

OFFICIAL COURT FUND CLAIM

STATE OF OKLAHOMA - _____ COUNTY

Claim Number: _____

Voucher Number: _____

Name of Claimant: _____

Mailing Address: _____

INVOICE:

PURPOSE:

Date	Items	Disallowed Amount	Account	Claim Amount
	The Court is Hereby Authorized to Mail the Voucher to the Claimant at the Address Herein Above Stated.		TOTAL	

AFFIDAVIT

The undersigned (architect, contractor, engineer or supplier of construction materials), of lawful age, being first duly sworn, on oath says that this invoice or claim is true and correct. Affiant further states that the (work, services or materials) as shown by this invoice or claim have been (completed or supplied) in accordance with the plans, specifications, orders or requests furnished the affiant. Affiant further states that (s)he has made no payment directly or indirectly to any elected official, officer or employee of the State of Oklahoma, any county or local subdivision of the state, of money or any other thing of value to obtain payment of the invoice or procure the contract or purchase order pursuant to which an invoice is required. 62 O.S. § 310.9.

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Claimant or Their Authorized Agent _____

Notary Public (or Court Clerk or Judge) _____

My commission expires _____ By _____ Deputy

<u>ACKNOWLEDGING</u>
Supplies and materials delivered to me, or services rendered under my supervision, exactly as stated.
Signature _____
Title _____
Date _____

<u>ACTION OF GOVERNING BOARD OF COURT FUND</u>
Claim considered this _____ day _____, _____.
Amount disallowed \$ _____
Audited and Allowed for \$ _____
By Order of the Board
District Judge _____
Associate District Judge _____
District Court Clerk _____