## OFFICE OF JUVENILE AFFAIRS

Request for Payment of Funds
Claim must be submitted to OJA ARPA email address at: ARPA@oja.ok.gov. Full supporting documentation must accompany claim request.

| SECTION I - REQUEST |  |  |
| :--- | :--- | :--- |
| 1. NAME OF CONTRACTOR | 3. CONTRACT AMOUNT | 4. AMOUNT REQUESTED |
| ADDRESS | 5. CONTRACT NUMBER |  |
| CITY, STATE \& ZIP | 6. REQUEST NUMBER |  |
| 2. SEND WARRANT TO (IF DIFFERENT FROM CONTRACTOR | 7. PERIOD FUNDS REQUESTED (MM/DD/YY) |  |
| ADDRESS | 8. CONTACT PERSON (NAME AND TITLE) |  |
| CITY, STATE \& ZIP | 9. CONTACT PERSON (PHONE) |  |


| SECTION II - STATUS OF FUNDS | AMOUNT | FOR OJA USE ONLY |
| :---: | :---: | :---: |
| 1. Contract Amount | \$ | FUND: |
| 2. Amount Received Before Today | \$ | DEPT: |
| 3. Requested in Transit (not yet received) | \$ | PROG CODE: |
| 4. Advancement Amount of this Request | \$ | CFDA: |
| 5. Reimbursement Amount of this Request | \$ | OBJ. CODE: |
|  |  | ORDER NO.: |
| 6. Balance Remaining to Draw (1 minus sum of 2 thru 5) | \$ | INVOICE NO: |

## SECTION III-

I certify that this Request for Funds has been prepared in accordance with the terms and conditions of the OJA Contract cited, and that the amount requested is proper for payment to the Contractor or for credit to the account of the Contractor at the Contractor's bank. I also certify that the date reported above is correct. Failure to provide correct figures or to fully complete this form will require the return of this request and will cause a delay in funding.

Signature of Authorized Official Date

## Print Name of Authorized Official

Agency Name

APPROVAL FOR OJA USE ONLY

OJA Approval / DATE APPROVED

