

**STATE OF  
OKLAHOMA  
NOTARIZED CLAIM FORM**

**Ad Valorem Division**

Enter the partial payment or final payment number if claim is to be charged against an encumbered order.

Parital No.	Final No.

(1) For use if claim is to be charged against a single Account number.

(2) For use if claim is to be charged against multiple Account numbers.

<b>FUND</b>	<b>AGENCY</b>	<b>(1) ACCOUNT</b>	<b>ORDER NO.</b>	<b>CLAIM NO.</b>	<b>Claim of:</b>	
	695					
FOR AGENCY USE					P.O. Address: _____  FOR <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> \$ AGAINST  Agency, Bd. _____ Comm., Dept. _____	
<b>OKLAHOMA TAX COMMISSION</b>						
<b>(2) ACCT.</b>	<b>OBJECT</b>	<b>AMOUNT</b>	<b>(2) ACCT.</b>	<b>OBJECT</b>		<b>AMOUNT</b>
<b>TOTAL AMOUNT</b>						
OFFICE OF STATE FINANCE AUDITED BY _____					<b>ASSIGNMENT</b> I hereby assign this claim to: _____ and authorize the State Treasurer to issue His warrant in payment to said assignee. Date: _____  _____ Claimant	

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT
			Loss of revenue to _____ County and the School Districts therein due to the Additional Homestead Exemptions allowed for the year _____ as detailed on the attached sheet.  This claim is made in accordance with the provisions of 62 O.S. Section 193.			

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 said warrant to claimant hereinabove named.

The undersigned contractor or duly authorized agent, or lawful age, being first duly sworn, on 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 further states that (s)he is the duly authorized agent of the contractor for the purpose of certifying the facts pertaining to the giving of things of value to government personnel in order to procure the contract or obtain payment; (s)he is fully aware of the facts and circumstances surrounding the making of the contract and has been personally and directly involved in the proceedings leading to the procurement of the contract and the filing of this claim; and, neither the contractor nor anyone subject to the contractor's direction or control has been paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring the contract or obtaining payment.

Subscribed and sworn to before me \_\_\_\_\_, \_\_\_\_\_, **X** \_\_\_\_\_  
 Claimant  
 State of \_\_\_\_\_ County of \_\_\_\_\_  
 My Commission expires \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Notary Public (or Clerk or Judge)

<b>TOTAL AMOUNT APPROVED</b>	_____
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 _____	
Division Director Signature _____	