OMES FORM 3
(Revised 12/2012)

STATE OF OKLAHOMA
Notarized Claim Voucher And Disbursements of Payroll Withholdings

AGENCY BUSINESS UNIT	43000

FOR AGENCY USE: MOE 196 A
PO: 4309003603
VID: 77230 Location: 5

CLAIM OF:
City of Mangum
Margaret Carder Library

Address: 201 W Lincoln
Mangum OK 73554-4601

OBJECT ACCOUNT	AMOUNT	OBJECT ACCOUNT	AMOUNT
555110	$ 6,029.00		
TOTAL AMOUNT			$ 6,029.00

FOR
$6,029.00
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

Date

OMES-AUDITED BY:

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
12/17/2025			State Aid Grant for SFY25 reporting year (100% of grant) Budget Ref.: 26 Department: 2000001 CFDA:		$ 6,029.00	555110

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

TOTAL AMOUNT APPROVED $6,029.00

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 Oklahoma County of

Subscribed and sworn before me on , .

My Commission expires , .

Notary Public (or Clerk or Judge)

Department Supervisor's Approval Signature
(If required)

Date

Agency, Bd.,
or Div. Use