

OSF FORM 3
(Revised 10/03)STATE OF OKLAHOMA
Notarized Claim Voucher And
Disbursements of Payroll
WithholdingsAGENCY BUSINESS
UNIT

FOR AGENCY USE:

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

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
Date Services completed: 3/30/18			Description of Services Performed: <u>Oklahoma Criminal Justice</u> <u>Association Conference Registration</u> Organization Account# or Purchase Order# <u>Org 010590</u>		\$20.00	

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

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)

Department Supervisor's Approval Signature
(if required)

Date

Claimant

State of _____ County of _____

Subscribed and sworn before me _____

My Commission expires _____

Notary Public (or Clerk or Judge) _____

Agency, Bd.,
or Div. Use