

CHAPTER 300, APPENDIX C
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Card Example. Contact OSF- Transaction Processing for the actual card form at 405/521-6194.

OSF 13 (REV. 3/94)

SIGNATURE CARD

Agency Name

Agency No.

Under the provisions of Title 62, O.S. 1991, Section 41.26, the following person is hereby authorized to approve miscellaneous claims and/or payrolls

for this agency, submitted to the Office of State Finance for payment:

Person authorized (Type or Print)

Title of Position

Signature of person authorize above

Signature of Dept. or Institution Head

Date

OR

Signature of Chairman of Controlling Board

Date

STATE OF OKLAHOMA
Notarized Claim Form

FUND	AGENCY	ORDER NO.	CLAIM NO.	CLAIM OF:		
FOR AGENCY USE				P. O. Address _____ FOR <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px auto;"></div> \$ AGAINST Agency, Board, Comm.. Dent.: _____ ASSIGNMENT I hereby assign this claim to _____ and authorize the State Treasurer to issue a warrant in payment to said assignee. Date: _____ Claimant: _____		
ACCOUNT	SUB-ACTIVITY	OBJECT	CFDA			AMOUNT
Enter the partial payment or final payment number if claim is to be charged against an encumbered order.		Partial No.	Final No.	TOTAL AMOUNT \$	WARRANT NO.	
				OSF-AUDITED BY:		

Receipt of Goods or Services Date
(OFFICE OF CENTRAL SERVICES ISSUED ORDERS ONLY): _____

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT CODE

The State Treasurer is hereby authorized to deliver warrant issued in payment of this claim to the Approving Officer in charge of Agency, Board, Commission or Department above named, and such officer is authorized to mail warrant to claimant herein above named. The undersigned contractor or duly sworn agent, of lawful age, being first duly sworn, on oath says that this claim is true and correct. Affiant further states that the work, services or material 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. _____ Claimant State of _____ County of _____ Subscribed and sworn before me _____, My Commission expires _____, _____ Notary Public (or Clerk or Judge)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">TOTAL AMOUNT APPROVED</td> <td style="width:30%;"></td> </tr> <tr> <td colspan="2">I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.</td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td style="width:60%;">Agency's Approving Officer</td> <td style="width:40%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Title</td> <td>Date</td> </tr> <tr> <td colspan="2">Agency, Bd., or Div. Use</td> </tr> </table>	TOTAL AMOUNT APPROVED		I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.		_____		Agency's Approving Officer		_____	_____	Title	Date	Agency, Bd., or Div. Use	
TOTAL AMOUNT APPROVED															
I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.															

Agency's Approving Officer															
_____	_____														
Title	Date														
Agency, Bd., or Div. Use															

STATE OF OKLAHOMA
Inter/Intra Agency

FUND	AGENCY	ORDER NO.	CLAIM NO.	CLAIM OF:
FOR AGENCY USE				P. O. Address _____

SUBMIT ORIGINAL AND ONE COPY

ACCOUNT	SUB-ACTIVITY	OBJECT	CFDA	AMOUNT

FOR

\$

AGAINST

Agency, Board,
Comm., Dept.:

OFFICIAL DEPOSITORY DEPOSIT REGISTER

FUND	AGENCY

Enter the partial payment or final payment number if claim is to be charged against an encumbered order.		Partial No.	Final No.	TOTAL AMOUNT \$	Receipt	CFDA	Amount
				OSF-AUDITED BY:			

Receipt of Goods or Services Date
(OFFICE OF CENTRAL SERVICES ISSUED ORDERS ONLY): _____

SUMMARIZED INFORMATION RELATIVE TO THE ATTACHED INVOICES OR CONTRACT ESTIMATES			THIS SPACE FOR AGENCY USE
INVOICE DATE	INVOICE NO.	AMOUNT	

Attach all invoices or contract estimates to the reverse side of this jacket. Multiple invoices or contract estimates may be attached provided they are to the same vendor and against the same contract, purchase or authorization order.

Each invoice must show on its face, the signature of the person who received and checked the merchandise. Contractor estimates must be approved by the architect or engineer in charge of the project. Receiving reports may be submitted in lieu of signed invoices.

Vendors should file three copies of each invoice with the Department, Institution, or Agency upon delivery of merchandise.

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.

