OSF Form 3 (Revised 07/2022	2)		CLAIM OF:	Sample Con	servation	District			For Agency Use Only:				
	TATE OF OKLAHO! otarized Claim Vouch And		ALT. NAME:  Vend I.D.: 73-########					TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO.	WARRANT NO.		
Disburse	enent of Payroll With	holdings	OSF-Audited E	Зу:					Reserved For Agency Use	e Only:			
ORDER NO.	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED	RESERVED	
TOTAL													
	Notary ITEM Seal DATE CODE ARTICLE DESCRIPTION						AMOUNT CLAIMED						
10/31/24 10/31/24 9/30/24 9/30/24 9/30/24 9/30/24 10/1/24 9/6/24 9/13/24			12 20 24 27 46 68 70 72	October Una Supplies - C Supplies - E Supplies - E Equipment - Travel Expe	allocated E Office (Em ducational quipment Repair of nses (Feli ry, License eight (USF	quipment pire Pape I (SPC) (NAPA, A (K&S, Gr x Fixit) e, Permits		lary (Felix F	ixit)		***	3,649.27 1,335.94 49.00 59.50 29.45 858.48 294.98 89.50 73.00 139.83	
The undersigned correct. Affiant fu	contractor, vendor, indiverther states that the worth the plans, specification esemble by this payment	ridual, or duly sw k, services, or m ns, orders, requ	orn agent, of law naterials as show nests, and all ot	wful age, upon o wn by this claim her terms of the	path says that have been of contract.	at this claim completed o	is true and r supplied states that	os	TOTAL AMOUNT AF For Agency Use Only: Date received	PPROVED	\$	6,578.95	
Row Ju	uason/_		State of	Cul	noc_	County of	Sample 6-2024						
1 ) wigh	Clerk or Judge)		-	My Commissio			0-2026						

### DISTRICT EMPLOYEE PAYROLL WORKSHEET

EMPLOYEE 1

Employee Name	Dwight Schrute
Conservation District Name & Number	Sample County 123
Period Beginning & Ending	10/1/2024 - 10/31/2024
Participates in Step-up? ("Y" for yes, "N" for no)	N

	OCC		Totals
	Reimbursable	Local	(OCC + Local)
1 Monthly / Hourly Rate of Pay	\$3,286.44	\$200.00	\$3,486.44
2 Total Hours in Pay Status (enter "1.00" if monthly)	1.00	1.00	1.00
3 Total Gross Earnings	\$3,286.44	\$200.00	\$3,486.44
(Line 1 x Line 2) 4 EBA (enter zero if negative)	\$103.50	\$0.00	\$103.50
(from Confirmation of Benefits)			
5 Total Pre-Tax Amount (enter zero if negative) (from Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
6 Total Social Security Earnings (Line 3 + Line 4 - Line 5)	\$3,389.94	\$200.00	\$3,589.94
7 Employee FICA (Line 6)* 6. 2 Percent	\$210.18	\$12.40	\$222.58
8 Employee MQFE (Line 6)* 1.45 Percent	\$49.15	\$2.90	\$52.05
9 Employee's Share of Retirement (Line 3)* 3.5 Percent	\$115.03	\$7.00	\$122.03
10 Employee's Share of Retirement - Step Up (Line 3)* 2.91 Percent	\$0.00	\$0.00	\$0.00
11 Deferred Compensation	\$0.00	\$0.00	\$0.00
12 Pre-Tax Gross Earnings (Line 3+Line 4 -Line 5 -Line 9 -Line 10 - Line 11)	\$3,274.91	\$193.00	\$3,467.91
13 Federal Withholding (figured on Line 12)	\$115.00	\$0.00	\$115.00
14 State Withholding (figured on Line 12)	\$87.00	\$0.00	\$87.00
15 EBA (enter zero if positive) (from Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
16 Total Other Items Selected (From Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
17 Total Deductions (Line 7 + Line 8 + Line 9 + Line 10 + Line 11 + Line 13 + Line 14+ Line 15 + Line 16)	\$576.36	\$22.30	\$598.66
18 EBA (enter zero if negative)	\$103.50	\$0.00	\$103.50
19 Net Earnings (Line3 - Line 17 + Line 18)	\$2,813.58	\$177.70	\$2,991.28
20 Total OCC Reimbursable (Line 3 + (Line 6 * 7.65%) + Line 18)	\$3,649.27		

