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

OSF FORM 9
(Revised 10/03)

STATE OF OKLAHOMA
Imprest Cash Form

AGENCY BUSINESS UNIT	
FOR AGENCY USE	

CLAIM OF:

FOR

$

AGAINST

Agency, Bd.,
Comm., Dept.:

Agency, Bd. Or Div. Use

OBJECT ACCOUNT	AMOUNT	OBJECT ACCOUNT	AMOUNT
	TOTAL AMOUNT	$	
	OSF-Audited By:		

DATE	PAYEE	**PURPOSE** DESCRIPTION	OBJ. ACCT.	CHECK NO.	RECEIPT NO.	AMOUNT

I, _____, the account custodian, do under penalty of perjury, declare to the best of my knowledge and belief, that the services or purchases represented by this voucher were authorized, that the same have been paid by the Department or Institution and checks numbered as indicated after each payee listed herein, that they represent proper imprest cash disbursements, that the amounts are correct, and that they constitute proper charges against the State.

_____
Custodian Signature

_____
Date