944.47	25410	18100
25410	22301.41	25756	32312.41
25410	18100	25756	32687.59
	150,036.56		
25756 R	32312.41	**25757**	30454.82
25756	32687.59	**25757**	55412.6
	65000		
25757	30454.82	**25757**	36471.55
25757	55412.6	**25757**	18143.49
25757	36471.55	**25757**	112790
25757	18143.49	**25757**	89000
25757	112790	**25798**	17426.5
25757	89000	**25798**	9765
	342272.46		
	284,859.86		
25798 R	10,557.50	**25842**	6500
25798	8,360.00	**25855**	688633.91
25798	17426.5	**25906**	15000
25798	9765		
	46,109.00		
25842 R	6,500.00		
25842	6500		
	13,000.00		
25855 R	**34,663.90**		
25855	**59,491.32**		
25855	**45,472.36**		
25855	**32,161.47**		
25855	**41,712.62**		
25855	**44,255.52**		
25855	**41,634.37**		
25855	**45,183.13**		
25855	**47,936.67**		
25855	**21,507.32**		
25855	**41,388.33**		
25855	**20,105.26**		
25855	**39,887.25**		
25855	**50,380.27**		
25855	**44,636.19**		

7.

Valerie C. Snyder

City of Memphis
Finance Division
Various Contract Reconciliation
1/21/2009

25855	36,440.68
25855	72,146.70
25855	40,875.33
25855	688633.91
	1,448,512.60
25906	**15000**
226100	800,000.00
226100	397,407.22
226100	91,923.01
226100	118,000.00
	1,407,330.23

F-20409

CHECK REQUEST

CONTRACT NUMBER	24704

VENDOR NUMBER	

PAYEE NAME: National Development Council General Acct

ADDRESS:

CITY STATE ZIP

PURPOSE OF EXPENDITURE: to reduce encumbrance

REQUESTOR: Erica Wilson DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT*	CONTRACT LINE	TASK NUMBER*	ACCOUNT NUMBER/ EXPENDITURE TYPE*	EXP. ITEM DATE*	AWARD NUMBER*	GROSS AMOUNT	DISCOUNT	NET AMOUNT
24704	7/17/2009		221	CD90004		1	052828-Miscellaneous Prof	7/17/2009	12345	6,500.00	0.00	6,500.00
24704	7/17/2009		221	CD90004		1	052828-Miscellaneous Prof	7/17/2009	12345	-6,500.00	0.00	-6,500.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-30409

CHECK REQUEST

CONTRACT NUMBER	25344

VENDOR NUMBER	

PAYEE NAME: Coletta & Company

ADDRESS:

CITY STATE ZIP

PURPOSE OF EXPENDITURE: to reduce encumbrance

REQUESTOR: Gwendolyn Brown DATE: 6/26/2009

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT *	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER: EXPENDITURE TYPE *	EXP. ITEM DATE *	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25344	7/29/2009		221	CD90004		1	052828-Miscellaneous Prof	7/29/2009	12304	8,610.00	0.00	8,610.00
25344	7/29/2009		221	CD90004		1	052828-Miscellaneous Prof	7/29/2009	12304	-8,610.00	0.00	-8,610.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-3040.9

CHECK REQUEST

CONTRACT NUMBER	25410

VENDOR NUMBER	

PAYEE NAME: Marshall Toles J.V.