This is to certify that the above-named employee has been regularly employed by this district for the period specified

Employee

Chair

# Activity Timesheet & Leave Record

	mployee: Dwight Schrute		District: Sample County
	m		F
enter "Y" for yes, "N" for no	Employee on Monthly Pay	'hours in pay status may not exceed this amount for OCC rembursement	Available Working Hours in Month*

Month-Year	Title:
Month-Year: October-24	District Manager
Annual Leave Accrual Maximum Sick Leave Accrual Rate	Annual Leave Accrual Rate
360 <b>10.00</b>	10.00

Thu 10/12	Wed 10/11	Tue 10/10	Mon 10/9	Sun 10/8	Fri 10/6	Thu 10/5	Wed 10/4	Tue 10/3	Sun 10/1 Mon 10/2	Nest Colors
researched venues for producer meeting, registered online for the open meeting seminar, teams meeting, discussed special land management programs with division director	posted invoices to QB, called Ins agent to pay renewal, scanned board meeting documents and saved to computer, mailed checks, put together OCC packet	met with PY26 participant and NRCS, finished putting board meeting book together, board meeting	posted agenda, bank deposit, made sure bank account users were up to date, made board meeting books, assisted PY26 participant, assisted ED2 participant		THE RESIDENCE OF THE PARTY OF T	print preclaim and check, updated agenda, posted invoice to QB, printed check	printed QB reports for meeting, read over past locally led meetings, worked on PY26 update for meeting, posted invoices to QB, printed checks	нуроthetical ноliday	Sick Leave	it) Activities
8.00	8.00	8.00	8.00		k	11.00	11.00	168		Rezi
										AL
									10.00	<b>2</b>
								8.00		i J
										2
										0
8.00	8.00	8.00	8.00	0.00	8.00	8.00	8.00	8.00	0.00 8.00	TOTAL   His in Pay Status

		in the	À		CPA.	S	WOP .	TOTAL
Fri 10/13	Sent letters to remaining ED2 participants, did filing for NRCS, printed special project claims, scanned documents from board meeting, added to 1099 excelling.	8.00						8.00
Sat 10/14 Sun 10/15								0.00
Mon 10/16	Site visits for cost share, research youth education day speakers, updated rental fliers, worked on agenda, cleaned out and organized old files	8.00						8.00
Tue 10/17	wrote check for PBA grant, updated monthly DM report, emailed FY23 audit report to OCC started Oct. agenda, annual administrative review with NRCS	8.00						8.00
Wed 10/18	assisted ED2 participant. signed up for webinars from OACDE, posted Involces	8.00						8.00
Thu 10/19	had grant check signed, mailed grant claim, posted on FB, made new out of office sign, updated procedure steps, assisted a PY26 participant, posted remittance in QB, worked on agenda, rovd area meeting info and emailed to board,	8.00						8.00
Fri 10/20	posted invoices to QB, updated DM report, worked on agenda, PBA picked up grant check, answered teachers questions about poster contest	8.00			<i>.</i>			8.00
Sat 10/21 Sun 10/22								0.00
Mon 10/23	posted invoices to QB, bank deposit, typed Cost Share notes, emailed teachers re: youth poster contest	8.00						8.00
Tue 10/24	ADC came to office and helped with QB and answer questions re; daily tasks, write paychecks	8.00						8.00
Wed 10/25	emailed for update on comp. with auditor, posted invoices in QB, worked on Nov. agenda, posted onFacebook	8.00						8.00
Thu 10/26	printed resource survey flyer to take to post offices picked up youth contest posters at county schools	8.00						8.00
Fri 10/2 <b>7</b>	postedresource survey at businesses in all communities in county, posted payment and invoices to QB. paid bills	8.00						8.00
Sat 10/28 Sun 10/29								0.00

