

Purpose	Amount
Self Defense	
Service	
Mileage	
Passport photos	
Misc. (copies, etc.)	
Other	
Uninsured Motorist	
Temp. Insurance Pool	
Admin fee	
Agency fee	
Daily Rate	
Total	0

SA&I Form 212 (2013)

Cash

Check

RECEIPT
OFFICE OF THE SHERIFF
OKLAHOMA COUNTY

Number: _____

STATE OF OKLAHOMA

Oklahoma City, Ok

Date _____

Received of: _____ \$ _____

Dollars

Purpose: _____

Case or Citation Number: _____

By: _____

Sheriff

Undersheriff or deputy