Agency's Approving Officer

Title Date

Agency, Bd.,
or Div. Use

	FUND	AGENCY	ORDER NO.	CLAIM NO.	CLAIM OF:				
	FOR AGENCY USE:				S.S. No. _____				
IS CAR GOV. OWNED? YES _____ NO _____ LICENSE NO. _____ IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE? YES _____ NO _____	ACCOUNT	SUB-ACTIVITY	OBJECT	CFDA	AMOUNT	FOR <div style="border: 1px solid black; width: 100px; height: 30px; margin: 5px 0;">\$</div> AGAINST Agency, Board, Comm., Dept.: _____ ASSIGNMENT I hereby assign this claim to _____ - and authorize the State Treasurer to issue a warrant in payment to said assignee. Date: _____			
OSF - AUDITED BY:			TOTAL AMOUNT \$		WARRANT (LOCATOR) NO. _____				
OFFICIAL DUTY STATION		NATURE OF OFFICIAL BUSINESS							

PERSONAL ACTUAL AND NECESSARY EXPENSES:

DATE	FROM	TO	MILEAGE CLAIMED	BREAKFAST	LUNCH	DINNER	LODGING	TOTAL PER DIEM LODGING
TOTALS								
				TOTAL MILES @		PER MILE =		

AUTHORIZED ACTUAL AND NECESSARY EXPENSES FOR OTHERS:

DATE	TO WHOM PAID	ITEMIZED EXPENDITURE	AMOUNT
Total Actual & Necessary Expenditures for Others ** (Include under Itemized Misc. Costs below)			

TRANSPORTATION & MISCELLANEOUS COSTS:

MODE OF PUBLIC TRANSPORTATION		AGENCY DIRECT PURCHASE (x)	TOTAL PUBLIC TRANSP
ITEMIZED LOCAL TRANSPORTATION	ITEMIZED MISCELLANEOUS COSTS		
TAXI:	** ACTUAL & NECESSARY EXPENDITURES OF OTHERS (From Above):		
SHUTTLE:	REGISTRATION FEE :	TOLLS:	
RENTAL CAR:	TELEPHONE:	PARKING:	
OTHER LOCAL TRANSP.:	OTHER MISC. COSTS:	TOTAL MISC.	
		TOTAL LOCAL TRANSP.	
TOTAL AMOUNT CLAIMED			

I, _____ the undersigned, do under penalty of perjury, declare that information contained in this document and any attachments are true and correct to the best of my knowledge and belief.

Claimant Signature

Date

I hereby approve this claim for payment and certify it complies with the travel laws of the State.

State Travel Reimbursement Act or _____

Agency's Approving Officer

Title

Date

AGENCY-SPONSORED DESIGNATED LODGING NOTICE

FROM: _____
(Agency Name/Number)

TO WHOM IT MAY CONCERN: _____
(Employee/Official's Name, or See Attached List)

(Name of Meeting, Conference or Purpose of Travel and Location)

_____ / _____ / _____ to _____ / _____ / _____
(Meeting/Conference Date)

The above listed employee/official(s) traveling on authorized State business on behalf of this agency shall be attending the meeting/conference or purpose of trip listed above. For the purpose of travel reimbursement, lodging has been pre-arranged by our agency at the following public lodging facility(ies), which shall serve as the official designated hotel for the referenced objective of travel:

Hotel Name and Address	Type*	Single Rate
_____	_____	_____

_____	_____	_____

_____	_____	_____

*Key to Type of Designation:

- 1 ---- Where meeting or objective of travel is held or conducted.
- 2 ---- Where lodging has been arranged for by sponsoring agency by:
 - a) the blocking of rooms (reserved) or,
 - b) rate reductions for participants..

CRITERIA FOR AGENCY-SPONSORED DESIGNATED LODGING:

- Agency must be sponsor of meeting, conference, etc.
- Designated lodging must be approved and notice issued prior to beginning of trip.
- Designated lodging must meet one of the types listed above.
- Lodging shall be reimbursed at actual single room rate as evidenced by public lodging receipt.

(Approving Officer's Signature & Date)

**EDT MISCELLANEOUS CLAIMS SUBMISSION
CONTACT PERSON**

Agency Number _____

Agency Name _____

Contact person on issues relating to electronic submissions of miscellaneous claims.

MAIN:

Name _____

Title _____

Address _____

Phone Number _____

ALTERNATE:

Name _____

Title _____

Address _____

Phone Number _____

Send to:

Office of State Finance
Transaction Processing
Attention "EDT Processing"
106 State Capital
2300 N. Lincoln Blvd.
Oklahoma City, OK 73105-4802

STATE OF OKLAHOMA

Office of State Finance

System Access Authorization Request

Agency # _____
 Agency Name _____
 Division _____
 Date _____

1) _____ Set up or _____ Delete _____ USERID
 _____ Access to USERID

2) User Name _____ Phone _____

3) *OSF requires agency finance officer's approval before assigning/deleting a UserID and/or any new access.*

Requested by _____ Phone _____
Signature of Agency Finance Director

Name and Title _____ *E-Mail Address*

*Instructions: Agencies use **ICS Direct** and/or **EDT** to transmit and receive data electronically to/from OSF. See the instructions for information on completing this form.*

