MUST BE ATTACHED TO A CLAIM JACKET VOUCHER FORM 15A OR OTHER AUTHORIZED COVER CLAIM

Reset Values

OSF FORM 3
(Revised OSF 10/03 OUHSC 9/08)

STATE OF OKLAHOMA

Notarized Claim Voucher And Disbursements of Payroll Withholdings

AGENCY BUSINESS UNIT	Univ of Okla Hlth Sci Ctr

FOR AGENCY USE:

CLAIM OF:
TITLE:
EMPLOYEE ID:
MAILING ADDRESS: (Required for non-employees)

OBJECT ACCOUNT	AMOUNT	OBJECT ACCOUNT	AMOUNT

TOTAL AMOUNT $ 0.00

OSF-AUDITED BY:

FOR

$ 0.00

AGAINST

Agency, Bd.,
Comm., Dept.:

ASSIGNMENT

I hereby assign this claim to

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

Claimant Signature

Date

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
					$0.00	
					$0.00	
					$0.00	
					$0.00	

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

TOTAL AMOUNT APPROVED $ 0.00

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)

Claimant

State of _____ County of _____

Subscribed and sworn before me _____,

My Commission expires _____,

Notary Public (or Clerk or Judge) _____

I certify that I am of greater level of institutional authority and completely independent from the individual being reimbursed.

Approval Signature

Approval Printed Name

Title

Date