

OMES FORM 3  
(Revised 12/2012)

AGENCY BUSINESS  
UNIT

CLAIM OF:

STATE OF OKLAHOMA  
Notarized Claim Voucher And  
Disbursements of Payroll  
Withholdings

FOR AGENCY USE:

OBJECT ACCOUNT	AMOUNT	OBJECT ACCOUNT	AMOUNT
TOTAL AMOUNT		\$	
OMES-AUDITED BY:			

Address: \_\_\_\_\_

FOR  
\$   
AGAINST

Agency, Bd.,  
Comm., Dept.: \_\_\_\_\_

**ASSIGNMENT**

I hereby assign this claim to \_\_\_\_\_

and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant Signature \_\_\_\_\_

Date \_\_\_\_\_

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT

<b>THIS SECTION IS NOT REQUIRED FOR WITHHOLDING PAYMENTS- EXCEPT FOR WITHHOLDING REFUNDS</b>	<b>TOTAL AMOUNT APPROVED</b> \$ _____
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The undersigned contractor, vendor, individual, or duly sworn agent, of lawful age, upon oath says that this claim is true and correct. Affiant further states that the work, services, or materials as shown by this claim have been completed or supplied in accordance with the plans, specifications, orders, requests, and all other terms of the contract. Affiant also states that any refunds represented by this payment are due. (NOTE: Claimant signature only for payroll withholding refunds)

\_\_\_\_\_

Department Supervisor's Approval Signature  
(If required)

\_\_\_\_\_

Date

\_\_\_\_\_ Claimant

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn before me \_\_\_\_\_

My Commission expires \_\_\_\_\_

Notary Public (or Clerk or Judge) \_\_\_\_\_

Agency, Bd.,  
or Div. Use

OSF Form 3 – Personal Reimbursement :

1. Create purchase order (see “requisition process” attached).
2. After you receive the purchase order by e-mail you then have permission to obligate funds.
3. Fill out OSF 3 - Personal Reimbursement form:
  - a. Type your name
  - b. Enter amount
  - c. Enter Department number
  - d. Type your name
  - e. Sign here after printing ( signatures must be original)
  - f. Enter date
  - g. Enter object codes
  - h. Enter amount for each object code
  - i. Add all amounts and make sure they total the receipts
  - j. Enter date of receipt
  - k. Enter quantity
  - l. Enter item description
  - m. Enter unit price
  - n. Enter grand total for this item
  - o. Enter object code
  - p. Enter total here – must match total in “c”
  - q. Have Department Supervisor sign
  - r. Have Department Supervisor date
4. Attach the OSF Form 3 Personal Reimbursement to the purchase order along with invoice.  
Invoice must be original and have signature of employee.
5. Turn into the Business Office

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AGENCY BUSINESS  
UNIT

FOR AGENCY USE:

CLAIM OF:

a

Address:

FOR

\$

b

AGAINST

Agency, Bd.,

Comm., Dept.:

c

ASSIGNMENT

I hereby assign this claim to

d

and authorize the State Treasurer to issue a warrant in payment to  
said assignee.

Claimant Signature

e

TOTAL AMOUNT

\$

f

OMES-AUDITED BY:

Date

g

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
j		k	L	m	n	o

THIS SECTION IS NOT REQUIRED FOR WITHHOLDING PAYMENTS-  
EXCEPT FOR WITHHOLDING REFUNDS

TOTAL AMOUNT APPROVED

\$

p

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payment are due. (NOTE: Claimant signature only for payroll withholding refunds)

Department Supervisor's Approval Signature  
(If required)

q

Date

r

Claimant

Agency, Bd.,  
or Div. Use

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn before me \_\_\_\_\_

My Commission expires \_\_\_\_\_

Notary Public (or Clerk or Judge) \_\_\_\_\_