REQUEST FOR ADVANCE OR REIMBURSEMENT

OMB APPROVAL NO. 0348-0004

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1. TYPE OF PAYMENT REQUESTED

a. "X" one or both boxes

☐ ADVANCE ☐ REIMBURSEMENT

b. "X" the applicable box

☐ FINAL ☐ PARTIAL

2. BASIS OF REQUEST

☐ CASH

☐ ACCRUAL

3. SPONSORING AGENCY AND ORGANIZATION ELEMENT TO WHICH THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER

7. RECIPIENT ACCOUNT NUMBER OR INDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

TO (month, day, year)

9. RECIPIENT ORGANIZATION

Name

Number and Street

City, State and ZIP Code

10. PAYEE (Where check is to be sent if different than item 9)

Name

Number and Street

City, State and ZIP Code

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS REQUESTED

This request for funds is to be applied exclusively to the following list of payable items.

INVOICE NUMBER	INVOICE DATE	VENDOR'S NAME/ ADDRESS	VENDOR DUNS Number	(d) **TOTAL**
				$
				$
				$
				$
				$
				$
				$

Amount requested $ 0

AFFIDAVIT OF CLAIMANT

STATE OF

SS

COUNTY OF

The undersigned (architect, contractor, supplier or engineer), of lawful age, being first duty sworn, on oath says that this invoice or claim is true and correct. Affiant further states that the (work, services or materials) as shown by this invoice or claim have been (completed or supplied) in accordance with the plans, specifications, orders or requests furnished the affiant. Affiant further states 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 Affiant further states that (s)he has made no payment directly or indirectly to any elected official, officer or employee of the State of Oklahoma, and county or local subdivision of the state, of money or any other thing of value to obtain payment.

_____
(ARCHITECT, CONTRACTOR, SUPPLIER OR ENGINEER)

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires _____, 20____.

_____
NOTARY PUBLIC (OR CLERK OR JUDGE)