4) *ICS Direct for data to/from the OSF VAX (DEC system). For an ICS Direct User ID, check the access below.* 5) *EDT for data to/from the OSF IBM system. For an EDT User ID, check the access below.*

- ICS Direct** D _____
- _____ Budget Work Program
 - _____ Miscellaneous Claims Entry/Project Code
 - _____ ADPICS *Date OSF* _____
 - _____ ASA/ACA & ~~700 F DCS~~ _____
 - _____ Fund 340 Transactions
 - _____ CMLA Interest Reporting
 - _____ SFFA Reporting
 - _____ SmartStar *(see #8 below)*
 - _____ Accounting - View Only
 - _____ Other (Description under Comments)

- EDT** U _____
- _____ Budget FTE
 - _____ Miscellaneous Claims & 700 Funds
 - _____ NA ADPICS *Date OSF* _____
 - _____ ASA/ACA *notifies DCS* _____
 - _____ Fund 340 Transactions
 - _____ 1099 Transactions
 - _____ EDT Payroll (Higher Education)
 - _____ Other (Description under Comments)

6) *Internet for access to data through the OSF web site <http://www.state.ok.us/osf.html>. - Budget Division link*

_____ Budget Request System (Capital/Budget Requests)

7) Comments: _____

<i>OSF use only</i>	<u>ICS Direct</u>	<u>EDT</u>
8) Service Request #	_____	_____
Submitted	_____	_____
	<i>Date</i>	<i>Date</i>
Request Completed	_____	_____
	<i>Date</i>	<i>Date</i>
User Notified by	_____	_____
	<i>Initials</i>	<i>Date</i>

9) **SmartStar** is a report generator that allows users to generate their own reports from ICS data. OSF requires a two-day training session before assigning SmartStar access to a UserID. Check below for SmartStar Training. OSF will contact you to schedule training.

_____ SmartStar training

<i>OSF use only</i>	<u>Smartstar</u>
10) Service Request #	_____
Submitted	_____
	<i>Date</i>
Service Request Completed	_____
	<i>Date</i>
User Notified by	_____
	<i>Initials</i> <i>Date</i>

*Send to: Office of State Finance
 System Authorization, Transaction Processing
 2300 N. Lincoln Blvd., Rm. 107
 Oklahoma City, OK 73105-4802
 405-521-6183 or 521-6178*

OSF FORM 90 - SYSTEM ACCESS INSTRUCTIONS

APRIL 1999

The OSF Form 90 is to be used to establish userids and system access for submitting/retrieving information and working within the OSF ICS Direct, EDT and internet based systems. Start by completing the upper right hand corner with the appropriate agency information and date.

Item 1 - Mark whether the request is to establish or delete a userid or a type of access.

Item 2 - User name and phone number. This is the person for which the userid or access is to be established.

Item 3 - The chief agency finance officer must make the request. After the userid and/or access is granted, the chief agency finance officer listed here will be notified.

Items 4 and 5 - The appropriate userid must be listed if one has already been assigned. For ICS Direct, the userid will start with a "D" (e.g., DXXX123) and the EDT will start with a "U" (e.g., UXXX123). Use the following listing to choose the proposed system access, then refer to the description to confirm the appropriate access. Check the access requested, however, should the specific access not be listed, check "Other" and list the requested access under Item 7 "Comments."

Item 6 - To obtain access to the Budget Request System to prepare Capital and Budget Requests. A special userid is assigned which allows the user access to the system on the Budget Division web site.

Item 7 - This is the comments section to identify any access not listed in Items 4 and 5, or to clarify a requested access.

Item 8 - OSF use only.

Item 9 - This is to request SmartStar training. SmartStar is a report generator system which allows users to create their own reports from OSF Accounting & Budget databases. A two-day training session is required before receiving SmartStar access.

Item 10 - OSF use only.

Send the form to the Office of State Finance at the address shown on the bottom of the form. If you have any questions on preparing the form, please call (405) 521-6178 or 521-6183.