ADDRESS:

CITY STATE ZIP

PURPOSE OF EXPENDITURE: to reduce encumbrance

REQUESTOR: Erica Wilson DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT *	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE *	EXP. ITEM DATE *	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25410	10/2/2009		205	CD90004		1	059600-pyramid redevelopment	10/2/2009	12396	23,944.47	0.00	23,944.47
25410	10/2/2009		205	CD90004		1	059600-pyramid redevelopment	10/2/2009	12396	-23,944.47	0.00	-23,944.47
25410	7/17/2009		205	CD90004		1	052828-MISC PROFESSIONAL	7/17/2009	12396	22,301.41	0.00	22,301.41
25410	7/17/2009		205	CD90004		1	052828-MISC PROFESSIONAL	7/17/2009	12396	-22,301.41	0.00	-22,301.41
25410	8/24/2009		205	CD90004		1	052828-MISC PROFESSIONAL	8/24/2009	12396	18,100.00	0.00	18,100.00
25410	8/24/2009		205	CD90004		1	052828-MISC PROFESSIONAL	8/24/2009	12396	-18,100.00	0.00	-18,100.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-3040.0

CHECK REQUEST

CONTRACT NUMBER	25756

VENDOR NUMBER	

PAYEE NAME: O.T. Marshall Architects, P. C.

ADDRESS:

CITY STATE ZIP

PURPOSE OF EXPENDITURE: to reduce encumbrance

REQUESTOR: Erica Wilson DATE: 1/15/2009

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT *	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE *	EXP. ITEM DATE *	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25756	8/13/2009		221	CD90028		1	052828-Miscellaneous Prof	8/13/2009	12345	32,312.41	0.00	32,312.41
25756	8/13/2009		221	CD90028		1	052828-Miscellaneous Prof	8/13/2009	12345	-32,312.41	0.00	-32,312.41
25756	8/13/2009		221	CD90028		1	052828-Miscellaneous Prof	8/13/2009	12345	32,687.59	0.00	32,687.59
25756	8/13/2009		221	CD90028		1	052828-Miscellaneous Prof	8/13/2009	12345	-32,687.59	0.00	-32,687.59
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-30409

CHECK REQUEST

CONTRACT NUMBER	25757

VENDOR NUMBER	

PAYEE NAME: O.T. Marshall Architects, P. C.

ADDRESS:

CITY STATE ZIP

PURPOSE OF EXPENDITURE: to reduce encumbrance

REQUESTOR: Erica Wilson DATE: 1/15/2009

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT *	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE *	EXP. ITEM DATE *	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25757	10/2/2009		221	CD90001		1	052828-Miscellaneous Prof	10/2/2009	12387	30,454.82	0.00	30,454.82
25757	10/2/2009		221	CD90001		1	052828-Miscellaneous Prof	10/2/2009	12387	-30,454.82	0.00	-30,454.82
25757	10/2/2009		221	CD90001		1	052828-Miscellaneous Prof	10/2/2009	12387	55,412.60	0.00	55,412.60
25757	10/2/2009		221	CD90001		1	052828-Miscellaneous Prof	10/2/2009	12387	-55,412.60	0.00	-55,412.60
25757	10/2/2009		221	CD90001		1	052828-Miscellaneous Prof	10/2/2009	12387	36,471.55	0.00	36,471.55
25757	10/2/2009		221	CD90001		1	052828-Miscellaneous Prof	10/2/2009	12387	-36,471.55	0.00	-36,471.55
25757	8/13/2009		221	CD90001		1	052828-Miscellaneous Prof	8/13/2009	12387	18,143.49	0.00	18,143.49
25757	8/13/2009		221	CD90001		1	052828-Miscellaneous Prof	8/13/2009	12387	-18,143.49	0.00	-18,143.49
25757	8/13/2009		221	CD90001		1	052828-Miscellaneous Prof	8/13/2009	12387	112,790.00	0.00	112,790.00
25757	8/13/2009		221	CD90001		1	052828-Miscellaneous Prof	8/13/2009	12387	-112,790.00	0.00	-112,790.00
25757	8/13/2009		221	CD90001		1	052828-Miscellaneous Prof	8/13/2009	12387	89,000.00	0.00	89,000.00
25757	8/13/2009		221	CD90001		1	052828-Miscellaneous Prof	8/13/2009	12387	-89,000.00	0.00	-89,000.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

Did not process
need more funds

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-0040 9

CHECK REQUEST

CONTRACT NUMBER	25798

VENDOR NUMBER	

PAYEE NAME: Coletta & Company

ADDRESS:

