

FUND	AGENCY	ORDER NO.	CLAIM NO.
	345		
FOR AGENCY USE ONLY			

CLAIM OF: Muskogee County
Address: PO Box 2307
City St. Zip: Muskogee, OK 74402
FEI No. _____

Notarized Claim Form

ACCOUNT	SUB-ACTIVITY	OBJECT	CFDA	AMOUNT
				90,802.00

FOR
\$90,802.00
AGAINST

Oklahoma Department of Transportation
ASSIGNMENT
I hereby assign this claim to
Bruckner Truck Sales
and authorize the State Treasurer to issue
a warrant in payment to said assignee.
Date: _____
Claimant: Reinhold Gf

WARRANT
(LOCATOR)
NO.

payment or final number if claim is order.
Partial No. _____ Final No. _____
TOTAL AMOUNT **\$90,802.00**
OSF- AUDITED BY _____

Receipt of Goods or Services Date
Dept. Central Services Issued Contracts Only:

DATE OF DELIVERY	PURCHASE ORDER NUMBER	ITEM		UNIT PRICE	AMOUNT
		QUANTITY	UNIT DESCRIPTION		
		1	ea 2021 Mack MD Single-Axle 10' Dump Truck Serial # 1M2MDBAA8NS002501 99-2706	90,802.00	90,802.00

Approval Reinhold Gf \$90,802.00
Approval K. D. ... \$90,802.00
Approval Kemp ... \$90,802.00
Approval _____ \$90,802.00
Approval _____ \$90,802.00
Approval _____ \$90,802.00

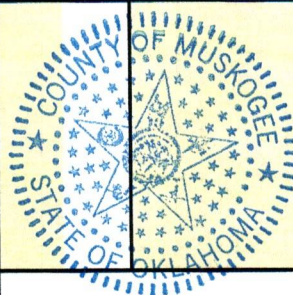


The undersigned contractor or duly authorized agent, of lawful age, being first duly sworn, on oath says that this claim is true and correct. Affiant states that the work, services or materials as shown by this claim have been completed or supplied in accordance with plans, specifications, orders, requests and all other terms of the contract. Affiant further 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 _____ date _____ Claimant K. D. ...
State of _____ County of _____ Commission Number _____
My Commission Expires _____ date _____ Notary Public (or Clerk or Judge) Dee ...

ODOT Accounting Distribution

ODOT Acct.	Job Piece	Item	Part.	Amount	Object	Encumbrance



APPROVAL
I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.
Agency's Approving Officer _____
Director _____ Date _____

Total