ICS SYSTEM ACCESS

System	Requested Access	Description
Accounting View - Non-OSF Personnel	Accounting - View Only	Allows users to view claim and purchase order information, fund/agency & faac balances, and warrant information. Agencies will not have access to input data through the ICS Direct screens.
Accounting View - OSF Personnel	Accounting - View Only	Allows DSBO and DACC users to have view access to accounting information without giving them access to enter/update transactions.
ICS Direct	Budget Work Program	Allows agency personnel to enter/view their budget work program information and budget revisions.
ICS Direct	Budget View Reserved for Senate and House of Representatives userids.	Allows users to view agencies' budget information

Continued

OSF FORM 90 - SYSTEM ACCESS INSTRUCTIONS APRIL 1999

System	Requested Access	Description
ICS Direct	Misc. Claims/ Project Codes Note: Identify if user is to enter only <u>or</u> to both enter and transmit.	Allows users to enter/update misc. claim data into the system. ----- Allows users to transmit claim information to OSF.
ICS Direct	Adpics	Allows users to enter/view/update requisition and purchase order information.
ICS Direct	ASA/ACA 700 Funds Note: Identify if user is to enter only <u>or</u> to both enter and transmit 700 Fund claims.	Allows users to enter and transmit their ASA/ACA documents. Also allows agencies to create (enter) 700 fund claims. ----- Allows users to transmit 700 Fund claim information to OSF.
ICS Direct	340 Fund Transactions	Allows users to enter their 340 fund (CMIA) documents.
ICS Direct	CMIA Interest Reporting	Allows users to enter the average daily balance information.
ICS Direct	SFFA Reporting	Allows agencies to enter data for their Schedule of Federal Financial Assistance reporting.
ICS Direct	Agency Accounting	Allows agencies to view the fund transfers by 'from fund/agency' or by 'to fund/agency.' Other options may be added at a later time.
ICS Direct	Cancel/Reinstate Purchase Orders	Allows agencies to cancel and reinstate their purchase orders.
ICS Direct	Telephone Directory	Allow users to update the information that is printed in the statewide phone directory.
ICS Direct	Payroll Warrant View NOTE: Restricted - Contact OSF	Allows agencies to view payroll warrant status information. These view screens contain a limited amount of information from the warrant. (No SSN information)
ICS Direct	Payroll Warrant View - OST Only	Allows OST personnel to view OSF payroll warrant information.
ICS Direct	Budget - Regents	Allows State Regents to view/approve higher educ. budgets.
Smartstar	Smartstar	Provides agencies the access to create their own reports/download files from the data in the ICS system. Users must attend class before being allowed access to this option.

EDT SYSTEM ACCESS

EDT	Budget FTE	Allows agency to load their budget FTE information.
EDT	Adpics	Allows agencies to upload their requisition, purchase order, and change order information. • We are not allowing agencies to sign-up for Adpics EDT at this time.
EDT	ASA/ACA	Allows agencies to submit their ASA/ACA detail information electronically.
EDT	340 Fund Transactions	Allows agencies to submit their 340 fund (CMIA) summary document to OSF.
EDT	Misc. Claims	Allows users to submit miscellaneous claims and ASA claims (700 fund claims) for processing.

Continued

System	Requested Access	Description
EDT	1099 Transactions	Allows users to submit 1099 information for processing.
EDT	1098 Transactions	Allows users to submit 1098E and 1098T information.

OSF FORM 90 - SYSTEM ACCESS INSTRUCTIONS APRIL 1999

EDT	EDT Payroll - Higher Ed only	Allows higher ed agencies to submit their payroll information.
EDT	Download	Allows users to download OSF common files.

SPECIAL ACCESS THROUGH THE INTERNET

Internet	Budget Request System	Allows users access to the Budget Request System to prepare Capital and Budget Requests. This is an internet based access from the OSF web site - Budget Division link.
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SPECIAL SYSTEM ACCESS - OSF ONLY

OSF	ASA/ACA	Allows users the ability to enter/maintain ASA/ACA information including a list of valid receipt codes and object codes for each ASA/ACA. It also allows users the ability to post ASA/ACA transactions.
OSF	Transaction Processing	Provides access to several functions within OSF including claim entry/approval and document log maintenance, purchase order posting, cancellations, reinstatements, and change orders. This identifier also allows users to perform expenditure transfers and misc. warrant cancellations.
OSF	CAFR	Provides users access to update CAFR codes on the fund/agency and ACA/ASA screens.
OSF	CFDA/SFFA	Allows users to fetch, insert, update, and delete CMIA, funding technique, and entry type information. This identifier also allows entry of average daily balance information and maintenance of fiscal year CMIA interest information.
OSF	Deposits/Transfers	Allows entry and posting of deposits and stat cancel transactions.
OSF	Fund/Agency & FAAC Information	Allows users to establish new fund/agency and faac codes. This identifier is also used on the Misc./Year-end Reports menu to define which users may submit the year-end jobs that clean-up (delete) information from the fund/agency and faac tables. Users with this identifier are also allowed access into the Pre-Audit Maintenance Menu. This identifier allows entry and posting of investment, cash transfer, 340 fund, stat cancel, and lapsed fund transactions. It also allows the users to maintain the list of valid revenue codes and to create standard journal entries.
OSF	Sole Source	Allows users to enter/update sole source information.
OSF	Pre-Audit Maint.	Provides access to the Pre-Audit Maintenance screen. Also allows users access to update object code information.
OSF	Agency Information	Allows users to update information in the agency database.
OSF	Tax Reporting	Allows users to maintain 1099-MISC and 1098-E and 1098-T information.
OSF	Vendor Snag	Allows users access to modify vendor snag information on purchase orders.
OSF	Warrant Status	Allows users access to the 'Update Warrant Status' option on the Warrant Menu.
OSF	Budget	Allows OSF budget analysts to view and update budget information.

