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	12000-702
FOR AGENCY USE:	

CLAIM OF:
NAME:
Address:

OBJECT ACCOUNT	AMOUNT	OBJECT ACCOUNT	AMOUNT
TOTAL AMOUNT	$		

FOR
$
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

Date

OSF-AUDITED BY:

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
Date Services completed:			Description of Services Performed: Organization Account# or Purchase Order#			

THIS SECTION IS NOT REQUIRED FOR WITHHOLDING PAYMENTS- EXCEPT FOR WITHHOLDING REFUNDS

TOTAL AMOUNT APPROVED $

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.,
or Div. Use