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.:

OMES - AUDITED BY:

INVOICE NO.	INVOICE DATE

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

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
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