168.00	Total Hrs in Pay Status:**	
0.00	workedon PY25 final draft report, online excel training, board meeting prep   8.00	Tues 10/31
	worked on PY25 final draft report from Moriah.	1
8.00	posters, pay bills for the month, started board meeting prep, 8.00	Mon 10/30
	picked up youth contest posters from schools, judge youth contest	
Big in Payers	Activities AL AL PI CITA CITA INVOICE	Day of Week

" For those employees on actual hours worked. "Total Hrs in Pay Status" on this form should match "Total Hours in Pay Status" on form OCC-50 (District Employee Payroll Worksheet)

Total Hrs Reported Per Category: 168.00 0.00 10.00 8.00 0.00 0.00 0.00

### Leave Summary

	Comp Time (CT)	Sick Leave (SL)	Annual Leave (AL)	
	0.00	31.79	38.29	Forward
The second secon	0.00	10.00	0.00	Used
	0.00	10.00	10.00	Accrual
The second secon	0.00	31.79	48.29	Ending

Employee Signature

10/31/24 Date

1/6/2024

Supervisor Signature

### DISTRICT EMPLOYEE PAYROLL WORKSHEET

EMPLOYEE 1

Employee Name	Felix Fixit	
Conservation District Name & Number	Sample County 123	
Period Beginning & Ending	10/1/2024 - 10/31/2024	
Participates in Step-up? ("Y" for yes, "N" for no)	N	

	OCC		Totals
	Reimbursable	Local	(OCC + Local)
1 Monthly / Hourly Rate of Pay	\$17.00	\$200.00	\$217.00
2 Total Hours in Pay Status (enter "1.00" if monthly)	73.00	1.00	73.00
3 Total Gross Earnings	\$1,241.00	\$200.00	\$1,441.00
(Line 1 x Line 2)	00.00	00.00	00.00
4 EBA (enter zero if negative) (from Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
5 Total Pre-Tax Amount (enter zero if negative) (from Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
6 Total Social Security Earnings (Line 3 + Line 4 - Line 5)	\$1,241.00	\$200.00	\$1,441.00
7 Employee FICA (Line 6)* 6. 2 Percent	\$76.94	\$12.40	\$89.34
8 Employee MQFE (Line 6)* 1.45 Percent	\$17.99	\$2.90	\$20.89
9 Employee's Share of Retirement (Line 3)* 3.5 Percent	\$0.00	\$7.00	\$7.00
10 Employee's Share of Retirement - Step Up (Line 3)* 2.91 Percent	\$0.00	\$0.00	\$0.00
11 Deferred Compensation	\$0.00	\$0.00	\$0.00
12 Pre-Tax Gross Earnings (Line 3+Line 4 -Line 5 -Line 9 -Line 10 - Line11)	\$1,241.00	\$193.00	\$1,434.00
13 Federal Withholding (figured on Line 12)	\$0.00	\$0.00	\$0.00
14 State Withholding (figured on Line 12)	\$0.00	\$0.00	\$0.00
15 EBA (enter zero if positive) (from Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
16 Total Other Items Selected (From Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
17 Total Deductions (Line 7 + Line 8 + Line 9 + Line 10 + Line 11 + Line 13 + Line 14+ Line 15 + Line 16)	\$94.93	\$22.30	\$117.23
18 EBA (enter zero if negative)	\$0.00	\$0.00	\$0.00
19 Net Earnings (Line3 - Line 17 + Line 18)	\$1,146.07	\$177.70	\$1,323.77
20 Total OCC Reimbursable (Line 3 + (Line 6 * 7.65%) + Line 18)	\$1,335.94		

This is to certify that the above-named employee has been regularly employed by this district for the period specified

Employee

Chair

# Activity Timesheet & Leave Record

Title: unal		Employee: Feli		District: Sam
nallocated - Equipment Manager		Felix Fixit		ple County Conservation District
Annual Leave Accrual Rate	"enter "Y" for yes, "N" for no	Employee on Monthly Pay	*hours in pay status may not exceed this amount for OCC reimbursement	Available Working Hours in Month*
0			OCC reimbursement	

