PENDING APPROVAL

969
Revised April 2002

STATE OF OKLAHOMA

NOTARIZED CLAIM FORM

FUND	AGENCY	(1) ACCOUNT	ORDER NO.	CLAIM NO.
	695			

FOR AGENCY USE

OKLAHOMA TAX COMMISSION

(2) ACCT.	OBJECT	AMOUNT	(2) ACCT.	OBJECT	AMOUNT
			TOTAL AMOUNT		

OFFICE OF STATE FINANCE
AUDITED BY

Claim of:

Oklahoma County Treasurer
320 Robert S. Kerr Rm 307
Oklahoma City, OK 73102
P.O. Address

FOR

$ 779,382.50

AGAINST

Agency, Bd.
Comm., Dept.

ASSIGNMENT

I hereby assign this claim to _____

and authorize the State Treasurer to issue His warrant in payment to said assignee.

Date: _____

_____
Claimant

Ad Valorem Division

Enter the partial payment or final payment number if claim is to be charged against an encumbered order.

Partial No.	Final No.

(1) For use if claim is to be charged against a single Account number.

(2) For use if claim is to be charged against multiple Account numbers.

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT
			Loss of revenue to Oklahoma County and the School Districts therein due to the Additional Homestead Exemptions allowed for the year 09 as detailed on the attached sheet. This claim is made in accordance with the provisions of 62 O.S. Supp. 2001 §193		779,382.50	

The State Treasurer is hereby authorized to deliver warrant issued in payment of this claim to the Approving Officer in Charge of Agency, Board, Commission or Department above named, and such officer is authorized to mail said warrant to claimant hereinabove named.

The undersigned contractor or duly authorized agent, or lawful age, being first duly sworn, on 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 further states that (s)he is the duly authorized agent of the contractor for the purpose of certifying the facts pertaining to the giving of things of value to government personnel in order to procure the contract or obtain payment; (s)he is fully aware of the facts and circumstances surrounding the making of the contract and has been personally and directly involved in the proceedings leading to the procurement of the contract and the filing of this claim; and, neither the contractor nor anyone subject to the contractor's direction or control has been paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring the contract or obtaining payment.

Subscribed and sworn to before me _____, _____.

X _____
Claimant

State of _____ County of _____

My Commission expires _____, _____.

_____
Notary Public (or Clerk or Judge)

TOTAL AMOUNT APPROVED	

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.

_____
Agency's Approving Officer

_____
Title Date

Agency, Bd.
or Div. Use

_____
Division Director Signature

PENDING APPROVAL

969
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STATE OF OKLAHOMA

NOTARIZED CLAIM FORM

Ad Valorem Division
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FOR AGENCY USE

OKLAHOMA TAX COMMISSION

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OFFICE OF STATE FINANCE
AUDITED BY

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Oklahoma County Treasurer
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$ 779,382.50

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and authorize the State Treasurer to issue His warrant in payment to said assignee.

Date: _____

Claimant:

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT
			Loss of revenue to Oklahoma County and the School Districts therein due to the Additional Homestead Exemptions allowed for the year 09 as detailed on the attached sheet. This claim is made in accordance with the provisions of 62 O.S. Supp. 2001 §193		779,382.50	

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Subscribed and sworn to before me _____, ____.

_____
Claimant

State of _____ County of _____

My Commission expires _____, ____.

_____
Notary Public (or Clerk or Judge)

TOTAL AMOUNT APPROVED	

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.

_____
Agency's Approving Officer

Title _____ Date _____

Agency, Bd.
or Div. Use

_____
Division Director Signature

PENDING APPROVAL

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STATE OF OKLAHOMA
NOTARIZED CLAIM FORM

FUND	AGENCY	(1) ACCOUNT	ORDER NO.	CLAIM NO.
	695			

FOR AGENCY USE

OKLAHOMA TAX COMMISSION

(2) ACCT.	OBJECT	AMOUNT	(2) ACCT.	OBJECT	AMOUNT
			TOTAL AMOUNT		

OFFICE OF STATE FINANCE
AUDITED BY

Claim of:

Oklahoma County Treasurer
320 Robert S. Kerr Rm 307
Oklahoma City, OK 73102
P.O. Address

FOR

$756,801.95

AGAINST

Agency, Bd.
Comm., Dept.

ASSIGNMENT

I hereby assign this claim to _____

and authorize the State Treasurer to issue His warrant in payment to said assignee.

Date: _____

Claimant:

Ad Valorem Division

Enter the partial payment or final payment number if claim is to be charged against an encumbered order.

Partial No.	Final No.

(1) For use if claim is to be charged against a single Account number.

(2) For use if claim is to be charged against multiple Account numbers.

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT
			Loss of revenue to Oklahoma County and the School Districts therein due to the Additional Homestead Exemptions allowed for the year 08 as detailed on the attached sheet. This claim is made in accordance with the provisions of 62 O.S. Supp. 2001 §193		756,801.95	

Last Year's

RECEIVED
APR 24 2009
OKLAHOMA TAX COMMISSION
Ad Valorem Div.

The State Treasurer is hereby authorized to deliver warrant issued in payment of this claim to the Approving Officer in Charge of Agency, Board, Commission or Department above named, and such officer is authorized to mail said warrant to claimant hereinabove named.

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Subscribed and sworn to before me 22 April '09

State of Oklahoma County of Oklahoma

My Commission expires 15 June, 2011

Notary Public (or Clerk or Judge)

TOTAL AMOUNT APPROVED	

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.

Agency's Approving Officer

Title Date

Agency, Bd. or Div. Use

Division Director Signature