OFFICIAL COURT FUND CLAIM S.A.& I. 2512C

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, supplier or engineer), 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. 74 O.S. 2000 §3109.

_____
Signature of Claimant or Their Authorized Agent

Subscribed and sworn to before me this _____

day of _____ , _____.

_____
Notary Public (or Court Clerk or Judge)

My commission expires _____

By_____Deputy

ACKNOWLEDGING

Supplies and materials delivered to me, or services rendered under my supervision, exactly as stated.

_____
Signature

_____
Title

_____
Date

ACTION OF GOVERNING BOARD OF COURT FUND

Claim considered this _____ day _____, _____.
Amount disallowed $_____
Audited and Allowed for $_____

By Order of the Board

_____
District Judge

_____
Associate District Judge

_____
District Court Clerk