
STATEMENT OF APPROVAL OF PROFESSIONAL FEES
OKLAHOMA STATE TREASURER'S OFFICE
DEPUTY TREASURER FOR DEBT MANAGEMENT

Pursuant to the Oklahoma Bond Oversight and Reform Act [62 O.S. Section 695.7(C)], the Deputy Treasurer for Debt Management is required to “review, negotiate, and approve or disapprove the fees and expenses for goods and services requisite to or deemed desirable in the issuance of State Governmental Entity obligations.” Administrative Rules adopted by the Council of Bond Oversight require the submission of this form for approval of such fees and expenses. Please provide all requested information and attach additional sheets if more space is needed.

ISSUER: _____

ISSUE OR PROJECT TITLE: _____

AMOUNT OF ISSUE: _____

ISSUE DATED DATE: _____

CLOSING OR DELIVERY DATE: _____

PURPOSE OF ISSUE: _____

UNDERWRITER: _____

Takedown	\$ _____	\$ _____	/\$1,000
Management	\$ _____	\$ _____	/\$1,000
Risk	\$ _____	\$ _____	/\$1,000
Expenses	\$ _____	\$ _____	/\$1,000
TOTAL	\$ _____	\$ _____	/\$1,000

Check here if competitive sale:

BOND COUNSEL: _____

Fee \$ _____ Expenses \$ _____ Total \$ _____

Date of Approval: _____

Deputy Treasurer for Debt Management

SPECIAL TAX COUNSEL: _____

Fee \$ _____ Expenses \$ _____ TOTAL \$ _____

TRUSTEE: _____

Commitment Fee \$ _____ Expenses \$ _____ Annual Fee \$ _____

FINANCIAL ADVISOR: _____

Fee \$ _____ Expenses \$ _____ TOTAL \$ _____

POS/OS PRINTER: _____

Fee \$ _____ Expenses \$ _____ TOTAL \$ _____

RATING AGENCY FEE(S): S&P \$ _____ Moody's \$ _____

Fitch \$ _____ Other \$ _____

REMARKETING AGENT: _____

Fee \$ _____ Expenses \$ _____ TOTAL \$ _____

ATTORNEY GENERAL'S FEE (Statutory): _____

COUNCIL OF BOND OVERSIGHT FEE (Statutory): _____

Issuer _____

Issue Title _____

Approval Date _____

Deputy Treasurer for Debt Management

BOND INSURANCE PROVIDER: _____

Insurance Premium \$ _____ Basis Points _____

OTHER (Provide name or firm): _____

Service Provided _____ Fee \$ _____ Expenses \$ _____

OTHER (Provide name or firm): _____

Service Provided _____ Fee \$ _____ Expenses \$ _____

OTHER (Provide name or firm): _____

Service Provided _____ Fee \$ _____ Expenses \$ _____

OTHER (Provide name or firm): _____

Service Provided _____ Fee \$ _____ Expenses \$ _____

SALES RESULTS: Please attach a debt schedule, rates and reoffering yields. Provide net interest cost only if true interest cost is not available.

True Interest Cost (TIC) _____ Net Interest Cost (NIC) _____

NOTE: Unless verbal approval is granted, this fee approval form must be signed by the Deputy Treasurer for Debt Management prior to closing of any issue.

Approval Date _____
_____ Deputy Treasurer for Debt Management

Issuer Name _____

Issue Size _____

Issue Title _____