| | | FUND | AGENCY | | ORDER NO. | | CLAIM NO. | | CLAIM OF: | Muskogee County | | |
|---|---|--|----------|-------------|-----------------------------|---------------|--|----------------------------|-----------------------------------|--|------------------|--|
| | | | | 345 | | | | l | | | | |
| | | FOR AGENC | | 345 NV V | | | | Address: City St. Zip | PO Box 2307 Muskogee, OK 74402 | | | |
| | | TON AGENC | 7 03E 0 | NL 1 | | a a | | Oity Oil 2 | | Muskogee, OK 74402 | | |
| Notarized Claim Form | | | | | | | | FEI No. | | | | |
| ACCO | UNT | SUB-ACT | IVITY | | OBJECT | CFDA | | AMOUNT | | FOR | | |
| 5 | | | | | | | | | | POR | | |
| | | | | | | | | | | \$230,814.00 | | |
| | | | | | | | | | | AGAINST | | |
| | | | | | | | | | | Oklahoma Department of T | ransportation | |
| | | | | | | | | | | ASSIGNMENT | WARRANT | |
| 300 | | | | | | | | | I hereby assi | gn this claim to | (LOCATOR) NO. | |
| RETENT | | | | | | | | | li Horoby door | gri uno ciami to | 100 | |
| | | | | | | | | | Warren CAT | | _ | |
| | | | | | | | | 230,814.00 | | e the State Treasurer to issue payment to said assignee. | | |
| payment or final | | | | Partial | Final | | | | Date: | 3-15-2 | | |
| number if claim is order. | | | | No. | No. | TOTAL A | MOUNT | \$230,814.00 | Claimant: | Kaitter D. No. | ລ | |
| | | | | | | OSF- AUD | DITED BY | | Ciairiant. | THE PART OF THE | /- | |
| | | | | Receipt | of Goods or Services Da | ate | | | | | | |
| | | · | Dep | | Services Issued Contrac | | | | | | | |
| DATE OF | PURCHASE ORDER | | | | | ITEM | | | | UNIT | AMOUNT | |
| DELIVERY NUMBER QUANTITY UNIT | | | | DESCRIPTION | | | | | | PRICE | AMOUNT | |
| | | | 14 | | | | | | | | | |
| | 1 ea 2020 Caterpillar 140 SW Motor Grader | | | | | | | | 230,814.00 230,814 | | | |
| Serial # 0N9400389 | | | | | | uci | | | 250,014.00 | 230,814.00 | | |
| | | | | 99-270 | 7 | | | | | | | |
| 7 6 9 2 | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | being first duly sworn, on | | | | Approval | | | |
| is true and correct. Affiant states that the work, services or materials as shown by this claim have been completed or supplied in accordance with plans, specifications, orders, requests and all other terms of the contract. Affiant further | | | | | | | | | \$230,814.00 | | | |
| states that (s)he is | the duly authoriz | or for the purpose of certifying the facts pertaining to the | | | | | Approval | | | | | |
| giving of things of value to government personnel in order to | | | | | | | | | | \$230,814.00 | | |
| 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 | | | | | | | | Approval | | Ψ230,014.00 | | |
| anyone subject to the contractor's direction or control has been paid, given or donated or agreed to pay, give or donate | | | | | | | | | Valle | | | |
| | | | a any mo | oney or o | ther thing of value, either | directly or | indirectly, | Milling. | Annaval | Semil for | \$230,814.00 | |
| in procuring the co Subscribed and | ntract or obtaining | g payment. | | | Vai -11 | 0 | 1 | COUNT | Approval | ' 1 | | |
| Sworn to before m | е | 3-15- | 2 | • | Neway | 76 | Vic | */** | 0'- | | \$230,814.00 | |
| | | date | ' | | Claimant | | : P. | *** | Approval | | | |
| State of | | | C | ounty of | | | Commission Number | * * * | 1.5- | | \$230,814.00 | |
| | | | • | , | 1 | _ | =0. | | Approval | | <u> </u> | |
| | | | | | 1)00/ | \sqrt{N} | IN A | 0 * | 6 | | **** | |
| My Commission E | xpires | date | | • | Notar | y Public (or | Clerk or dud | * | 100 | | \$230,814.00 | |
| | | | | OT Accor | unting Distribution | y r abile (or | OICIN OILOUA | AL | | | | |
| ODOT Acct. | Job Piece | Item | Part. | | Amount U | Obj | ject | Encumbrance | , | APPROVAL | | |
| | | | | | | | | | | nereby approve this claim for pa | | |
| | | | | | | | complies with the purchasing laws of this State. | | | | | |
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| | | | | | | | | Agency's Approving Officer | | | | |
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