

PAYMENT AUTHORIZATION FORM

FINANCE DEPARTMENT USE ONLY

CHECK # \_\_\_\_\_

CHECK DATE \_\_\_\_\_

COLOR PAPER IS REQUIRED IF YOU ARE REQUESTING FOR THE CHECK TO BE RETURNED TO YOUR DEPARTMENT:

VENDOR NAME: ADG

DESCRIPTION/JUSTIFICATION: Payment #2 - Downtown Overlay District

VENDOR#: \_\_\_\_\_

EXPENSE ACCOUNT NUMBER	PROJECT NUMBER	INVOICE NUMBER	AMOUNT
<u>030-1700-419.70-17</u>	<u>                    </u>	<u>13957</u>	<u>6,650.00</u>
<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
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		<b>TOTAL</b>	<b>\$ 6,650.00</b>

I hereby authorize the payment of the following services/items for which funds are budgeted in the accounts indicated. I believe this to be a true and accurate record of the amount owed.

Initiated By:

DJ Limon, Admin Asst.  
NAME

Approved By:

Farhad K. Darojs  
DIVISION/DEPARTMENT HEAD

DATE: MAR. 13, 2017

Expense Accounts Verified By and  
Approved for inclusion on Claims List:

\_\_\_\_\_  
FINANCE DEPARTMENT

DATE: \_\_\_\_\_



ADG, PC  
920 W Main  
Oklahoma City, OK 73106  
405.232.5700 ■ www.adgokc.com

City of Broken Arrow  
Michael Skates  
P. O. Box 610  
Broken Arrow, OK 74012

Invoice number 13957  
Date 02/08/2017  
Project **16-054 BROKEN ARROW URBAN  
PLANNING**

For Services Rendered up to: January 31, 2017

FOR PROFESSIONAL SERVICES RENDERED TO THE FOLLOWING PROJECT:

#### Invoice Summary

Description	Contract Amount	Percent Complete	Prior Billed	Total Billed	Current Billed
<b>Phase One: Kick-Off and Engagement (6weeks) 30%</b>	28,500.00	100.00	28,500.00	28,500.00	0.00
<b>Phase Two: Creation of Preferred Character Managment Tool (8 weeks) 20%</b>	19,000.00	35.00	0.00	6,650.00	6,650.00
<b>Phase Three: Public Review of Draft Management Tool (8 weeks) 30%</b>	28,500.00	0.00	0.00	0.00	0.00
<b>Phase Four: Adoption Hearings and Final Deliverables (10 weeks) 20%</b>	19,000.00	0.00	0.00	0.00	0.00
<b>Additional Services</b>	0.00	0.00	0.00	0.00	0.00
<b>Expenses</b>	0.00	0.00	81.70	81.70	0.00
<b>Total</b>	<b>95,000.00</b>	<b>37.09</b>	<b>28,581.70</b>	<b>35,231.70</b>	<b>6,650.00</b>

#### Expenses

	Billed Amount
Reproduction Triangle A&E, Inc.	0.00
Travel Leslie L. Tabor	0.00
Office Supplies Leslie L. Tabor	0.00
Meals Leslie L. Tabor	0.00
<b>Expenses subtotal</b>	<b>0.00</b>

Current Invoice total **6,650.00**

#### Aging Summary

Invoice Number	Invoice Date	Outstanding	Current	Over 30	Over 60	Over 90	Over 120
13858	12/22/2016	28,581.70		28,581.70			
13957	02/08/2017	6,650.00	6,650.00				
	<b>Total</b>	<b>35,231.70</b>	<b>6,650.00</b>	<b>28,581.70</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>