Annual Leave Accrual Maximum Sick Leave Accrual Rate Annual Leave Accrual Rate

0.00 0.00

176

Z

Month-Year: October-24

Own Charles County of County C				
Sun 10/1	Pickup seed from vendor, service tractor and mower, load wheat seed	4.00		4.00
Mon 10/2	Moved tractor and mower to Kevin Malone's and started mowing	5.00		5.00
	Mowed at Molone's, met with Halpert about renting a drill, went to			The state of the s
Tue 10/3	Neverland to get parts, Met with Angela Martin for hay trailer.	13.00		13.0
	Worked on tractor air conditioner			
Wed 10/4	Cleaned drill and put bearing in disc on GP no till	2.00		2.00
Thu 10/5				0.00
Fri 10/6	greased and oiled chains on GP no till, delivered to Toby Flenderson SE of district shop	3.00		3.00
Sat 10/7				0.00
Sun 10/8				0.00
	went to Atwoods for repairs and parts for GP no till, went to pick up			
Mon 10/9	grass drill and moved it to Andy Bernard's pasture northwest or Sample City dump, took off cutter disc and put bearing in drill board meeting	7.00		7.00
Tue 10/10	went to pick up parts for drill at Othertown Atwoods didn't have it	1.00		1.00
Wed 10/11	Finished repair work on GP drill and went to Martin's to put drill together	5.00		5.00
Thu 10/12				0.00
Fri 10/13				0.00
Sun 10/15			DESTRUCTIONS OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH	

			Delivered drill back to District Yard		worked on GP no till, delivered to Joe Dirt	Bearing  Bearing	went to Knope's to pickup drill and back to Shop	worked of 13 GP drill and delivered to April Ludgate	cleaned HayVan drill, greased worked on lid	drill from Malone's shop, unload grass drill off trailer, went to Andy  Dwyer's to pick up drill	
			4.00	4.00	4 00	W 10.00	4.00	2.00	2.00	7 00	

employees on actual hours worked. "Total Hrs in Pay Status" on this form should match "Total Hours in Pay Status" on form OCC-5D (District Employee Payroll Worksheet)

lotal Hrs Reported Per Category:
73.00
0.00
0.00
0.00
0.00
0.00
0.00

## Leave Summary

Supervisor Signature	Employee Signature	4 2, 1:			
		Comp time (C1)	SICK Leave (SL)	Sight Leave (AL)	Applied Local (AL)
77-6-0	10/31/2 Date	0.00	0.00	0,00	Forward
1024	124	0.00	0.00	0.00	Used
-		0.00	0.00	0.00	Accrual
		0.00	0.00	0.00	Ending

Abbreviation Key: SL = Sick Leave/Enforced Leave

Reg = Regular/Standard Time H = Holiday

# $^{**}$ if you have an unallocated employee, there must be some type of log showing their hours are under 999 per anniversary year.

