

ODOT FORM 324a Rev. 06/2002 <b>DEPARTMENT OF          TRANSPORTATION</b> Notarized Claim Form	FUND	AGENCY	ORDER NO.	CLAIM NO.	CLAIM OF:
		345			<b>County of Muskogee</b>
					Address:
					<b>400 West Broadway</b>
					City St. Zip
					<b>Muskogee, OK 74401</b>
					FEI No.

ACCOUNT	SUB-ACTIVITY	OBJECT	CFDA	AMOUNT
				FOR <b>\$453,589.13</b> AGAINST Oklahoma Department of Transportation ASSIGNMENT I hereby assign this claim to <b>Cook Consulting, LLC</b> and authorize the State Treasurer to issue a warrant in payment to said assignee.
				WARRANT (LOCATOR) NO.

Enter the partial payment or final payment number if claim is to be charged against an encumbered order.	Partial No.	Final No.	TOTAL AMOUNT	Date:
			OSF- AUDITED BY	Claimant: <i>[Signature]</i>

Receipt of Goods or Services Date

DATE OF DELIVERY	PURCHASE ORDER NUMBER	ITEM		UNIT PRICE	AMOUNT
		QUANTITY	UNIT		
					<b>State/ Federal Project # SAP-251D(147)</b> <b>State Utility J/P # 35987(04)</b> <b>County Muskogee</b> <b>State/ US Highway # Smith Ferry Road</b>
<b>Total Project Costs</b>					<b>\$453,589.13</b>
<b>Less Company Share (Per Utility Agreement)</b>					
<b>Total Due</b>					<b>\$453,589.13</b>

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.

Approval *[Signature]*

Approval *[Signature]*

Approval *[Signature]*

Approval

Approval

Approval

Subscribed and Sworn before me 10/23/23 *[Signature]*  
 Date Claimant Commission

State of OK County of Muskogee Number

My Commission Expires            *[Signature]*  
 Date Notary Public (or Clerk or Judge)

ODOT Acct.	Job Piece	Item	Part.	Amount	Object	Encumbrance
Total						

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 \_\_\_\_\_