CITY STATE ZIP

PURPOSE OF EXPENDITURE: to reduce encumbrance

REQUESTOR: Erica Wilson DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT *	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE *	EXP. ITEM DATE *	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25798	10/2/2009		221	CD90004		1	052828-Miscellaneous Prof	10/2/2009	12387	17,426.50	0.00	17,426.50
25798	10/2/2009		221	CD90004		1	052828-Miscellaneous Prof	10/2/2009	12387	-17,426.50	0.00	-17,426.50
25798	9/1/2009		221	CD90004		1	052828-Miscellaneous Prof	9/1/2009	12387	9,765.00	0.00	9,765.00
25798	9/1/2009		221	CD90004		1	052828-Miscellaneous Prof	9/1/2009	12387	-9,765.00	0.00	-9,765.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-304D.0

CHECK REQUEST

CONTRACT NUMBER	25842

VENDOR NUMBER	

PAYEE NAME: National Development Council General Acct

ADDRESS:

CITY STATE ZIP

PURPOSE OF EXPENDITURE: to reduce encumbrance

REQUESTOR: Erica Wilson DATE: 1/15/2009

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT *	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE *	EXP. ITEM DATE *	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25842	10/5/2009		221	CD90004		1	052828-Miscellaneous Prof	10/5/2009	12387	6,500.00	0.00	6,500.00
25842	10/5/2009		221	CD90004		1	052828-Miscellaneous Prof	10/5/2009	12387	-6,500.00	0.00	-6,500.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-30409

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glanklor Brown, PLLC

ADDRESS:

CITY STATE ZIP

PURPOSE OF EXPENDITURE: to reduce encumbrance

REQUESTOR: Gwendolyn Brown DATE: 6/26/2009

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT *	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE *	EXP. ITEM DATE *	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	9/18/2009		221	CD90006		1	059600-misc professional servic	9/18/2009	12400	688,633.91	0.00	688,633.91
25855	9/18/2009		221	CD90006		1	059600-misc professional servic	9/18/2009	12400	-688,633.91	0.00	-688,633.91
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-3040.9

CHECK REQUEST

CONTRACT NUMBER	25906

VENDOR NUMBER	

PAYEE NAME: Morgan Keegan Public Finance

ADDRESS:

CITY STATE ZIP

PURPOSE OF EXPENDITURE: to reduce encumbrance

REQUESTOR: Erica Wilson DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT *	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE *	EXP. ITEM DATE *	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25906	9/14/2009		205	CD90004		1	059600-payment to subgrantees	9/14/2009	12396	15,000.00	0.00	15,000.00
25906	9/14/2009		205	CD90004		1	059600-payment to subgrantees	9/14/2009	12396	-15,000.00	0.00	-15,000.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-3046.9

CHECK REQUEST

CONTRACT NUMBER	25798

VENDOR NUMBER	

PAYEE NAME: Coletta & Company

ADDRESS:

CITY STATE ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810B

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25798	11/4/2009		221	CD90006		1	59600	11/4/2009	12400	10,557.50	0.00	10,557.50
25798	11/4/2009		221	CD90006		1	59600	11/4/2009	12400	-10,557.50	0.00	-10,557.50
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

CHECK REQUEST

CONTRACT NUMBER	25798

VENDOR NUMBER	

PAYEE NAME: Coletta & Company

ADDRESS:

CITY STATE ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EWC10810B

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25798	12/2/2009		221	CD90006		1	59600	12/2/2009	12400	8,360.00	0.00	8,360.00
25798	12/2/2009		221	CD90006		1	59600	12/2/2009	12400	-8,360.00	0.00	-8,360.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

CHECK REQUEST

CONTRACT NUMBER	25842	VENDOR NUMBER	

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810B

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

PAYEE NAME: National Development Council General Acct.

