

**OKLAHOMA DEPARTMENT OF EMERGENCY MANAGEMENT (OEM)****PUBLIC ASSISTANCE****REQUEST FOR ADVANCE OR REIMBURSEMENT PAYMENT**

<b>NORMAN, CITY OF</b>				<b>DR Type</b>
DEPARTMENT	OBJECT ACCOUNT	CFDA#	Batch #	SEVERE STORMS, TORNADOES, FLOODING MAY 2013
95- 4117 -3	554120	97.036	4117-S3	

VENDOR ID <b>76924</b>	LOCATION <b>#7</b>	Voucher #	DUNS NUMBER <b>832238146</b>
Tax ID/EIN	FIPS CODE <b>027-52500-00</b>	Bundle#: <b>S</b>	Prepared by _____

APPLICANT  
**NORMAN, CITY OF**  
**201 W GRAY ST**  
**NORMAN OK 73069-**

PAYMENT OF STATE FUNDS FOR  
 NON-FEDERAL SHARE OF FEMA  
 GRANT PROJECTS INDICATED IN  
 THE BOX BELOW.

COMPUTATION OF AMOUNT OF REIMBURSEMENT/ADVANCES REQUESTED 15 Alpha Large 424 Fund

## REMARKS

PA:FEMA DR 4117 PW 8 & 139: CITY OF NORMAN

Cat	PW + Vsn	424 Fund
A	4117-00008(0)-S	\$39,475.56
A	4117-00139(0)-S	\$8,876.00
Total		\$48,351.56

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL      DATE REQUEST SUBMITTED

\_\_\_\_\_  
 Michelann Ooten  
 Deputy Director  
 Telephone (405)521-2481

9/23/2013  
 \_\_\_\_\_  
 Date

I certify that the amount claimed on this voucher is correct and just and that payment has not been received.

\_\_\_\_\_  
 Governor's Authorized Representative

9/23/2013  
 \_\_\_\_\_  
 Date