



AGENCY INFORMATION

Agency #

Agency name

Under the provisions of 62 O.S. § 34.6, the below named person is hereby authorized to approve the following for this agency, submitted to the Office of Management and Enterprise Services for payment.

CHECK AS APPROPRIATE

Miscellaneous claims.

Payrolls.

PERSON AUTHORIZED

Name

Title

Signature

Date

SIGNATURE FOR APPROVAL (AGENCY HEAD OR CHAIRMAN OF CONTROLLING BOARD)

Signature of agency head

Date

Signature of chairman of controlling board

Date

RETURN COMPLETED FORM VIA EMAIL

omestpaccountspayable@omes.ok.gov