DRINKING WATER STATE REVOLVING FUND

			1. DI	SBURSEMENT	RFQU	FST NO.			
OUTLAY REPORT AND REQUEST FOR LOAN PROCEEDS FOR CONSTRUCTION PROGRAMS FROM THE DRINKING WATER FACILITY CONSTRUCTION REVOLVING LOAN ACCOUNT (DWSRF)			1. DISBURSEMENT REQUEST NO. 9				PAGE 1 OF 1		
			2. LOAN NUMBER ASSIGNED BY OWRB:						
			2. LOAN NUMBER ASSIGNED BY OWRB: P40-2002802-02 'ORF-24-0004-DW						
	T						4-000	4-DVV	
. EMPLOYEE 4. RECIPIENT ACCOUNT DENTIFICATION NUMBER OR OTHER ID NUMBER:			5. PERIOD COVERED BY THIS REPORT					TO: (mm/dd/yy)	
IDENTIFICATION NUMBER	OR OTHER ID NUMBER: ABA # XXXXXXXX		FROM: (mm/dd/yy)						
XX_XXXXX		# XXXXX2024	12/31/2024				2/27/2025		
6. RECIPIENT ORGANIZATION Name: Mangum Utility Authority				7. PAYEE (if different than No. 6) Name:					
No. and Street: 130 N Oklahoma Ave			No. and Street:						
City/State/Zip: Mangum, OK 73554			City/State/Zip:						
8. STATUS OF FUNDS									
	OGET & PAYMENT TRACKING				TOTAL				
CLASSIFICATIONS		BUDGET AMOUNTS	PREVIOUS TOTALS		THIS REQUEST		(cumulative amounts)		
a. Construction (Meters)		\$ 552,285.00	\$	418,437.00	\$	133,848.00	\$	552,285.00	
b. Engineering		\$ 47,900.00	\$	45,110.00	\$	2,790.00	\$	47,900.00	
c. Environmental		\$ -	\$	=	\$	-	\$	=	
d. Blank		\$ -	\$	=	\$	-	\$	=	
e. Bond Counsel		\$ 15,450.00	\$	15,450.00	\$	-	\$	15,450.00	
f. Local Counsel		\$ 2,500.00	\$	2,500.00	\$	-	\$	2,500.00	
g. Blank		\$ -	\$	-	\$	-	\$	-	
h. Blank		\$ -	\$	-	\$	-	\$	-	
i.		\$ -	\$	-	\$	-	\$	-	
j.		\$ -	\$	=	\$	-	\$	=	
k. Contingency		\$ -		N/A		N/A		N/A	
I. TOTALS		\$ 618,135.00	\$	481,497.00	\$	136,638.00	\$	618,135.00	
m. Amount Previously Requested		N/A	N/A		N/A		\$	481,497.00	
n. Amount of this request		N/A	N/A			N/A	\$	136,638.00	
o. Percent complete w/ constru	ction	N/A		N/A		N/A		100.00%	
9. CERTIFICATION I certify that to the best of my knowledge and belief the billed cost or disbursement represents the amount due which has not been previously requested and that an inspection has been performed on all construction.		a. Recipient	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL				DATE REPORT SUBMITTED		
			TYPED/PRINTED NAME AND TITLE				TELEPHONE NO.		
			Jackie Menasco, Chairman				580-782-2250		
		b. Representative Certifying to line 9a.	SIGNATURE OF AUTHO			IORIZED CERTIFYING		DATE REPORT SUBMITTED	
			TYPED/PRINTED NAME AND TITLE				TELEPHONE NO.		
			Erma Mora, Secretary			580-782-2250			