



Agreement made this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, between \_\_\_\_\_, referred to as Claimant, and the Office of Management and Enterprise Services, on behalf of \_\_\_\_\_ (division/department name), hereinafter referred to as the Agency.

I. This agreement is made to settle a dispute between the parties by ratifying a commitment made on behalf of the Agency. This agreement represents a compromise between the parties for the complete and final settlement of any and all charges, claims, differences and causes of action with respect to the dispute described below.

II. Claimant asserts a claim against the Agency for goods or services provided to the Agency as described on the attached invoice(s).

III. In exchange of mutual promises and considerations, the parties agree as follows:

- a. The Agency agrees to pay Claimant the sum of \$ \_\_\_\_\_ in full satisfaction of all claims arising from the provision of goods or services by Claimant to the Office of Management and Enterprise Services, \_\_\_\_\_ (division/department name) as detailed on attached invoice(s): \_\_\_\_\_ dated \_\_\_\_\_.
b. Claimant agrees that all financial charges, claims, demands, rights and causes of action they have or may have had against the Agency or the State of Oklahoma and any of their officers, agents, servants and employees arising from the provision of the goods or services detailed on the invoices identified herein, are hereby satisfied, discharged, settled and released.

IV. This agreement shall be binding on and inure to the benefit of the parties and their respective legal representatives, successors and assignees. This agreement constitutes the complete agreement of the parties and may not be modified without written agreement of the parties.

In witness thereof, the parties named herein have executed this agreement in accordance with OAC 580:16-5-17 on the day and year written beside their signatures.

\_\_\_\_\_  
Signature, Vendor Authorized Person

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
Name and Title, Vendor Authorized Person

\_\_\_\_\_  
Vendor Business Name

\_\_\_\_\_  
Signature, OMES Authorized Person

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
Name and Title, OMES Authorized Person

\_\_\_\_\_  
OMES Division/Department Name

\_\_\_\_\_  
Signature, CPO

Executed this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
Name and Title, CPO