

ODOT FORM 324a
Rev. 06/2002
DEPARTMENT OF
TRANSPORTATION
Notarized Claim Form

FUND	AGENCY	ORDER NO.	CLAIM NO.	CLAIM OF:
	345			Don C. Couch
FOR AGENCY USE ONLY				Address: City St. Zip
ACCOUNT	SUB-ACTIVITY	OBJECT	CFDA	AMOUNT
Enter the partial payment or final payment number if claim is to be charged against an encumbered order.				FEI No.
Partial No.	Final No.	TOTAL AMOUNT		FOR \$7,000.00 AGAINST
		OSF- AUDITED BY		Oklahoma Department of Transportation ASSIGNMENT I hereby assign this claim to and authorize the State Treasurer to issue a warrant in payment to said assignee.
				WARRANT (LOCATOR) NO.
				Date: Claimant:

Receipt of Goods or Services Date

DATE OF DELIVERY	PURCHASE ORDER NUMBER	ITEM		UNIT PRICE	AMOUNT
DATE		QUANTITY	UNIT	DESCRIPTION	
				Payment for the acquisition of 0.16 acres of permanent Right-of-Way (P-5) and damages.	\$7,000.00
				Improvements to be purchase include: none.	
				Damages include: none. This property is a partial acquisition and includes any and all damages within the acquired area.	
				Total Compensation	\$7,000.00
				J/P No.: 26308(04) Project: STP-172A(457)IG County: Wagoner Parcel: 5	
CLAIM 1 OF 1					

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 ~~any other person~~ 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 direct 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 before me on 09/03/19 Date Don Couch
#15008207
State of Oklahoma County of Comanche Number 15008207
My Commission Expires 09/10/2016 Date M Pires-Alsagan
Notary Public (or Clerk or Judge)

Approval	Pam Hansel	\$7,000.00
Approval	Sara Wylly	\$7,000.00
Approval		\$7,000.00
Approval		\$7,000.00
Approval		\$7,000.00
Approval		\$7,000.00

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 _____