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 REQUESTE	ED (MM/DD/YY)
ADDRESS	8. CONTACT PERSON (NAME AND TITLE)	
CITY, STATE & ZIP	9. CONTACT PERSON (PHONE)	
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SECTION II – STATUS OF FUNDS	AMOUNT	FOR OJA USE ONLY
Contract Amount	\$	FUND:
2. Amount Received Before Today	\$	DEPT:
3. Requested in Transit (not yet received)	\$	PROG CODE:
Advancement Amount of this Request	\$	CFDA: OBJ. CODE:
5. Reimbursement Amount of this Request	\$	ORDER NO.:
6. Balance Remaining to Draw (1 minus sum of 2 thru 5)	\$	INVOICE NO:

SECTION III-		
and that the amount requested is prop	er for payment t ne date reported	d in accordance with the terms and conditions of the OJA Contract cited, to the Contractor or for credit to the account of the Contractor at the above is correct. Failure to provide correct figures or to fully complete this se 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		