OSF Form 25A
(Revised 7/93)

**MISCELLANEOUS CLAIM
BATCH SLIP NOTICE**

Agency No. _____

EDT No. _____

Tape No. _____

Beginning/Ending Claim No.s

Batch Total \$ _____

Claim Count _____

Note:

Batch No.

RESERVED - OSF

Date: _____

Auditor: _____

ELECTRONIC SUBMISSION CONTROL SHEET

Date: _____

I. AGENCY SUBMISSION NOTICE

Agency Name: _____

Agency Number: _____

EDT No.: _____

II. CERTIFICATION (Check and complete the ones that apply)

MISCELLANEOUS CLAIMS

The approving officer hereby certifies that, to the best of my knowledge and belief, the below listed claims are enclosed, and that they represent and agree with the official data submitted on the above noted transmission.

Claim Series _____

Claims Total \$. _____ Claims Count _____

ALTERNATE SYSTEM FOR SETTLEMENT OF MISCELLANEOUS CLAIMS

The approving Officer hereby certifies that, to the best of my knowledge and belief, all miscellaneous claims included in the above noted transmission are in accordance with policy, procedure and performance criteria promulgated by the Office of State Finance (and the Oklahoma Regents for Higher Education for participation in the Alternate System for Settlement of Higher Education Claims).

Batch No.(s)/Amount(s): _____

Claims Total \$. _____ Claims Count _____

700 FUND TRANSACTIONS PROCESSING

The approving officer hereby certifies that, to the best of my knowledge and belief, all Agency Special Account (ASA) and Agency Clearing Account (ACA) transactions included in the above noted transmission are in accordance with policy and procedures promulgated by, the ASA Board (as appropriate), the Office of State Finance and the Office of the State Treasurer for participation in the ASA/ACA 700 Fund Transactions Processing.

Batch No.(s)/Amount(s): _____

Transactions Total \$. _____ Transactions Count _____

Signed: _____ Title: _____

Agency's Approving Officer

III. OSF APPROVAL

Verified and Approved by: _____ Date: _____

OSF FORM 25B
(1/93)

ICS DIRECT
MISCELLANEOUS CLAIMS
BATCH SLIP NOTICE

(TYPE OF CLAIM)

TRANSMITTAL DATE: XX/XX/XX XX:XX:XX

AGENCY NUMBER: XXX
CLAIM COUNT: XXX
TOTAL AMOUNT: XXXXXXXX.XX

INSTRUCTIONS:

- * SEPARATE BATCHES BY TYPE
- * MAX. 100 CLAIMS PER BATCH
- * MAX. 300 PAYEES PER CLAIM
- * TRI-FOLD THIS FORM WITH UPPER SECTION FACING OUTWARD AND PLACED ON TOP OF BATCH
- * SUBMIT CLAIM BATCHES TO OSF RECORDS

----- OSF OFFICIAL USE -----

*** BATCH NO: XXXXXXXXX ***

AUDITED BY:

DATE:

=====
CLAIM NUMBERS ASSIGNED TO BATCH . . .

XXXXXXXX XXXXXXXX XXXXXXXX ETC.

AGENCY SPECIAL ACCOUNT APPLICATION

ASA Number

Agency Number

700 Fund Number

The _____ hereby requests authority to maintain an "Agency Special Account (700 Fund)" as authorized under the provisions of Title 62, O.S. Section 7.2, for the following purpose(s):

- Benefit programs for individuals, i.e., unemployment compensation, workers compensation, state retirement programs, etc.

- Revenues produced by activities or facilities ancillary to the operation of a state agency, i.e., sales of food at retail level, canteen sales, student union sales, student bookstore sales, housing receipts., athletic receipts., etc.

- Gifts, devises, and bequests with the agency as beneficiary, not otherwise provided by statute

- Evidence funds for law enforcement

- Student loan funds, scholarship funds, fees from employee earnings approved by the governing board of the agency, funds, held in escrow, land Commission funds, student organization funds, including student activity fees collected by an education institution as a separate item of enrollment, professional organization funds, patient and inmate funds, other funds for which the agency acts as a custodian.

- Temporary account for funds arising from new or amended legislation not otherwise provided for in statute or for other emergency situations.

