

OMES FORM 3
(Revised 12/2012)

STATE OF OKLAHOMA
Notarized Claim Voucher And
Disbursements of Payroll
Withholdings

AGENCY BUSINESS UNIT

FOR AGENCY USE:

CLAIM OF:

Address: _____

FOR
\$ _____
AGAINST

Agency, Bd.,
Comm., Dept.:

OBJECT ACCOUNT	AMOUNT	OBJECT ACCOUNT	AMOUNT

ASSIGNMENT
I hereby assign this claim to

and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant Signature

Date

TOTAL AMOUNT \$ _____
OMES-AUDITED BY: _____

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT

THIS SECTION IS NOT REQUIRED FOR WITHHOLDING PAYMENTS- EXCEPT FOR WITHHOLDING REFUNDS

TOTAL AMOUNT APPROVED \$ _____

The undersigned contractor, vendor, individual, or duly sworn agent, of lawful age, upon 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 also states that any refunds represented by this payment are due. (NOTE: Claimant signature only for payroll withholding refunds)

Department Supervisor's Approval Signature
(If required)

Date

Claimant

Agency, Bd.,
or Div. Use

State of _____ County of _____

Subscribed and sworn before me _____

My Commission expires _____

Notary Public (or Clerk or Judge) _____