

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

ACCOUNT	SUB-ACTIVITY	OBJECT	CFDA	AMOUNT
				FOR \$3,566.00 AGAINST Oklahoma Department of Transportation ASSIGNMENT
Enter the partial payment or final payment number if claim is to be charged against an encumbered order.				Partial No. Final No. TOTAL AMOUNT OSF- AUDITED BY
				Date: _____ Claimant: _____
				WARRANT (LOCATOR) NO. _____ I hereby assign this claim to _____ and authorize the State Treasurer to issue a warrant in payment to said assignee.

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 #	35063(06)	
				County	Greer	
				State/ US Highway #	US-283	
				Engineering Services Power Line Relocation		
				Total Project Costs		\$3,566.00
				Less Company Share (Per Utility Agreement)		
				Total Due		\$3,566.00

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 _____ Claimant _____ Commission _____
 State of _____ County of _____ Number _____

My Commission Expires _____
 Date _____ Notary Public (or Clerk or Judge) _____

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 _____