

STATE OF OKLAHOMA

Notarized Claim Voucher

And

Disbursement of Payroll Withholdings

CLAIM OF: **Oklahoma County CD**

ALT. NAME:

Vend I.D.: **730722673** LOC.:

\$3,952.50

CLAIM AMOUNT

AGENCY BUSINESS UNIT

CLAIM VOUCHER NO.

WARRANT NO.

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

Date

Agency, Board, Comm., Dept.:

OSF - AUDITED BY:

FOR AGENCY USE:

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

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
8/31/2020	1		Cost-share Program Year 22 56-022-004 Gary Moore		\$3,952.50	

THE SECTION BELOW IS NOT REQUIRED FOR WITHHOLDING PAYMENTS-EXCEPT FOR WITHHOLDING REFUNDS

TOTAL AMOUNT APPROVED

\$3,952.50

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 to the Claimant signature only for payroll withholding refunds.)

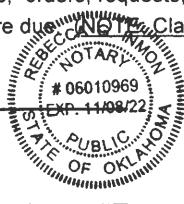
I hereby approve this claim for payment and certify it complies with the purchasing laws of this State. And as appropriate, with the payroll withholding rules and regulations of this State.

Phil C. Bull

Claimant

Rebecca H. Annon

Notary Public (or Clerk or Judge)



State of Oklahoma County of Oklahoma

Subscribed and sworn before me 8/31/2020

My Commission expires 11/08/22

Agency's Approving Officer

Title Date

STATE OF OKLAHOMA

Notarized Claim Voucher
And

Disbursement of Payroll Withholdings

CLAIM OF: Oklahoma County Cons. Dist. D #56

\$5,374.11

ALT. NAME:

Vend I.D.: 73-0722673 LOC.:

TOTAL CLAIM AMOUNT

AGENCY BUSINESS UNIT

CLAIM VOUCHER NO.

WARRANT NO.

ASSIGNMENT SECTION

ASSIGNEE: _____

Vend I.D.: _____ LOC.: _____

Agency, Board, Comm., Dept.:

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant _____

Date _____

OSF - AUDITED BY:

FOR AGENCY USE:

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												

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
8/4/2020	8		NRCS shared staff July salary - Mink		\$3,496.50	
	12		Unallocated - Bartolina July salary		\$1,015.18	
	12		Unallocated - Bartolina employer retirement		\$155.60	
	62		Surety bond		\$167.00	
	63		OACD Dues		\$400.00	
	86		Copier rental		\$139.83	

THE SECTION BELOW IS NOT REQUIRED FOR WITHHOLDING PAYMENTS-EXCEPT FOR WITHHOLDING REFUNDS

TOTAL AMOUNT APPROVED

\$5,374.11

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.)

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State. And as appropriate, with the payroll withholding rules and regulations of this State.

Jan L. Kye 8-4-2020
Claimant



Oklahoma County of Oklahoma

Rebecca G. Inmon
Notary Public (or Clerk or Judge)

Subscribed and sworn before me 8/4/2020

My Commission expires: 11/8/2022

Agency's Approving Officer

Title Date

STATE OF OKLAHOMA

Notarized Claim Voucher
And

Disbursement of Payroll Withholdings

CLAIM OF: Oklahoma County Cons. Dist. D #56

ALT. NAME:

Vend I.D.: 73-0722673 LOC.:

\$389.33

**TOTAL
CLAIM
AMOUNT**

**AGENCY
BUSINESS
UNIT**

**CLAIM
VOUCHER
NO.**

**WARRANT
NO.**

ASSIGNMENT SECTION

ASSIGNEE: _____

Vend I.D.: _____ LOC.: _____

Agency, Board, Comm., Dept.:

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant

Date

OSF - AUDITED BY:

FOR AGENCY USE:

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												

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
8/4/2020	99		Special Project - Taylor Emery July salary		\$389.33	

THE SECTION BELOW IS NOT REQUIRED FOR WITHHOLDING PAYMENTS-EXCEPT FOR WITHHOLDING REFUNDS

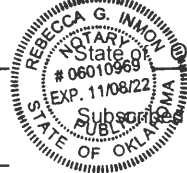
TOTAL AMOUNT APPROVED

\$389.33

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I hereby approve this claim for payment and certify it complies with the purchasing laws of this State. And as appropriate, with the payroll withholding rules and regulations of this State.