DESCRIBE: (Name of Agency Special Account (700 Fund))

Enter other justification and pertinent information for establishment of an agency special account (700 Fund): _____

ESTIMATED INCOME TO AGENCY SPECIAL ACCOUNT BY MAJOR SOURCE

Description of Source	OSF Object Code	Estimated Annual Receipts
1.		\$
2.		
3.		
4.		
5.		

Funds deposited in the agency special account (700 Fund) hereby requested would be expended, transferred, invested, refunded, or otherwise disbursed as follows:

Description of Major Disbursements	OSF Expenditure Code	Estimated Annual Amount
1.		\$
2.		
3.		
4.		
5.		

SIGNATURE OF AGENCY HEAD

DATE

AGENCY'S CONTROLLING BOARD APPROVAL

DATE

SIGNATURE OF CHANCELLOR FOR HIGHER EDUCATION
OR VICE-CHANCELLOR OF FINANCE

DATE

For use by Special Agency Account Board only

Account approved conditionally for 60 days -]

DIRECTOR OF STATE FINANCE

DATE

Board Action on Request -] Approved,] Disapproved,] Approved Conditionally

Account Numbers Assigned:

Board Comments:

Attach Additional page if needed

Director of State Finance

State Treasurer

Director of Legislative Service Bureau

Date _____

Under the provisions of Title 62, O.S. Section 7.2, the following person(s) is(are) hereby authorized to approve Agency Special Account (700 Fund) expenditures for this agency:

NAME

TITLE

FACILITY

Person Authorized (Type or Print)

Signature of Person Authorized Above

DATE

Person Authorized (Type or Print)

Signature of Person Authorized Above

DATE

Person Authorized (Type or Print)

Signature of Person Authorized Above

DATE

Person Authorized (Type or Print)

Signature of Department Head

DATE

Signature of Chairman of Controlling Board

DATE

Attach an additional page if needed

OSF FORM 25C
(3/97)

ICS DIRECT
*** 700 FUND CLAIMS ***
BATCH SLIP NOTICE

700 FUND CLAIMS

TRANSMITTAL DATE: XX/XX/XX XX:XX:XX

AGENCY NUMBER: XXX
CLAIM COUNT: XXX
TOTAL AMOUNT: XXXXXXXXXXXX

INSTRUCTIONS:

- * FAX TO OSF TRANSACTION
PROCESSING AT (405) 521-3383
- * 1:30 PM FAX DEADLINE FOR
PRIORITY PROCESSING
- * FOLLOW-UP BY SENDING ORIGINAL
FORM

----- OSF OFFICIAL USE -----

*** BATCH NO: XXXXXXXXXXXX ***

AUDITED BY:

DATE:

=====
CLAIM NUMBER RANGE ASSIGNED TO BATCH . . .

XXXXXXXXX XXXXXXXXXXXX

AGENCY'S APPROVING OFFICER	TITLE	DATE
----------------------------	-------	------

**RECORD OF LOST RECEIPTS AND
 DAILY RECORD FOR ACTUAL & NECESSARY
 TRAVEL EXPENSES**

Name: _____

SS#: _____

Inclusive Date(s) of Travel: _____

MEALS EXPENSE

Date	Expense Item (e.g., breakfast, lunch, dinner)	Location (city, state)	*Expense Amount	Lost Rcpt (x)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LOCAL TRANSPORTATION EXPENSE

Date	Expense Item (e.g., taxi, bus, limo, etc.)	Location (city, state)	*Expense Amount	Lost Rcpt (x)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER MISCELLANEOUS EXPENSE

Date	Expense Item	Location (city, state)	*Expense Amount	Lost Rcpt (x)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*** Note** - If used as daily record for A&N expenses, a receipt is required for any single expense \$25 or more. Used in lieu of lost receipts only after appropriate attempts have been made to obtain a copy. When used for lost registration and lodging receipts, proper justification must be documented.

I, the undersigned, certify that the above account of paid expenses incurred while in authorized official travel status is just, correct, and true, and that I am authorized to make claim for reimbursement of same.

