

STATE OF
OKLAHOMA
Claim Jacket Voucher Form

Page 1 of 1

CLAIM OF:	ALLEN, LAURIE	200,000.00	58000	00062978	104499106
Address:	& WALTER & WALTER ATTORNEYS AT LAW 120 E OKI	TOTAL	AGENCY	CLAIM	WARRANT
Alt Name:		CLAIM	BUSINESS	VOUCHER	NO.
Vend ID:	0000303297	AMOUNT	UNIT	NO.	
ASSIGNMENT SECTION:	LOC: 0001	VOUCHER DATE:	May/14/2009	Warrant Date:	5/15/2009
ASSIGNEE:		Agency Board, Comm., Dept:			
Address:		Department of Central Services			
Alt Name:					
Vend ID:					
LOC:					
I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.					
CLAIMANT:		Date			

OSF - AUDITED BY: _____

INVOICE NO. 0860001100

INVOICE DATE 5/12/2009

DESCRIPTION: _____

Related Voucher No. _____ Amt _____

ORDER NO.	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACTSUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED
	200,000.00	553180		20500	5000022	09					
TOTAL											
										200,000.00	

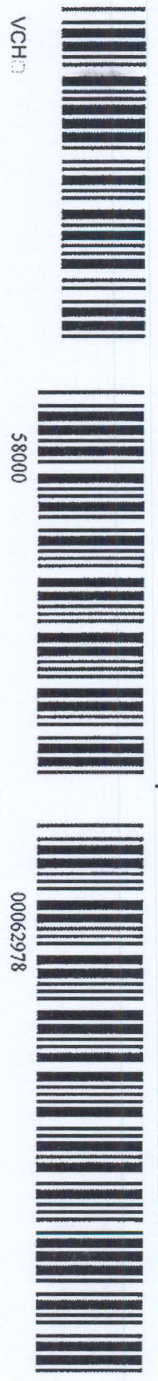
I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.

Agency Approving Officer's Signature: _____

Approving Officer's Name: Tony Gimore

Title: Financial Manager

Date: 5/18/2009



STATE OF OKLAHOMA
 STATE TREASURY, OKLAHOMA CITY
 #65 DEPARTMENT OF LABOR

WARRANT#
 104489764
 DATE ISSUED
 05/12/2009

TO THE STATE TREASURER
 PAY TO THE ORDER OF *One hundred thousand and 00/100 Dollars*

*****\$100,000.00

VOID AFTER 90 DAYS

Scott Meacham
 SCOTT MEACHAM
 STATE TREASURER

DEPARTMENT OF CENTRAL SERVICES
 DCS ACCOUNTING
 PO BOX 53488
 OKLAHOMA CITY, OK 73152-3488

⑈ 104489764 ⑆ ⑆ 03000855⑆ 7925467 ⑆

> 160800552 < 1B BANC
05/18/2009 11:05 AM
00161515150 FIRST

For Deposit Only
YOUR Fed Deposit Only
Department of Central Services
DO NOT SIGN, WRITE OR STAMP BELOW THIS LINE
Endorsement line
2005

ACCOUNT: 7925467
WARRANT: 104489764
SEQUENCE: 215087256
AMOUNT: \$ 100000.00
DATE: 2009/05/19

Back

15A
09) STATE OF OKLAHOMA
Chain Jacket Voucher Form

CLAIM CODE: DEPARTMENT OF CENTRAL SERVICES
Address: RISK MANAGEMENT 12401 N LINCOLN BL VD STE 202
Alt Name:
Fund ID: 0000000580 LOC: 0001
ASSIGNMENT SECTION
ASSIGNEE:
Address:
Alt Name:
Fund ID:

TOTAL	100,000.00	40500	00008727	Not Paid
CLAIM		AGENCY BUSINESS UNIT	CLAIM VOUCHER NO.	WARRANT NO.
AMOUNT				
VOUCHER DATE:	May/11/2009		Warrant Dt	


OFF - APPROVED BY:
INVOICE NO. 8620090173
INVOICE DATE: 5/17/2009

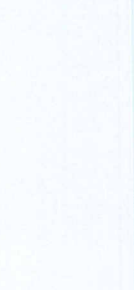
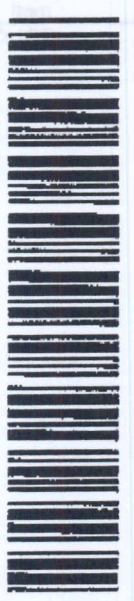
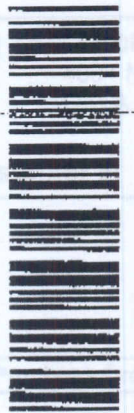
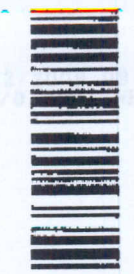
Address:
Alt Name:
Fund ID:
I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.

Agency: Donal Coman, Dept: Department of Labor
ECC:
Date:
Claimant:
Reduced Voucher No. Amt

LINE	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLAS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARITBLD	PROGRAM	PROJECT	OPER UNIT	RESERVED
105	15,000.00	531310	01	19901	1000001	09					
105	6,200.00	531310	01	21500	1000001	09					
105	7,000.00	531310	01	21500	2000001	09					
105	11,300.00	531310	01	41000	2000001	09					
105	22,500.00	531310	01	41000	3000001	09					
105	5,000.00	531310	01	54702	3000001	09					
105	15,000.00	531310	01	54901	2000001	09					
105	18,000.00	531310	01	54901	3000001	09					
TOTAL 100,000.00											

Agency Address:
COUNTING
3488
WIA CITY, OK, 73152-3488

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State.
Agency Approving Officer's Signature: 
Agency Approving Officer's Name: Mannix Barnes
Title: Chief of Staff
Date: 5/17/2009



Total	\$100,000.00
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Invoice	8620090173
Date	5/7/2009
Page	1

**Department of Central Services
 RISK MANAGEMENT**

Bill To: LABOR DEPARTMENT
 4001 N LINCOLN BLVD
 OKLA. CITY OK 73105-5212

Customer #: 736017987-405-000

Remit To: Dept of Central Services
 P.O. BOX 53488
 OKLAHOMA CITY OK 73152

FEI#: 73-6017987

***** PLEASE RETURN ONE COPY OF THIS INVOICE WITH PAYMENT *****

PAYABLE TO: Risk Management Division

Purchase Order No.	Deposit Code:	Payment Terms		
	477111-1810-500022-20500-88			
Item	Description	Quantity	Unit Price	Ext. Price
DEDUCT	PARTIAL D&O DEDUCTIBLE INVOICED Payment due to Risk Management for \$100,000 as partial payment of \$150,000 D&O deductible for the settlement of Laurie Allen vs. Oklahoma Department of Labor, ET AL, Case #07-CIV-831C, US District Court for Western District of Oklahoma. Payment is due upon receipt of this invoice. An invoice for the remaining \$50,000 will be billed after July 1, 2009, and payable by October 1, 2009.	1.00	\$100,000.00	\$100,000.00
		Subtotal	\$100,000.00	
		Tax	\$0.00	
		Total	\$100,000.00	