ADDRESS:

Atlanta GA
CITY STATE ZIP

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER/ PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25842	11/16/2009		205	CD90004		1	052828	11/16/2009	12387	6,500.00	0.00	6,500.00
25842	11/16/2009		205	CD90004		1	052828	11/16/2009	12387	-6,500.00	0.00	-6,500.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-3040.0

CHECK REQUEST

CONTRACT NUMBER	25842

VENDOR NUMBER	

PAYEE NAME: National Development Council General Acct.

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810B

REQUESTOR: Gwendolyn Brown

DATE: 1/15/2010

APPROVAL:

DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25842	11/6/2009		205	CD90004		1	052828	11/6/2009	12387	6,500.00	0.00	6,500.00
25842	11/6/2009		205	CD90004		1	052828	11/6/2009	12387	-6,500.00	0.00	-6,500.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-03409

CHECK REQUEST

CONTRACT NUMBER	25842

VENDOR NUMBER	

PAYEE NAME: National Development Council General Acct.

ADDRESS:

Atlanta GA
CITY STATE ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810B

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25842	12/15/209		205	CD90004		1	052828	12/15/2009	12387	6,500.00	0.00	6,500.00
25842	12/15/209		205	CD90004		1	052828	12/15/2009	12387	-6,500.00	0.00	-6,500.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-3640.0

CHECK REQUEST

CONTRACT NUMBER	26100	VENDOR NUMBER	

PAYEE NAME: Shelby County Government

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810A

REQUESTOR: Gwendolyn Brown

DATE: 1/15/2010

APPROVAL:

DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	267,732.81	0.00	267,732.81
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	513,007.87	0.00	513,007.87
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	321,163.37	0.00	321,163.37
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	43,266.45	0.00	43,266.45
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	647,499.27	0.00	647,499.27
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	800,000.00	0.00	800,000.00
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	397,407.22	0.00	397,407.22
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	91,923.01	0.00	91,923.01
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	118,000.00	0.00	118,000.00
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	-267,732.81	0.00	-267,732.81
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	-513,007.87	0.00	-513,007.87
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	-321,163.37	0.00	-321,163.37
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	-43,266.45	0.00	-43,266.45
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	-647,499.27	0.00	-647,499.27
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	-800,000.00	0.00	-800,000.00
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	-397,407.22	0.00	-397,407.22
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	-91,923.01	0.00	-91,923.01
26100	10/13/2009		221	CD90028		1	59600	10/13/2009	12400	-118,000.00	0.00	-118,000.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-3040.3

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW011210A

REQUESTOR: Gwendolyn Brown

DATE: 1/15/2010

APPROVAL:

DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	12/9/2009		221	CD90006		1	59600	12/9/2009	12400	34,663.90	0.00	34,663.90
25855	12/9/2009		221	CD90006		1	59600	12/9/2009	12400	-34,663.90	0.00	-34,663.90
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-3040.9

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW011210A

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	12/31/2009		221	CD90006		1	59600	12/31/2009	12400	59,491.32	0.00	59,491.32
25855	12/31/2009		221	CD90006		1	59600	12/31/2009	12400	-59,491.32	0.00	-59,491.32
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW011210A

REQUESTOR: Gwendolyn Brown

DATE: 1/15/2010

APPROVAL:

DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER/ PROJECT *	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP ITEM DATE *	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	12/31/2009		221	CD90006		1	59600	12/31/2009	12400	45,472.36	0.00	45,472.36
25855	12/31/2009		221	CD90006		1	59600	12/31/2009	12400	-45,472.36	0.00	-45,472.36
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-3040.9

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW011210A

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT *	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ TYPE	EXPENDITURE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	12/29/2009		221	CD90006		1	59600		12/29/2009	12400	32,161.47	0.00	32,161.47
25855	12/29/2009		221	CD90006		1	59600		12/29/2009	12400	-32,161.47	0.00	-32,161.47
												0.00	0.00
												0.00	0.00
											0.00	0.00	0.00
											0.00	0.00	0.00
											0.00	0.00	0.00
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	0.00
											0.00	0.00	0.00
											0.00	0.00	0.00
											0.00	0.00	0.00
											0.00	0.00	0.00
											0.00	0.00	0.00
											0.00	0.00	0.00
											0.00	0.00	0.00
											0.00	0.00	0.00
											0.00	0.00	0.00
									TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-0401

