

OSF FORM 3  
(Revised OSF 10/03 OUHSC 12/11)

AGENCY BUSINESS UNIT

Univ of Okla Hlth Sci Ctr

CLAIM OF:  
TITLE:  
EMPLOYEE ID:  
MAILING ADDRESS: (Required for non-employees)

STATE OF OKLAHOMA

FOR AGENCY USE:

Notarized Claim Voucher And Disbursements of Payroll Withholdings

OBJECT ACCOUNT	AMOUNT	OBJECT ACCOUNT	AMOUNT

FOR  
\$   
AGAINST

Agency, Bd.,  
Comm., Dept.:

**ASSIGNMENT**  
I hereby assign this claim to:  
Vendor ID: \_\_\_\_\_  
Name: \_\_\_\_\_  
and authorize the State Treasurer to issue a warrant in payment to said assignee.

TOTAL AMOUNT \$ \_\_\_\_\_

OSF-AUDITED BY:

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT

**THIS SECTION IS NOT REQUIRED FOR WITHHOLDING PAYMENTS- EXCEPT FOR 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. (NOTE: Claimant signature only for payroll withholding refunds)

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) \_\_\_\_\_