

Cash Voucher Claim
County, Oklahoma

Claim #
Voucher #
Fund #
Acct #
Date:

Office or
Department:

In account with:

Name

Address:

Date

Description

Amount Claimed

Disallowed

Totals:

County Purchasing Agent

This claim has been reviewed by the County Purchasing Agent for compliance with the appropriate bidding procedures as required by law. *(Not required for refunds issued on cash voucher claims in accordance with 19 O.S. § 691).*

I hereby certify receipt of the above stated goods/ services in quantity indicated on delivery documentation.

Receiving Officer

Date

The County Clerk is hereby authorized to mail vouchers issued in payment of this claim to the claimant at the address indicated above.

I, the undersigned, upon oath, do depose and say that I have full knowledge of the above and foregoing account, that the said account is just, correct, due and according to law; that the amount claimed, after allowing all just credits, is now due and wholly unpaid; and that I am authorized to make this affidavit, so help me God.

Signature of claimant authorized to initiate cash voucher claim _____

For Drug Court (or other diversion program) use only:

Expenditure approved by: _____
Name Title Date

Subscribed and sworn to before me this date of:

County Clerk: _____ Audited and approved for _____

By Deputy: _____

NOTICE: This form is to be used in making claims for those accounts specifically authorized as a cash voucher account, not subject to Board of County Commissioners' Approval.