Jan L. Key 8-4-2020
Claimant



Oklahoma

County of Oklahoma

Rebecca G. Inmon
Notary Public (or Clerk or Judge)

and sworn before me

8/4/2020
Date

My Commission expires: 11/8/2022

Agency's Approving Officer

Title

Date

STATE OF OKLAHOMA

Notarized Claim Voucher
And

Disbursement of Payroll Withholdings

CLAIM OF: **Oklahoma County Cons. Dist. D #56**

\$2,520.48

ALT. NAME:

Vend I.D.: 73-0722673 LOC.: _____

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

ASSIGNEE: _____

Vend I.D.: _____ LOC.: _____

Agency, Board, Comm., Dept.:

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant

Date

OSF - AUDITED BY:

FOR AGENCY USE:

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												

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
8/4/2020	2		District Secretary II Salary for August		\$2,520.48	

THE SECTION BELOW IS NOT REQUIRED FOR WITHHOLDING PAYMENTS-EXCEPT FOR WITHHOLDING REFUNDS

TOTAL AMOUNT APPROVED

\$2,520.48

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.)

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State. And as appropriate, with the payroll withholding rules and regulations of this State.

Jan L King 8-4-2020
Claimant



Rebecca G Inmon
Notary Public (or Clerk or Judge)

Oklahoma County of Oklahoma
and sworn before me 8/4/2020
My Commission expires: 11/8/2022

Agency's Approving Officer

Title Date

STATE OF OKLAHOMA
Notarized Claim Voucher
And
Disbursement of Payroll Withholdings

CLAIM OF: Oklahoma County Cons. Dist. D #56				\$4,144.90			
ALT. NAME:				TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO.	WARRANT NO.
Vend I.D.: <u>73-0722673</u> LOC.: _____				Agency, Board, Comm., Dept.:			
ASSIGNMENT SECTION							
ASSIGNEE: _____							
Vend I.D.: _____ LOC.: _____							

OSF - AUDITED BY: _____

FOR AGENCY USE: _____

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant

Date

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												

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
9/2/2020	8		NRCS shared staff - August salary - Mink		\$3,082.05	
	12		Unallocated - Bartolina August salary		\$761.39	
	12		Unallocated - Bartolina employer retirement		\$116.70	
	27		Vehicle expense - PikePass - air pump		\$99.71	
	72		Postage expense		\$85.05	

THE SECTION BELOW IS NOT REQUIRED FOR WITHHOLDING PAYMENTS-EXCEPT FOR WITHHOLDING REFUNDS **TOTAL AMOUNT APPROVED** **\$4,144.90**

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 Oklahoma County of Oklahoma

Subscribed and sworn before me _____

Notary Public (or Clerk or Judge) My Commission expires: 11/8/2022

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State. And as appropriate, with the payroll withholding rules and regulations of this State.

Agency's Approving Officer

Title _____
Date

STATE OF OKLAHOMA

Notarized Claim Voucher
And

Disbursement of Payroll Withholdings

CLAIM OF: Oklahoma County Cons. Dist. D #56

ALT. NAME:

Vend I.D.: 73-0722673 LOC.:

\$2,520.48

TOTAL CLAIM AMOUNT

AGENCY BUSINESS UNIT

CLAIM VOUCHER NO.

WARRANT NO.

OSF - AUDITED BY:

ASSIGNMENT SECTION

ASSIGNEE:

Vend I.D.: _____ LOC.: _____

Agency, Board, Comm., Dept.:

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant

Date

FOR AGENCY USE:

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												

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
9/2/2020	2		District Secretary II salary - September		\$2,520.48	

THE SECTION BELOW IS NOT REQUIRED FOR WITHHOLDING PAYMENTS-EXCEPT FOR WITHHOLDING REFUNDS

TOTAL AMOUNT APPROVED

\$2,520.48

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.)

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Claimant

State of Oklahoma County of Oklahoma

Agency's Approving Officer

Subscribed and sworn before me _____

Title Date

Notary Public (or Clerk or Judge)

My Commission expires: 11/8/2022

STATE OF OKLAHOMA

Notarized Claim Voucher
And

Disbursement of Payroll Withholdings

CLAIM OF: Oklahoma County Cons. Dist. D #56

ALT. NAME:

Vend I.D.: 73-0722673 LOC.:

\$716.79

**TOTAL
CLAIM
AMOUNT**

**AGENCY
BUSINESS
UNIT**

**CLAIM
VOUCHER
NO.**

**WARRANT
NO.**

ASSIGNMENT SECTION

ASSIGNEE:

Vend I.D.: _____ LOC.: _____

Agency, Board, Comm., Dept.:

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant

Date

FOR AGENCY USE:

OSF - AUDITED BY:

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												

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
9/2/2020	99		Special Project - Taylor Emery August salary Special Project - Manuel Marin August salary		\$371.13 \$345.66	

THE SECTION BELOW IS NOT REQUIRED FOR WITHHOLDING PAYMENTS-EXCEPT FOR WITHHOLDING REFUNDS

TOTAL AMOUNT APPROVED

\$716.79

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.)

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Claimant

State of Oklahoma County of Oklahoma

Agency's Approving Officer

Subscribed and sworn before me _____

Title Date

Notary Public (or Clerk or Judge)

My Commission expires: 11/8/2022