PAYMENT REQUISITION

Municipality: CITY OF TORRINGTON	Grant Number:	143-SC-15	
Date: 12/7/2017	Requisition Number	15-SC-62	
Pay from Account #: Fund #0272	Charge to Line Item:	GA General Mgmt, Oversight and Coordination	
Make check payable to: City of Torrington Municipal Building 140 Main Street Torrington CT, 06790	Amount Billed Deductions Net Amount	\$37.50 \$0.00 \$37.50	
Description			
Please issue City reimbursement for miscellan copies, etc. Please pay upon receipt of drawdown #18.	eous expenses associated wit	artus grant, i.e., postage,	
Municipality Approval	Approved By:		
manapanty representation	a sheling a gray tag .		
Date:	Laurence E. Wagi	Laurence E. Wagner, Program Coordinator	

Check #

PAYMENT REQUISITION

Municipality: CITY OF TORRINGTON	Grant Number:	143-SC-15
Date: 12/7/2017	Requisition Number	15-SC-61
Pay from Account #: Fund #0272	Charge to Line Item:	GA General Mgmt, Oversight and Coordination
Make check payable to: L. Wagner & Associates 51 Lakeside Blvd. East Waterbury CT, 06708	Amount Billed Deductions Net Amount	\$5,462.50 \$0.00 \$5,462.50
Please submit payment to above vendor for Pr 2017 through September 23, 2017 with regard Rehabilitation Program. Please pay upon receipt of drawdown #18.	rofessional Services rendered to the 2015 Small Cities Prog	for the time period May 1, ram for the Housing
Municipality Approval Date:	Approved By: LIMA G Elinor C	Sarbone, Mayor

Check #

INVOICE

December 7, 2017

Elinor Carbone Mayor City of Torrington 140 Main Street Torrington, CT 06790

Client ID:

143

Housing Rehabilitation Program

Project #:

143-SC-15

Professional Services

Professional Services Rendered in connection with the City's 2015 Small Cities Housing Rehabilitation program as follows:

GENERAL ADMINISTRATION

4.75 Months @ \$1,150.00 (5/1/17 - 9/23/17)

CHARGES

\$5,462.50

TOTAL AMOUNT DUE

\$5,462.50

Respectfully submitted,

Laurence #. Wagner

LEW/linxw/

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L. Wagner & Associates