_ 10/01/2012

309 DEPARTMENT OF CIVIL EMERGENCY MANAGEMEN Warrant No 106339544

Account/ Invoice Number PA-1917 PW3 & 3v.1 #2465 SP Inv Date

Invoice Amt

Message vchr # 00050393

2012/07/09 49,577.75

THE BACK OF THIS DOCUMENT CONTAINS A WATERMARK, HOLD AT AN ANGLE TO VIEW.



STATE OF OKLAHOMA STATE TREASURY, OKLAHOMA CITY

309 DEPARTMENT OF CIVIL EMERGENCY MANAGEMEN

WARRANT#

*****\$49,577.75

10/01/2012

TO THE STATE TREASURER

PAY TO THE ORDER OF Forty nine thousand five hundred seventy seven and 75/100 Dollars

Hadadidahaladidahdadidadid CITY OF NORMAN

415 E MAIN NORMAN, OK 73071-5820 VOID AFTER 90 DAYS

KEN MILLER

STATE TREASURER

#106339544# #103000855# ?92546?#

OSF Form 15A (Revised 7/03)

STATE OF OKLAHOMA

Claim Jacket Voucher Form

CLAIM OF:	CITY OF NORM
Address:	415 E MAIN; NO

Alt Name:

Vend I.D.:

Alt Name

ΙAΝ 415 E MAIN; NORMAN, OK, 73071-5820

30900 AGENCY BUSINESS

UNIT

CLAIM WARRANT VOUCHER NO. NO.

Not Paid

00050393

0000076924

LOC: 0007

VOUCHER DATE:

Civil Emergency Management

49,577.75

TOTAL

CLAIM

AMOUNT

Agency Board, Comm., Dept:

September/19/2012

Warrant Dt:

P	age	1	of	1

OSF - AUDITED BY INVOICE INVOICE NO. DATE PA-1917 PW3 & 3v.1 #2465 SP 7/9/2012 ASSIGNMENT SECTION ASSIGNEE: Address:

LOC:

Vend I.D.: I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said

Claimant

Date

DESCRIPTION:

Related Voucher No.

Amt

	 						L				ţ
ORDI	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	49,577.75	554120		42400	9519173	13					

TOTAL

49,577.75

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.

Approving Officer's Name:

JACK W. PESNELL, CPA

COMPTROLLER

9/20/201





VCHR

(Rev. 1/2012)

OKLAHOMA DEPARTMENT OF EMERGENCY MANAGEMENT (OEM) PUBLIC ASSISTANCE

REQUEST FOR ADVANCE OR REIMBURSMENT PAYMENT

NORMAN, CITY OF DEPARTMENT OBJE 95- 1917 -3	CT ACCOUNT	Batch # 1917-S3		DR Typ STORMS AI OES MAY 2	ND
VENDOR ID 76924	LOCATION #7	Voucher	``	DUNS NUMBER	
Tax ID/EIN	FIPS CODE 027-52500-00	Bundle#	#:	Prepared b	у С
APPLICANT NORMAN, CITY OF 415 E MAIN NORMAN OK 73071			NON-FEDI	ERAL SHARI ROJECTS INI	FUNDS FOR E OF FEMA DICATED IN
COMPUTATION OF AMOU	NT OF REIMBURSEMENT/AI	OVANCES REQUES	STED	15 Alpha La	arge 424 Fund
REMARKS PA: FEMA DR 1917 PW 3:CI	TY OF NORMAN		A 1917-	V + Vsn 00003(0)-S 00003(1)-S Total	424 Fund \$104,154.04 (\$54,576.29) \$49,577.75
that all outlays were made in a	knowledge and belief the data a accordance with the grant condit a due and has not been previously	ions or other			
Wille of AUTHORIZED C	(/) /	7/09/2012			
Michelann Ooten Deputy Director Telephone (405)521-2481		Date			
payment has not been receive		7/09/2012			
Governor's Authorized Repres	entative	Date	<u> </u>		

