

OMES FORM 9  
(Revised 12/2012)  
**STATE OF OKLAHOMA**  
Imprest Cash Form

<b>AGENCY BUSINESS UNIT</b>
FOR AGENCY USE

**CLAIM OF:**

OBJECT ACCOUNT	AMOUNT	OBJECT ACCOUNT	AMOUNT
<b>TOTAL AMOUNT</b>			\$
<b>OSF-Audited By:</b>			

FOR  
\$   
AGAINST

Agency, Bd.,  
Comm., Dept.:

Agency, Bd. Or Div. Use

DATE	PAYEE	PURPOSE		CHECK NO.	RECEIPT NO.	AMOUNT
		DESCRIPTION	OBJ. ACCT.			

I, \_\_\_\_\_, the account custodian, do under penalty of perjury, declare to the best of my knowledge and belief, that the services or purchases represented by this voucher were authorized, that the same have been paid by the Department or Institution and checks numbered as indicated after each payee listed herein, that they represent proper imprest cash disbursements, that the amounts are correct, and that they constitute proper charges against the State.

\_\_\_\_\_

Custodian Signature

\_\_\_\_\_

Date