MUST BE ATTACHED TO A CLAIM JACKET VOUCHER FORM 15A OR OTHER AUTHORIZED COVER CLAIM

OSF FORM 3
(Revised 10/03)

STATE OF OKLAHOMA
Notarized Claim Voucher And
Disbursements of Payroll
Withholdings

AGENCY BUSINESS
UNIT

CLAIM OF:
NAME:

Address:


FOR

$ 20.00

AGAINST

Agency, Bd.,
Comm., Dept.:

ASSIGNMENT

I hereby assign this claim to

and authorize the State Treasurer to issue a warrant in payment to

said assignee.

Claimant Signature


TOTAL AMOUNT $ 

OSF-AUDITED BY:

Date


<table>
<thead>
<tr>
<th>DATE</th>
<th>ITEM</th>
<th>QUANTITY</th>
<th>ARTICLE</th>
<th>UNIT</th>
<th>AMOUNT CLAIMED</th>
<th>OBJECT ACCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Services completed: 3/30/18</td>
<td></td>
<td></td>
<td>Description of Services Performed: OKLAHOMA CRIMINAL JUSTICE AFFIRMATION CONSUMED COMMISSION</td>
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<td></td>
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<td></td>
<td>Organization Account# or Purchase Order# Org 015590</td>
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</tbody>
</table>

TOTAL AMOUNT APPROVED $ 20.00

The undersigned contractor, vendor, individual, or duly sworn agent of lawful age, upon oath says that this claim is true and correct. Affiant further states that the work, services, or materials as shown by this claim have been completed or supplied in accordance with the plans, specifications, orders, requests, and all other terms of the contract. Affiant also states that any refunds represented by this payment are due. (NOTE: Claimant signature only for payroll withholding refunds)

________________________________________
Claimant

State of County of

Subscribed and sworn before me ____________________________

My Commission expires ____________________________

Notary Public (or Clerk or Judge)

Department Supervisor's Approval Signature
(if required)

Date

Agency, Bd., Comm. or Div. Use