## Sample County ALLOCATION REGISTER & CLAIM LOG FY2025

	\$ 70.194.14 \$ 60.246.87	\$ 8.245.00 \$ -	\$ 82,500.00 \$	\$ 46.670.27 \$	\$ 7,479.35 \$	\$ 420.17 \$	\$ 6,086.76	Balance: \$ 28,109.83 \$ 7,168.66 \$ 34,422.93 \$ 6,086.76	3 \$ 7,168.60	\$ 28,109.83	Balance:
	\$ 3,213.60	\$ 3,213.60									Repairs
	\$ 5,000.00 \$ 5,000.00	\$ 5,000.00									PBA Grant
	\$ 31.40 \$ 31.40	\$ 31.40									CET plat book
	٠										Cedar Program Expenses & Burns
	\$ 329.73			\$ 329.73							##-026-002
	\$ 26,325.00 \$ 26,325.00				\$ 26,325.00						##-025-014 021 023 018
	٠										<u>Cost Share</u>
461 832											Balance in Unallocated Hours w/o benefits
	۱ .										June Salaries & Operating
	·										May Salaries & Operating
	1										April Salaries & Operating
	·										March Salaries & Operating
	١										February Salaries & Operating
	·										January Salaries & Operating
	١										December Salaries \$ Operating
	٠										November Salaries & Operating
57	\$ 6,543.77					\$ 139.83	\$ 1,418.73 \$	+-	3,649.27 \$ 1,335.94	\$ 3,649.27	October Salaries & Operating
	\$ 10,201.75 \$ 10,341.58						\$ 1,278.90	4 \$ 3,937.64 \$	\$ 1,335.94	\$ 3,649.27	September Salaries, Operating & Copier
	\$ 8,618.54 \$ 8,618.54						\$ 354.51	2 \$ 3,937.64	\$ 677.12	\$ 3,649.27	August Salaries & Operating
81	\$ 9,930.35 \$ 9,930.35						\$ 861.10	4 \$ 3,937.64	s 1,482.34	\$ 3,649.27	July Salaries & Operating
total must be < 999 per anniversay year	*has formula* enter amount										Monthly Claims
542 999			\$ 82,500.00	\$ 47,000.00	\$ 33,804.35	560.00	\$ 10,000.00	\$ 42,706.91 \$ 12,000.00 \$ 46,235.85 \$ 10,000.00 \$	1 \$ 12,000.00	\$ 42,706.97	Allocation or balance forward:
Hours Worked	Total Payment	Expenses Allocated	ED2	PY26	PY25	Rental	Expense	Erad. Tech	Personnel	Salary	Claims
Unallocated	Claim Information	Cedar Non-	Cost Share	Cost Share	Cost Share	Copier	Operating	Cedar Tree	Unallocated	Manager	FY2025



2708 Central Fwy E Wichita Falls, TX 76301 940.766.3216 or 800.299.9626 940.766.3867 Fax info@empirepaper.com www.empirepaper.com

Hazardous Emergency Response: (800) 535-5053

INVOICE

Invoice: 0590

Sales Order: S01544

Customer PO: Ordered By: Sales Rep:

Ship Via:

L01, PC-WF1 Order Date: 8/20/2024 Ship Date: 8/28/2024 Invoice Date: 8/28/2024 Due, Terms: 09/27/24,Net 30

Bill To: C118171 Sample County Conservation District 31234 OKLAHOMA AVE SAMPLE, OK 71234-4018 Ship To: C118171

SAME

Special Instructions:

Item Number	Description		Order Qty	Ship Qty	UM	Unit Price	Line Total Tax HM
EPCPAPER85X11X20	PAPER,8.5X11,20#,96B,WE,10/500		1	1	CS	49.00	49.00 NT
		Qty Total: Taxable S: Line Items:	0.00	1		Sub Total: \$ Sales Tax: \$ Total: \$	49.00 0.00 49.00

OK Code 20 Check # 3584 9/30/2024 ds

TO ENSURE PROPER CREDIT, PLEASE CUT ALONG THIS LINE AND RETURN WITH REMITTANCE

Remittance Document Empire Paper Company PO BOX 733466 DALLAS, TX 75373-3466 Customer: Sample County Conservation Distr Account: C118171

Invoice: 0863590 Invoice Date: 8/28/2024 

 Subtotal: \$
 49.00

 Sales Tax: \$
 0.00

 Total: \$
 49.00

Total: \$
Amount Due: \$
Due Date:

49.00 9/27/2024

AFFLINK

Invoice: 0863590 Page 1 of 1



1234 Main Sample, OK 71234

INVOICE NUMBER

INVOICE

INVOICE DATE

08/26/24

ACCOUNT NUMBER

CHARGE

50

0220

T: 800-204-0179 F: 580-256-9367

BIL	LTO ADDRESS		SHIPTO	ADDRESS	
SAMPLE CO CONSER 1234 OKLAHOMA AV					
SAMPLE	OK 71234				
CUSTOMER PURCHA	ASE ORDER	SALESPERSON	TERMS	PAYCODE	ORDER TAKER