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW011210A

REQUESTOR: Gwendolyn Brown

DATE: 1/15/2010

APPROVAL:

DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT *	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE *	EXP ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	12/31/2009		221	CD90006		1	59600	12/31/2009	12400	41,712.62	0.00	41,712.62
25855	12/31/2009		221	CD90006		1	59600	12/31/2009	12400	-41,712.62	0.00	-41,712.62
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-3040 9

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta GA
CITY STATE ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW011210A

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER/ PROJECT*	CONTRACT LINE	TASK NUMBER*	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	12/22/2009		221	CD90006		1	59600	12/22/2009	12400	44,255.52	0.00	44,255.52
25855	12/22/2009		221	CD90006		1	59600	12/22/2009	12400	-44,255.52	0.00	-44,255.52
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F3040.3

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW011210A

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	12/22/2009		221	CD90006		1	59600	12/22/2009	12400	41,634.37	0.00	41,634.37
25855	12/22/2009		221	CD90006		1	59600	12/22/2009	12400	-41,634.37	0.00	-41,634.37
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

CHECK REQUEST

CONTRACT NUMBER	25855	VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810B

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	11/10/2009		221	CD90006		1	59600	11/10/2009	12400	45,183.13	0.00	45,183.13
25855	11/10/2009		221	CD90006		1	59600	11/10/2009	12400	-45,183.13	0.00	-45,183.13
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810B

REQUESTOR: Gwendolyn Brown

DATE: 1/15/2010

APPROVAL:

DATE:

INVOICE NO.	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER/ PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER*	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	11/10/2009		221	CD90006		1	59600	11/10/2009	12400	47,936.67	0.00	47,936.67
25855	11/10/2009		221	CD90006		1	59600	11/10/2009	12400	-47,936.67	0.00	-47,936.67
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-0040.9

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810B

REQUESTOR: Gwendolyn Brown

DATE: 1/15/2010

APPROVAL:

DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER/ PROJECT *	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	11/10/2009		221	CD90006		1	59600	11/10/2009	12400	21,507.32	0.00	21,507.32
25855	11/10/2009		221	CD90006		1	59600	11/10/2009	12400	-21,507.32	0.00	-21,507.32
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW0108108

REQUESTOR: Gwendolyn Brown

DATE: 1/15/2010

APPROVAL:

DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER/ PROJECT *	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP ITEM DATE *	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	11/10/2009		221	CD90006		1	59600	11/10/2009	12400	41,388.33	0.00	41,388.33
25855	11/10/2009		221	CD90006		1	59600	11/10/2009	12400	-41,388.33	0.00	-41,388.33
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-5040.9

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta GA
CITY STATE ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810B

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	11/10/2009		221	CD90006		1	59600	11/10/2009	12400	20,105.26	0.00	20,105.26
25855	11/10/2009		221	CD90006		1	59600	11/10/2009	12400	-20,105.26	0.00	-20,105.26
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-03409

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta GA
CITY STATE ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810B

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO.	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER*	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	11/10/2009		221	CD90006		1	59600	11/10/2009	12400	39,887.25	0.00	39,887.25
25855	11/10/2009		221	CD90006		1	59600	11/10/2009	12400	-39,887.25	0.00	-39,887.25
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-3040.2

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810B

REQUESTOR: Gwendolyn Brown

DATE: 1/15/2010

APPROVAL:

DATE:

INVOICE NO.	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	11/12/2009		221	CD90006		1	59600	11/12/2009	12400	50,380.27	0.00	50,380.27
25855	11/12/2009		221	CD90006		1	59600	11/12/2009	12400	-50,380.27	0.00	-50,380.27
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-304(L)

