



STATE OF OKLAHOMA
MUSKOGEE COUNTY
FILED OR RECORDED

2024 AUG 30 AM 8:43

POLLY IRVING
COUNTY CLERK

CERTIFICATE OF CONTRIBUTIONS NO: 25-02

TO THE Muskogee COUNTY BOARD OF HEALTH, STATE OF OKLAHOMA.
I, the undersigned, County Treasurer in and for Muskogee County, Oklahoma,

Herby certify that on the date of AUGUST 30TH, 2024, I received a contribution in

The amount of \$ 53,888.46 from the Muskogee County Health
Department and have issued Miscellaneous Receipt No. _____ for, and have credited
To the County Health Department Fund/Public Health Budget Account the amount stated.

Done at Muskogee, Oklahoma, this 30TH day of AUGUST, 2024.

Shelly Sumpter County Treasurer

By Jarah Newman Deputy

APPRORIATION OF FUNDS TO Muskogee COUNTY HEALTH DEPARTMENT
TO THE COUNTY CLERK Muskogee COUNTY, OKLAHOMA.

In accordance with an agreement entered into by the Muskogee County Board of Health

And Muskogee County Health Department pursuant to the provisions of
Section 1-206:1, Title 63, 1969 Supplement to the Oklahoma Statutes of 1961, you are directed

To use the contribution named above to add in the amounts shown to the specific items of
appropriation listed below.

County Health Department Fund/
Public Health Budget Account

1a.	Personal Service	\$ _____
1c.	Travel	\$ _____
2.	Maintenance and Operation	\$ <u>53,888.46</u>
3.	Capital Outlay	\$ _____

Tina Johnson Administrative Director
by Shelly Sumpter

16th day of Sept 20 24
Chairman _____
Member Keith Kelly
Member James Ray
Attest Polly Irving
County Clerk



with the report of the County Health Department for
the month of:

August

Beginning Depository Balance:	\$0.00
ADD: Collections	\$54,585.46
Cancelled Vouchers	
Subtract: Vouchers Issued	\$54,585.46
Ending Depository Balance	\$0.00
ADD: Vouchers Issued, Not Reg	
Deposits in	
Transit: Beginning	
Treasurers Errors	
County Clerks Errors	
Treasurer's Balance	\$0.00
Treasurer (or deputy) initials:	

COUNTY HEALTH MUSKOGEE COUNTY
APPROVED BY THE BOARD OF COUNTY COMMISSIONERS
THIS 16th DAY OF Sept 20 24

(Chairman) *[Signature]*
(Member) *[Signature]*
(Member) *[Signature]*
(Attest) *[Signature]*

STATE OF OKLAHOMA
MUSKOGEE, OKLAHOMA
FILED
THIS DAY OF 20
POLLY IRVING, County Clerk
BY: _____ Deputy

_____ day of _____, 20____
Chairman _____
Member _____
Member _____
Attest _____ County Clerk

MUSKOGEE County, Okla
For month ending on the: 30th
day of August 2024
Filed this: 30th day
Of August 2024
County Clerk

I, Tina Johnson, duly elected or appointed,
qualified and acting in and for Muskogee County
Oklahoma, do solemnly swear that the above is
true and correct report of all feeds charged and
collected in my office for this month ending on the
30th day of Aug. 2024

Tina Johnson by *[Signature]* Title
Name *[Signature]*
Subscribed and sworn to before me this
30th day of Aug. 2024

[Signature] - Barbosa
Notary Public
My Commission Expires: 05/28/28



MUSKOGEE COUNTY CLERK
POLLY IRVING
318 NW OG 90V 4202
MUSKOGEE COUNTY
VADHR 210 30 STAYS
FILED OR RECORDED



