

AGENCY BUSINESS UNIT	43000
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CLAIM OF:
City of Lawton
Lawton Public Library

STATE OF OKLAHOMA
Notarized Claim Voucher And
Disbursements of Payroll
Withholdings

FOR AGENCY USE: MOE 194 A
PO: 4309003527
VID: 76913 Location: 8

Address: 110 SW 4th ST
Lawton OK 73501-4076

OBJECT ACCOUNT	AMOUNT	OBJECT ACCOUNT	AMOUNT
555110	\$ 34,168.00		

FOR
\$34,168.00
AGAINST

Agency, Bd.,
Comm., Dept.: OK Dept of Libraries

ASSIGNMENT
I hereby assign this claim to

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

Claimant Signature _____

TOTAL AMOUNT	\$ 34,168.00
OMES-AUDITED BY:	_____

Date _____

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
12/16/2024			State Aid Grant for SFY24 reporting year (100% of grant)		\$ 34,168.00	555110
			Budget Ref.: 25 Department: 2000001 CFDA:			

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

TOTAL AMOUNT APPROVED	\$34,168.00
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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 Oklahoma County of _____

Subscribed and sworn before me on _____.

My Commission expires _____.

Notary Public (or Clerk or Judge) _____