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD	B/O	SHIP	SELL PRICE	EXTEND PRICE
54605 TYP	PAC	BOARD, RR, 22X28, UPC, WE, 50PK TYPESETTING	CT	1		1	54.50 5.00	54.50 5.00
					-,			

Page 1 of 1

OK

Subtotal

59.50

Code 24

Check # 3588

Net 10th

Tax

9/30/2024

**Total Due** 

59.50

ds

PleaseSign Here

Dwight Schrute

GO GREEN~STAY CLEAN



### NAPA AUTO PARTS

800002970 PERFORMANCE EQUIPMENT INC. NAPA AUTO PARTS 4321 STREET AVE. SAMPLE, OK 71234

Invoice Number Invoice Date:

825

Page:

09/03/2024 13:27

9679

Sampe Conservation District 12340klahoma Ave Sample: 0K 71234

Employee:

104 , Shadow

Sales Rep: 0 , Salesman

Accounting Day: 1

Tax Exemption: OK-999908

Attention:

PO#:

eInvoice#

Delivery:

Terms: No Srv./Charge

Part Number	Line	Description	Quantity	Price	Net	Total
61-4226	NPT	IMPACT SOCKET	1.00	26.55	15.4900	15.49

OK Code 27 Check # 3591

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

Tender Type:

Amount: 15.49

Charge Sale

Subtotal CITY - 1 9.4 9.4000% 15.49 0.30

Felix Fixit

Customer Signature

Parent and Belights MURT be conurned in brighmil Box for credit.

Total

15.49

7654 AVE STREET

SAMPLE, OK 1234

Received By	Felix Fixit		4 EA 1420032	SHIPPED ORDERED UM SKU		SAMPLE CO CONSERVATION DIST 1234 OKLAHOMA AVE SAMPLE OK 71234-4018	CUSTOMER NO: JOB NO: PURCHASE ORDER: 126 000
		** AMOUNT CHARGED TO STORE ACCOUNT **	GREASE JT6 CARTRIDGE 14 OZ	DESCRIPTION		SHIP TO:	REFERENCE
2	OK Code 27 Check # 3583 8/27/2024	UNT ** 13.96	3.99	SUGG		SALESPERSON:	TERMS: NET 15TH
	TAX AMOUNT TOTAL AMOUNT	TAXABLE NON-TAXABLE SUB-TOTAL	4 3.49 /EA	UNITS PRICE /PER	INVOICE: 4692	TER	CLERK: BB00
	0.00 <b>13.96</b>	0.00 13.96 13.96	13.96 SN	EXTENS	1692 /3	terminal: 133	BATE/TIME: 8/5/24 11:30

ds



			11 4	VOICE
Invoice Date	Cust No.	Order No	Page	Invoice No.
09/03/2024	89700	02 - 34747	1 / 1	02 - 319164
License:		Mileage: 0		Time in 11.52 Atd
				COPY

SOLU ID: SAMPLE CO CONSERVATION DIST 1234 OKLAHOMA AVE SAMPLE OK

71234

Ship To:

SAMPLE CO CONSERVATION DIST

1234 OKLAHOMA AVE SAMPLE OK

71234

INIVOICE

Purchase Ord. No.	Sales Person	Main Phone	Other Phone	Ship Via			NET 10TH d: TOMMY	
	220	2.E. JAY 45.						
Item No.			Description	Qty Ordered	Qty Shipped	F.E.T.	Price	Net Extension
0055	MOU	NT/DISMOUNT 20.5	X6.75-10	1	1		50.00	50.00

Sub-Total Labor:

50.00

Non-Taxable Amount:

50.00

Taxable Amount:

0.00

Total:

50.00

Felix Fixit

Customer Authorization for Total

OK.

Code 46

Check # 3590

9/30/2024

ds

mower

A FINALLE WHEELS MUST BE RETORQUED AFTER 100 MILES! THANKS FOR YOUR BUSINESS!



