OSF Form 3
(Revised 10/03)

STATE OF OKLAHOMA
Notarized Claim Voucher
And
Disbursement of Payroll Withholdings

OSF - AUDITED BY:

FOR AGENCY USE:

CLAIM OF:

ALT. NAME:

Vend I.D.: LOC.:

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO.	WARRANT NO.

Agency, Board, Comm., Dept.:

ASSIGNMENT SECTION

ASSIGNEE: _____

Vend I.D.: _____ LOC.: _____

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant Date

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	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT

THE SECTION BELOW IS NOT REQUIRED FOR WITHHOLDING PAYMENTS-EXCEPT FOR WITHHOLDING REFUNDS

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 wihholding refunds.

Claimant

Notary Public (or Clerk or Judge)

State of _____ County of _____

Subscribed and sworn before me _____,

My Commission expires _____,

TOTAL AMOUNT APPROVED $

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State. And as appropriate, with the payroll wihholding rules and regulations of this State.

Agency's Approving Officer

Title Date