 Signature

 Date

TRAVEL USE LOG - FLIGHT SERVICE

AGENCY NAME:

PASSENGER (PRINT) (SIGNATURE BEFORE FLIGHT- Page 2)	DEPT/AGENCY
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

TRIP ITINERARY	RETURN TIME
----------------	-------------

LEG		AIRPORT	DATE	TIME	PASSENGER (1, 2, ETC) CREW UNLESS NOTED	MILES	(1) PURPOSE OF FLIGHT (2) SPONSOR
A	DEP						(1)
	ARR						(2)
B	DEP						(1)
	ARR						(2)
C	DEP						(1)
	ARR						(2)
D	DEP						(1)
	ARR						(2)
E	DEP						(1)
	ARR						(2)
F	DEP						(1)
	ARR						(2)

TRIP CHARGES	FLIGHT TIME ACCOUNTABILITY	FLIGHT CONDITIONS	
<input type="checkbox"/> FORWARD TO FINANCE FOR BILLING	TRANSPORTATION:	DAY HRS:	X-COUNTRY:
	MAINTENANCE:	DAY LNDGS:	IFR (SIM):
TOTAL TRIP MILEAGE:	10 - 5:	NIGHT HRS:	IFR (ACT):
A/C HOURLY RATE:	TRAINING:	NIGHT LNDGS:	APPROACHES:
FLIGHT TIME:	OTHER:	DISCREPANCY:	
PILOT DOWN TIME:	TOTAL FLIGHT TIME:		
PILOT FEE:		DATE OF FLIGHT:	
PILOT EXPENSES:		AIRCRAFT REG. #:	
FUEL GALLONS: COST:		CREW	
LANDING FEE:	TAC/HOBBS METER	PILOT:	
HANGAR FEE:	ENDING:	COPILOT:	
MISC:	BEGINNING:	OTHER:	
TOTAL TRIP CHARGE:	TOTAL:		

TRAVEL USE LOG - FLIGHT SERVICE
PAGE 2

1. Is this event(s) in support of or in opposition to, a political party, political action committee, or political candidate?
2. Will you or any member in your immediate family receive any compensation or honoraria?
3. Other than those fees for charitable or nonprofit associations or the customary fee charged for a nonpolitical event, will an admission fee be charged or a donation of money or anything of value be directly or indirectly charged, required, solicited, demanded, exacted, sought, accepted, assigned or received by organizations or persons?
4. Unless the admission fee is charged by a charitable or nonprofit association, will the audience at the event be charged a fee to see or hear you?

CERTIFICATION - SIGNATURES REQUIRED - When Boarding:

By signing "No", I am certifying that I have need to travel pursuant to the duties of my office and declare that this travel complies with Title 74 O.S., Section 500.6A. A "Yes" to any of the questions above would represent an improper use of state aircraft and is, therefore, not authorized.

	(CIRCLE ONE)
Passenger #1 _____	Yes or No
Passenger #2 _____	Yes or No
Passenger #3 _____	Yes or No
Passenger #4 _____	Yes or No
Passenger #5 _____	Yes or No
Passenger #6 _____	Yes or No
Passenger #7 _____	Yes or No
Passenger #8 _____	Yes or No
Passenger #9 _____	Yes or No
Passenger #10 _____	Yes or No

CREW CERTIFICATION - Completion of trip:

The signature of each crew member constitute certification that the information provided on the form is true and correct to the best of the information and belief of that crew member.

Pilot _____	Date _____
Copilot _____	Date _____
Other Crew _____	Date _____
_____	Date _____

TRAVEL USE LOG - FLIGHT SERVICE INSTRUCTIONS

Items required by Enrolled House Bill 3226, establishing new law codified as Title 74 O.S., Section 500.6A, are noted.

AGENCY NAME - This is the operating agency of the aircraft whether owned, leased, chartered, or otherwise operated by the state.

PASSENGER (PRINT) - REQUIRED This is the name of each passenger on the plane. (Signature required on page two).

DEPT/AGENCY - REQUIRED This is the name of the state entity for which each passenger represents.

TRIP ITINERARY - REQUIRED This is a general itinerary while the detailed listing of the location, date, and time of each departure and arrival is shown elsewhere on the form.

RETURN TIME - This is informational since detailed return time is shown elsewhere on the form.

LEG - REQUIRED There are six possible “legs” of a flight provided on the form showing departure and arrival information.

AIRPORT - REQUIRED This will be used to identify the locations of all departures and arrivals. It is based on a 3-letter code identifying the airports. ????

DATE - REQUIRED This is the date of each departure and arrival during the trip.

TIME - REQUIRED This is the time of each departure and arrival during the trip.

PASSENGER (1, 2, ETC) - REQUIRED This will be used to show the passengers traveling on each leg of the trip. It is represented by listing them by number based on the passenger list above. It may be shown as “1 - 10”, or “1, 3, & 4.” It should suffice the law requiring information for when a person or persons boards or disembarks from the aircraft during the trip.

CREW UNLESS NOTED - REQUIRED The crew would be considered boarded on the aircraft unless noted otherwise. Similar requirement as the previous item.

MILES - This will show the miles for each leg of the trip. Used to calculate the required total mileage (below).

PURPOSE OF FLIGHT - REQUIRED This will show the nature of each leg of the trip, e.g., speech or other presentation; attendance at a meeting event, or other gathering; or for the performance of a service.

