DRINKING WATER STATE REVOLVING FUND

				1. DISBURSEMENT REQUEST NO.					
OUTLAY REPORT AND REQUEST FOR LOAN PROCEEDS FOR CONSTRUCTION PROGRAMS FROM THE DRINKING WATER			8					PAGE 1 OF 1	
FACILITY CONSTRUCTION REVOLVING LOAN ACCOUNT				2. LOAN NUMBER ASSIGNED BY OWRB:					
(DWSRF)				P40-2002802-02 'ORF-24-0004-DW					
3. EMPLOYEE 4. RECIPIENT ACCOUNT				5. PERIOD COVERED BY THIS REPORT					
	OR OTHER ID NUMBER:			FROM: (mm/dd/yy)				TO: (mm/dd/yy)	
ABA # XXXXXXXX CHECKING # XXXX2024			10/24/2024					12/30/2024	
6. RECIPIENT ORGANIZATION Name: Mangum Utility Authority			7. PAYEE (if different than No. 6) Name:						
			namę.						
No. and Street: 130 N Oklahoma Ave			No. and Street:						
City/State/Zip: Mangum, OK 73554			City/State/Zip:						
8. STATUS OF FUNDS									
		BUD		GET & PAYMENT TRACKING				TOTAL	
CLASSIFICATIONS		BUDGET		PREVIOUS		THIS		(cumulative amounts)	
	-	AMOUNTS	_	TOTALS		REQUEST			
a. Construction (Meters)	\$	552,285.00	\$	418,437.00	\$	-	\$	418,437.00	
b. Engineering	\$	47,900.00	\$	36,740.00	\$	8,370.00	\$	45,110.00	
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	\$	473,127.00	\$	8,370.00	\$ \$	481,497.00	
m. Amount Previously Requested		N/A		N/A		N/A		473,127.00	
n. Amount of this request		N/A		N/A		N/A		8,370.00	
o. Percent complete w/ construction		N/A		N/A		N/A		75.76%	
9. CERTIFICATION		a. Recipient		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL				DATE REPORT SUBMITTED	
				TYPED/PRINTED NAME AND TITLE				TELEPHONE NO.	
I certify that to the best of my knowledge and				laskie Managaa, Chairman					
belief the billed cost or disbursement	-			Jackie Menasco, Chairman				580-782-2250	
represents the amount due which has not been previously requested and that an inspection has been performed on all construction.		b. Representative Certifying to line 9a.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL				DATE REPORT SUBMITTED	
				TYPED/PRINTED NAME AND TITLE				TELEPHONE NO.	
				Erma Mora, Secretary				580-782-2250	