

ODOT FORM 324a Rev. 06/2002 DEPARTMENT OF TRANSPORTATION Notarized Claim Form	FUND	AGENCY	ORDER NO.	CLAIM NO.	CLAIM OF:	
		345			City of Mangum	
	<i>FOR AGENCY USE ONLY</i>				Address:	130 N. Oklahoma
				3	City St. Zip	Mangum, OK 73554
					FEI No.	

ACCOUNT	SUB-ACTIVITY	OBJECT	CFDA	AMOUNT

FOR
\$10,729.00

AGAINST

Oklahoma Department of Transportation

ASSIGNMENT

WARRANT
 (LOCATOR)
 NO.

I hereby assign this claim to

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

Enter the partial payment or final payment number if claim is to be charged against an encumbered order.	Partial No.	Final No.	TOTAL AMOUNT	Date:
				Claimant:
			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		
				35063(06) Greer US-283		
				Total Project Costs		\$10,729.00
				Less Company Share (Per Utility Agreement)		
				Total Due		\$10,729.00

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

State of

County of

My Commission Expires

Date

Notary Public (or Clerk or Judge)

Claimant

Commission Number

Approval

Approval

Approval

Approval

Approval

ODOT Accounting Distribution						
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