SPONSOR - REQUIRED This would be the name of the group sponsoring the purpose of the flight (above). This is available for each leg of the trip.

TRIP CHARGES: As below

FORWARD TO FINANCE FOR BILLING - Informational

TOTAL TRIP MILEAGE - REQUIRED Calculated from the miles listed above.

A/C HOURLY RATE -

FLIGHT TIME - REQUIRED

FLIGHT DOWN TIME - REQUIRED Pilot waiting time. ?????

PILOT FEE -

PILOT EXPENSES -

FUEL GALLONS/COST - REQUIRED

LANDING FEE - REQUIRED

HANGER FEE - REQUIRED

MISC -

TOTAL TRIP CHARGE - REQUIRED

FLIGHT TIME ACCOUNTABILITY - As below

TRANSPORTATION -

TRAVEL USE LOG - FLIGHT SERVICE INSTRUCTIONS

MAINTENANCE -

10 - 5 -

TRAINING -

OTHER -

TOTAL FLIGHT TIME - REQUIRED How does it compare to above?????

TAC/HOBBS METER - REQUIRED

ENDING - REQUIRED Meter reading when trip ended.

BEGINNING - REQUIRED Meter reading when trip began.

FLIGHT CONDITIONS - As below

DAY HRS - Number of daylight flight hours.

DAY LNDGS - REQUIRED Number of daylight landings.

NIGHT HRS - Number of night flight hours.

NIGHT LNDGS - REQUIRED Number of night landings.

X-COUNTRY -

IFR (SIM) -

IFR (ACT) -

APPROACHES -

DISCREPANCY -

DATE OF FLIGHT -

CREW - As below

PILOT - REQUIRED Name of the pilot.

COPILOT - REQUIRED as applicable. Name of the copilot.

OTHER: REQUIRED as applicable. Name of additional crew members.

PAGE TWO

CERTIFICATION - SIGNATURES - REQUIRED The signature of each passenger (before flight) and crew members are required. There is also a general Yes or No answer for a series of questions. If the answer is yes to any of the questions, the "Yes" should be circled, otherwise, circle "No."

CREW CERTIFICATION - REQUIRED (Completion of trip) The signature of each crew member constitute certification that the information provided on the form is true and correct to the best of the information and belief of that crew member.

ANNUAL REPORTING

Summaries of the Travel Use Log shall be compiled the state entity and filed with the Governor, Office of State Finance, Speaker of the House of Representatives, and the President Pro Tempore of the Senate annually. The summaries shall contain the following information:

1. a chronological listing of the date and time of flights,
2. a listing of each location from which the aircraft takes off or at which the aircraft lands during each trip,
3. a listing of the name of each passenger,
4. total flight time, and
5. total cost of trip based on the number of hours of flight time at a standard hourly rate which shall be approximately the cost of chartering a comparable aircraft.

OSF FORM 14
(Revised 2/96)

**STATE OF
OKLAHOMA**

**Claim Form
for
Disbursement of
Payroll
Withholdings**

FUND	AGENCY	ACCOUNT	CLAIM NO.	OBJECT

OSF USE ONLY:
AUDITED BY: _____

CLAIM OF

FIN/SSN _____

P. O. ADDRESS _____

FOR

\$

AGAINST

Agency, Bd.,
Comm., Dept. _____

THIS IS A DISBURSEMENT FOR : (Must check one of the following.)

- 1. Supplemental Insurance and a 2% fee is to be assessed.
- 2. Supplemental Retirement and a 1% fee is to be assessed.
- 3. A fee excluded authorized payroll disbursement.
- 4. A refund or an over withholding (requires claimant's signature). _____
(Claimant)

WARRANT NO.
(LOCATOR)

COMPLETE FOR DISBURSEMENT TYPES 1 AND 2 ONLY				THIS SPACE FOR AGENCY USE
Line No.	Payroll Period	Payroll Claim No.	No. of Covered Employees	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

INSTRUCTIONS:

1. The claimant's Federal Identification Number or Social Security Number (FIN/SSN) must be entered for all fee assessed disbursements (Type 1 and Type 2) and for all fee excluded disbursements (Type 3 and Type 4), except for payments to other governmental entities and payments to financial institutions for savings bonds.
2. Related invoices, individual withholding lists and payroll deduction authorizations are not to be submitted but shall be retained not less than _____ years, the first year of which shall be with the originating agency.
3. The type of disbursement must be identified.
4. Do not count a covered employee more than once during any one pay period.

I hereby approve this claim for payment and certify it complies with the laws and payroll withholding rules and regulations of this State.

AGENCY'S APPROVING OFFICER

Title Date

Agency, Bd.,
or Div. Use

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