

**STATE OF
OKLAHOMA**
Imprest Cash Form

CLAIM OF:				
ALT. NAME:				
Vend I.D.: _____ LOC.: _____				
FOR AGENCY USE	Agency, Board, Comm., Dept: _____			
OSF - AUDITED BY: _____				

ORDER NO.	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED	RESERVED
TOTAL												

DATE	PAYEE	PURPOSE				CHECK NO.	RECEIPT NO.	AMOUNT
		DESCRIPTION			OBJ ACCOUNT			

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 cash disbursements, that the amounts are correct, and that they constitute proper charges against the State.

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

Agency's Approving Officer

Custodian Signature Date

Title Date