10/01/2012

309 DEPARTMENT OF CIVIL EMERGENCY MANAGEMEN Warrant No 106339543

Account/ Invoice Number

Inv Date Invoice Amt

Message vchr # 00050392

PA-1917 PW8-213 #2465 SP

2012/07/09 18,582.84

THE BACK OF THIS DOCUMENT CONTAINS A WATERMARK, HOLD AT AN ANGLE TO VIEW



STATE OF OKLAHOMA

STATE TREASURY, OKLAHOMA CITY

309 DEPARTMENT OF CIVIL EMERGENCY MANAGEMEN

WARRANT# 106339543 DATE ISSUED

10/01/2012

TO THE STATE TREASURER

Eighteen thousand five hundred eighty two and 84/100 Dollars PAY TO THE ORDER OF

*****\$18,582.84

VOID AFTER 90 DAYS

CITY OF NORMAN **415 E MAIN** NORMAN, OK 73071-5820

KEN MILLER STATE TREASURER

106339543# #103000855# 792546?#

OSF Form 15A (Revised 7/03)

STATE OF OKLAHOMA

Claim Jacket Voucher Form

CLAIM OF:	CITY
Address:	415 E

Alt Name:

Alt Name

Vend I.D.;

OF NORMAN 15 E MAIN; NORMAN, OK, 73071-5820

30900 00050392 AGENCY CLAIM BUSINESS VOUCHER

UNIT

18,582.84

Civil Emergency Management

TOTAL

CLAIM

AMOUNT

Agency Board, Comm., Dept;

WARRANT NO.

Not Paid

Vend I.D.: 0000076924 ASSIGNMENT SECTION

LOC: 0007 VOUCHER DATE:

September/19/2012

Warrant Dt:

Page 1 of 1

OSF - AUDITED BY: INVOICE INVOICE NO. DATE PA-1917 PW8-213 #2465 SP 7/9/2012 ASSIGNEE: Address:

the State Treasurer to issue a warrant in payment to said

LOC: I hereby assign this claim to the above assignee and authorize

Claimant

Date

DESCRIPTION:

Related Voucher No.

Amt

NO.

ORDER NO.	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	18,582.84	554120		42400	9519173	13					

TOTAL

18,582.84

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.

Approving Officer's Name:

JACK W. PESNELL, CPA

Title: COMPTROLLER

Date: 9/20/201

VCHR





(Rev. 1/2012)

OKLAHOMA DEPARTMENT OF EMERGENCY MANAGEMENT (OEM) PUBLIC ASSISTANCE

REQUEST FOR ADVANCE OR REIMBURSMENT PAYMENT

NORMAN, CITY OF DEPARTMENT OBJE 95- 1917 -3	CT ACCOUNT CFDA# 554120 97.036	Batch # 1917-S3		DR Type STORMS ANI OES MAY 201		
VENDOR ID 76924	LOCATION #7	Voucher #	, ,	DUNS NUMBER		
Tax ID/EIN	FIPS CODE	Bundle#:		Prepared by		
APPLICANT NORMAN, CITY OF 415 E MAIN NORMAN OK 73071	027-52500-00		NON-FEDI	OF STATE FI ERAL SHARE ROJECTS INDI	OF FEMA	
COMPUTATION OF AMOU	NT OF REIMBURSEMENT/AI	OVANCES REQUEST	ГED	15 Alpha Sma	ll 424 Fund	
REMARKS PA: FEMA DR 1917 PW 8, 1 NORMAN	1, 12, 14, 25, 83, 84, 143-145, 2	12, 213;CITY OF	B 1917 B 1917	V+Version -00008(0)-S -00011(0)-S -00012(0)-S -00014(0)-S	424 Fund \$1,118.24 \$756.44 \$4,402.96 \$158.88	
that all outlays were made in a	knowledge and belief the data a accordance with the grant condit s due and has not been previous	ions or other	G 1917	7-00025(0)-S 7-00083(0)-S 7-00084(0)-S	\$1,251.62 \$1,177.45 \$413.75	
SIGNATURE OF AUTHORIZED O	/	7/09/2012	E 1917	/-00143(0)-S	\$225.50	
Michelann Ooten Deputy Director Telephone (405)521-2481		Date	B 1917	/-00144(0)-S /-00145(0)-S	\$281.30 \$6,073.50 \$1,411.57	
certify that the amount claim payment has not been receive) (/	nd just and that 7/09/2012		7-00212(0)-S Total	\$1,411.57 \$1,311.63 \$18,582.84	
Governor's Authorized Repres	entative	Date				