

S. A. & I. 1299 (2000)

HEALTH DEPARTMENT FUND

P.O. No. _____ ACCT. No. _____

Dept. of _____
Purpose _____

Total Amount Allowed \$ _____

State tax _____

Fed. tax _____

Soc. Sec. _____

Medicare _____

Retirement _____

Insurance _____

Net Amount of Warrant \$ _____

Warrant registered _____ 20 _____

Funds are _____ available to pay same.

County Treasurer

Deputy

Office of _____
County Clerk _____
County of _____
State of Oklahoma

Series _____

To The
County Treasurer

Pay To

The Order Of: _____

Attest: I, truly certify that the purpose stated is, in summary, as disclosed on the face of the claim and that the amount thereof is within the sum available thereof.

County Clerk

Deputy

PRIN. \$ _____
INT. \$ _____
TOTAL \$ _____

Okla. _____ 20 _____

Payment No. _____

Warrant
No. _____

Dollars

Out of the HEALTH DEPARTMENT Fund
with interest from registration at _____% to legal maturity.

BY ORDER OF
BOARD OF COUNTY COMMISSIONERS

Chairman