

**STATE OF
OKLAHOMA**

Claim Jacket Voucher Form

CLAIM OF:
Address:
Alt. Name:
Vend I.D.: _____ **LOC.:** _____

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO.	WARRANT NO.

OMES - AUDITED BY:

INVOICE NO.	INVOICE DATE

ASSIGNMENT SECTION
ASSIGNEE: _____
Vend I.D.: _____ **LOC.:** _____
 I hereby assign this claim to the above assignee and authorize
 the State Treasurer to issue a warrant in payment to said
 assignee.

 Claimant Signature Date

Agency, Board, Comm., Dept.:

Description												
ORDER NO.	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED	RESERVED
TOTAL												

AGENCY USE:

I hereby approve this claim for
 payment and certify it complies
 with the purchasing laws of
 this State.

 Agency's Approving Officer

 Title Date