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC-6424325700

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810B

REQUESTOR: Gwendolyn Brown

DATE: 1/15/2010

APPROVAL:

DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER/ PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	10/16/2009		221	CD90006		1	59600	10/16/2009	12400	44,636.19	0.00	44,636.19
25855	10/16/2009		221	CD90006		1	59600	10/16/2009	12400	-44,636.19	0.00	-44,636.19
											0.00	0.00
											0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-3060.2

CHECK REQUEST

CONTRACT NUMBER	25410

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC

ADDRESS:

Atlanta — CITY
GA — STATE
ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810B

REQUESTOR: Gwendolyn Brown

DATE: 1/15/2010

APPROVAL:

DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER/ PROJECT *	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25410	11/20/2009		205	CD90004		1	052828	11/20/2009	12396	48,000.00	0.00	48,000.00
25410	11/20/2009		205	CD90004		1	052828	11/20/2009	12396	-48,000.00	0.00	-48,000.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-0040.9

CHECK REQUEST

CONTRACT NUMBER	25855

VENDOR NUMBER	

PAYEE NAME: Glankler Brown, PLLC

ADDRESS:

Atlanta GA
CITY STATE ZIP

PURPOSE OF EXPENDITURE: To reduce encumbrance

EW010810A

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT	CONTRACT LINE	TASK NUMBER	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE *	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25855	10/13/2009		221	CD90006		1	59600	10/13/2009	12400	36,440.68	0.00	36,440.68
25855	10/13/2009		221	CD90006		1	59600	10/13/2009	12400	-36,440.68	0.00	-36,440.68
25855	10/13/2009		221	CD90006		1	59600	10/13/2009	12400	72,146.70	0.00	72,146.70
25855	10/13/2009		221	CD90006		1	59600	10/13/2009	12400	-72,146.70	0.00	-72,146.70
25855	10/28/2009		221	CD90006		1	59600	10/28/2009	12400	40,875.33	0.00	40,875.33
25855	10/28/2009		221	CD90006		1	59600	10/28/2009	12400	-40,875.33	0.00	-40,875.33
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN INV. AMT. GREATER THAN CONTRACT/P.O. AMT. YES NO

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS:

F-30403

CHECK REQUEST

CONTRACT NUMBER	25410

VENDOR NUMBER	

PAYEE NAME: Marshall Toles J.V. 6424325700

ADDRESS:

CITY STATE ZIP

PURPOSE OF EXPENDITURE: to reduce encumbrance

REQUESTOR: Gwendolyn Brown DATE: 1/15/2010

APPROVAL: DATE:

INVOICE NO	INVOICE DATE	DUE DATE	FUND	SERVICE CENTER / PROJECT *	CONTRACT LINE	TASK NUMBER *	ACCOUNT NUMBER/ EXPENDITURE TYPE	EXP. ITEM DATE	AWARD NUMBER *	GROSS AMOUNT	DISCOUNT	NET AMOUNT
25410	11/4/2009		205	CD90004		1	52828	11/4/2009	12396	37,690.68	0.00	37,690.68
25410	11/4/2009		205	CD90004		1	52828	11/4/2009	12396	-37,690.68	0.00	-37,690.68
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	
										0.00	0.00	
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
										0.00	0.00	0.00
								TOTALS		$0.00	$0.00	$0.00

* Required for Grant or CIP Projects

TO BE COMPLETED BY COMPTROLLER

MANUAL CHECK PREPARED YES NO

NUMBER DATE

IF MANUAL CHECK NOT PEPARED, OVERRIDE WHEN YES NO

INV. AMT. GREATER THAN CONTRACT/P.O. AMT.

INSUFF. FUNDS FOR EXCESS OVER CONTRACT/P.O. AMT.

AUTHORIZED

DATE

SPECIAL INSTRUCTIONS: