OMES Form 15A
(Revised 12/12)

**STATE OF OKLAHOMA**

Claim Jacket Voucher Form

**CLAIM OF:**
**Address:**

**Alt. Name:**
**Vend I.D.:** LOC.:

| TOTAL CLAIM AMOUNT | AGENCY BUSINESS UNIT | CLAIM VOUCHER NO. | WARRANT NO. |
|---|---|---|---|
| | | | |

Agency, Board, Comm., Dept.:

**ASSIGNMENT SECTION**

ASSIGNEE: _____

Vend I.D.: _____ LOC.: _____

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant Signature Date

OMES - AUDITED BY:

| INVOICE NO. | INVOICE DATE |
|---|---|
| | |

Description

| ORDER NO. | AMOUNT | OBJECT ACCOUNT | OBJECT SUB-ACCT | FUNDING CLASS | ACT/SUB DEPT | BUDGET REF YR | CFDA CHARTFIELD | PROGRAM | PROJECT | OPER UNIT | RESERVED | RESERVED |
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| TOTAL | | | | | | | | | | | | |

AGENCY USE:

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

Agency's Approving Officer

Title Date