

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																													
					12	FEI No.																													
ACCOUNT	SUB-ACTIVITY	OBJECT		CFDA	AMOUNT																														
					FOR \$6,405.50 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																															
				35063(06) Greer US-283																															
				Total Project Costs			\$6,405.50																												
				Less Company Share (Per Utility Agreement)																															
				Total Due			\$6,405.50																												
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) _____						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 colspan="4" style="text-align: right;">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																																			



Myers Engineering, Consulting Engineers, Inc.

13911 Quail Pointe Drive

Oklahoma City, OK 73134, United States

Tel: 405-755-5325 Fax: 405-755-5373

www.mecokc.com

City of Mangum
200 N. Oklahoma
Mangum, Oklahoma 73554

INVOICE

INVOICE DATE: 6/30/2026

INVOICE NO: 224016-13

BILLING FROM: 3/31/2026

BILLING TO: 6/29/2026

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

Managed By: Bill Myers

PROFESSIONAL SERVICES

DATE	EMPLOYEE	DESCRIPTION	HOURS	RATE	AMOUNT
3/31/2026	Anne Adkins	Engineering Assistant 3	0.40	\$150.00	\$60.00
4/13/2026	Anne Adkins	Engineering Assistant 3	0.40	\$150.00	\$60.00
6/18/2026	Chaz Chandler	CADD Designer Level 1	4.30	\$115.00	\$494.50
6/18/2026	Jon Alexander	CADD Designer Level 2	2.00	\$150.00	\$300.00
6/19/2026	Chaz Chandler	CADD Designer Level 1	1.50	\$115.00	\$172.50
6/19/2026	Chaz Chandler	CADD Designer Level 1	2.70	\$115.00	\$310.50
6/19/2026	Chaz Chandler	CADD Designer Level 1	4.00	\$115.00	\$460.00
6/22/2026	Chaz Chandler	CADD Designer Level 1	8.00	\$115.00	\$920.00
6/22/2026	Jon Alexander	CADD Designer Level 2	2.40	\$150.00	\$360.00
6/23/2026	Chaz Chandler	CADD Designer Level 1	4.00	\$115.00	\$460.00
6/23/2026	Jon Alexander	CADD Designer Level 2	1.50	\$150.00	\$225.00
6/26/2026	Chaz Chandler	CADD Designer Level 1	8.00	\$115.00	\$920.00
6/26/2026	Jon Alexander	CADD Designer Level 2	1.00	\$150.00	\$150.00
6/26/2026	Jon Alexander	CADD Designer Level 2	1.00	\$150.00	\$150.00
6/26/2026	Jon Alexander	CADD Designer Level 2	2.00	\$150.00	\$300.00
6/26/2026	Jon Alexander	CADD Designer Level 2	0.80	\$150.00	\$120.00
6/29/2026	Chaz Chandler	CADD Designer Level 1	4.20	\$115.00	\$483.00
6/29/2026	Chaz Chandler	CADD Designer Level 1	4.00	\$115.00	\$460.00
TOTAL SERVICES			52.20		\$6,405.50

SUBTOTAL \$6,405.50

AMOUNT DUE THIS INVOICE \$6,405.50

This invoice is due upon receipt