

**VOUCHER REGISTER  
BATCH SLIP NOTICE**

Agency Business Unit: \_\_\_\_\_

PAY GROUP:

Batch No.:

Voucher Count: \_\_\_\_\_

Batch Total: \$ \_\_\_\_\_

**RESERVED - OA9S**

Date: \_\_\_\_\_

Auditor: \_\_\_\_\_

Note:

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Voucher Numbers/Amount Assigned to Batch:

Voucher No.	Amount	Voucher No.	Amount
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I hereby approve the vouchers included in this batch and certify they comply with the purchasing laws, travel laws, and payroll rules and regulations of this State, as appropriate. (62 O.S., § 41.26)

\_\_\_\_\_  
Agency's Approving Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date