



Myers Engineering, Consulting Engineers, Inc.

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www.mecokc.com

City of Mangum
200 N. Oklahoma
Mangum, Oklahoma 73554

INVOICE

INVOICE DATE: 6/25/2025
INVOICE NO: 224016-6
BILLING FROM: 4/29/2025
BILLING TO: 6/23/2025

224016 - Mangum - Waterline Relocation on SH-283 J/P 35063(06)

Managed By: Bill Myers

224016 ENGINEERING SERVICES

DATE	DESCRIPTION	HOURS	RATE	AMOUNT
Anne Adkins				
5/8/2025	Engineering Assistant 3	0.40	\$145.00	\$58.00
Bill Myers				
5/19/2025	Principal Engineer	1.30	\$305.00	\$396.50
6/18/2025	Principal Engineer	2.00	\$305.00	\$610.00
Jon Alexander				
4/29/2025	CADD Designer Level 2	0.50	\$145.00	\$72.50
6/18/2025	CADD Designer Level 2	0.20	\$145.00	\$29.00
Jonathan Pipkin				
6/16/2025	Engineering Intern	0.50	\$145.00	\$72.50
6/17/2025	Engineering Intern	5.20	\$145.00	\$754.00
6/18/2025	Engineering Intern	1.00	\$145.00	\$145.00
6/20/2025	Engineering Intern	2.00	\$145.00	\$290.00
Triet Nguyen				
6/17/2025	CADD Designer Level 1	8.00	\$105.00	\$840.00
6/18/2025	CADD Designer Level 1	7.50	\$105.00	\$787.50
6/19/2025	CADD Designer Level 1	3.00	\$105.00	\$315.00
6/20/2025	CADD Designer Level 1	4.00	\$105.00	\$420.00
6/23/2025	CADD Designer Level 1	4.00	\$105.00	\$420.00
TOTAL SERVICES		39.60		\$5,210.00

SUBTOTAL \$5,210.00

AMOUNT DUE THIS INVOICE \$5,210.00

SECTION 01027

S.A. &I. 427 (1985)

AFFIDAVIT FOR PAYMENTS IN EXCESS OF \$1,000.00

STATE OF OKLAHOMA)
) SS
COUNTY OF OKLAHOMA)

The undersigned (architect, contractor, supplier or engineer), of lawful age, being first duly sworn, on oath says that this invoice or claim is true and correct. Affiant further states that the (work, services or materials) as shown by this invoice or claim have been (completed or supplied) in accordance with the plans, specifications, orders or request furnished the affiant. Affiant further states that (s)he has made no payment directly or indirectly to any elected official, officer or employee of the State of Oklahoma, any county or local subdivision of the state, of money or any other thing of value to obtain payment.

Don Alford
(Architect, contractor, supplier or engineer)

Subscribed and sworn to before me this 25th day of June, 2025

Mary Jo Peterson
Notary Public (or Clerk or Judge)



Note:

Copy of this Affidavit must be attached to any invoice submitted by an architect, contractor, Engineer or supplier of material in excess of \$1000.00, as required by 74 O.S. 1984, S. 3109

ODOT FORM 324a Rev. 06/2002 DEPARTMENT OF TRANSPORTATION Notarized Claim Form		FUND	AGENCY	ORDER NO.	CLAIM NO.	CLAIM OF: City of Mangum																																			
			345			Address: 130 N. Oklahoma																																			
		FOR AGENCY USE ONLY				City St. Zip Mangum, OK 73554																																			
					5	FEI No.																																			
ACCOUNT	SUB-ACTIVITY	OBJECT	CFDA	AMOUNT																																					
				FOR <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$5,210.00</div> AGAINST Oklahoma Department of Transportation ASSIGNMENT I hereby assign this claim to and authorize the State Treasurer to issue a warrant in payment to said assignee. Date: _____ Claimant: _____																																					
Enter the partial payment or final payment number if claim is to be charged against an encumbered order.		Partial No.	Final No.	TOTAL AMOUNT		WARRANT (LOCATOR) NO.																																			
				OSF- AUDITED BY																																					
Receipt of Goods or Services Date																																									
DATE OF DELIVERY	PURCHASE ORDER NUMBER	ITEM			UNIT PRICE	AMOUNT																																			
		QUANTITY	UNIT	DESCRIPTION																																					
				State/ Federal Project # State Utility J/P # County State/ US Highway # Engineering Services Waterline Relocation <div style="text-align: right;">Total Project Costs</div> <div style="text-align: right;">Less Company Share (Per Utility Agreement)</div> <div style="text-align: right;">Total Due</div>		 <div style="text-align: right;">\$5,210.00</div> <div style="text-align: right;">\$5,210.00</div>																																			
The undersigned contractor or duly authorized agent, of lawful age, being first duly sworn, on oath says that this claim is true and correct. Affiant states that the work, services or materials as shown by this claim have been completed or supplied in accordance with plans, specifications, orders, requests and all other terms of the contract. Affiant further states that (s)he is the duly authorized agent of the contractor for the purpose of certifying the facts pertaining to the giving of things of value to government personnel in order to procure the contract or obtain payment; (s)he is fully aware of the facts and circumstances surrounding the making of the contract and has been personally and directly involved in the proceedings leading to the procurement of the contract and the filing of this claim; and, neither the contractor nor anyone subject to the contractor's direction or control has been paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring the contract or obtaining payment. Subscribed and Sworn before me _____ Date _____ Claimant _____ State of _____ County of _____ Commission Number _____ My Commission Expires _____ Date _____ Notary Public (or Clerk or Judge)					Approval																																				
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>ODOT Acct.</th> <th>Job Piece</th> <th>Item</th> <th>Part.</th> <th>Amount</th> <th>Object</th> <th>Encumbrance</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">Total</td> <td></td> <td></td> <td></td> </tr> </table>					ODOT Acct.	Job Piece	Item	Part.	Amount	Object	Encumbrance																						Total							APPROVAL I hereby approve this claim for payment and certify it complies with the purchasing laws of this State. Agency's Approving Officer Director _____ Date _____	
					ODOT Acct.	Job Piece	Item	Part.	Amount	Object	Encumbrance																														
Total																																									