

OMES FORM 3  
(Revised 07/2022)

AGENCY BUSINESS  
UNIT

CLAIM OF:  
TITLE:  
EMPLOYEE ID:  
MAILING ADDRESS:

STATE OF OKLAHOMA  
Notarized Claim Voucher And  
Disbursements of Payroll  
Withholdings

FOR AGENCY USE:

OBJECT ACCOUNT	AMOUNT	OBJECT ACCOUNT	AMOUNT

FOR  
\$  
AGAINST

Agency, Bd.,  
Comm., Dept.:

**ASSIGNMENT**

I hereby assign this claim to

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

Claimant Signature

TOTAL AMOUNT \$

OMES-AUDITED BY:

Date

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT

**NOTARY IS NOT REQUIRED FOR AP PAYMENTS. NOTARY IS ONLY REQUIRED FOR PAYROLL WITHHOLDING REFUNDS.**

TOTAL AMOUNT APPROVED \$

The undersigned contractor, vendor, individual, or duly sworn agent, of lawful age, upon oath says that this claim is true and correct. Affiant further states that the work, services, or materials as shown by this claim have been completed or supplied in accordance with the plans, specifications, orders, requests, and all other terms of the contract. Affiant also states that any refunds represented by this payment are due.

I certify that I am of greater level of institutional authority and completely independent from the individual being reimbursed.

\_\_\_\_\_  
Claimant

Approval Signature

State of \_\_\_\_\_ County of \_\_\_\_\_

Approval Printed Name

Subscribed and sworn before me \_\_\_\_\_

Title

My Commission expires \_\_\_\_\_

Date

Notary Public (or Clerk or Judge) \_\_\_\_\_