			IN'	VOICE
Invoice Date	Cust No.	Order No	Page	Invoice No.
08/05/2024	89	02 - 3421	1 / 1	02 - 343
License:		Mileage: 0		Time in 1:09 PM
				COPY

Sold To:

SOLU TO:

SAMPLE

SAMPLE CO CONSERVATION DIST 1234 OKLAHOMA AVE

OK

71234-4018

Ship To: same

Purchase Ord. No.	Sales Person	Main Phone	Other Phone	Ship Via			rms: NET 10TH ntered: TOMMY	
	265	(580) 256-5320						
Item No.			Description	Qty	Qty	F.E.T.	Price	Net Extension
				Ordered	Shipped			
3RP47K	KR1	4/15 TUBE TR13		1	1		15.70	15.70
0050	FLAT	REPAIR - FRONT 1	TRACTOR LG	1	1		30.00	30.00

Sub-Total Parts: 15.70

Sub-Total Labor: 30.00

Non-Taxable Amount: 45.70

Taxable Amount: 0.00

Total: 45.70

x Felix Fixit

Customer Authorization for Total

OK Code 46 Check # 3587 8/27/24 ds

### Please Remit To: Great Plains II LLC

P.O. Box 721080 Norman, OK 73070



### "The Brand That Serves"

www.greatplainskubota.com						
Branch						
SAMPLE		CNNYYY				
Date	Time	Page				
09/03/24	09:39:38 (0)	01				
Account No	Phone No	Inv No				

P01913

Ship Via Purchase Order

CONSEO

Tax ID No

Salesperson
JW5

Ship To: SAME AS BELOW

Invoice To: SAMPLE CO. CONS. DIST

1234 Oklahoma Ave SAMPLE OK 71234

### PARTS INVOICE

ORDER#: 002028

Part#	Description	Bin	ORD	ISS	SHP	B/O U	Price	Amount
82011199	FASTENER		2	2	2		36.08	72.16
84579703	TEMP SENSOR		1	1	1		87.45	87.45
84579424	FILTER, CA	FLT220	2	2	2		48.95	97.90
						0	N ACCOUNT	257.51

Tractor ac

OK Code 46 Check # 3589 9/30/2024 ds

X Felix Fixit

Date

In the event that the OK Tax Commission denies this tax exemption. Lagree to repay Great Plains Inc. the amount charged back on this sale including penalty/interest.

Great Plains Inc. makes absolutely no warranties either express or implied, including those warranties of merchantability of fitness for a particular purpose, and customer acknowledges.

Great Plains Inc. makes absolutely no warranties either express or implied including those warranties of merchantability of fitness for a particular purpose, and customer acknowledges that the only warranties for the property described above are those express warranties of the manufacturer, if any

Licertry that this purchase is to be directly used by the purchaser on a farm or ranch in the production of food or agriculture products

\_\_ certify that this purchase is for resale and that I am engaged in reselling the articles purchased

### Please Remit To: Great Plains II LLC

P.O. Box 721080



### "The Brand That Serves"

Norman, OK 73070

Ship To: SAME AS BELOW

Invoice To: SAMPLE CO. CONS. DIST

1234 Oklahoma Ave SAMPLE OK 71234

Branch sample			CNNYYY
Date	Time		Page
08/21/24	10:38:	41 (0)	03
Account No	Phone No	In	IV No
CONS2	- region	PO	13
Ship Via	Purc	hase Order	
Tax ID No			
		Salespe	

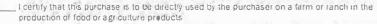
### PARTS INVOICE

ORDER#: 001864

Part#	Description	Bin	ORD	ISS -	SHP B/O U	Price	Amount
5165615	RECEIVER-D		1	1	1	142.80	142.80
87542953	CONDENSER		1	1	1	341.00	341.00
16043324	BOLT		6	6	6	6.96	41.76
128483A1	O-RING	C1518	2	2	2	3.80	7.60
	NOTE: 128483A	1 IS A REP	LACEMENT	FOR	9827060		
10318883	O-RING	C2820	1	1	1	9.48	9.48
9827058	O-RING	C1529	1	1	1	4.39	4.39
16043324	BOLT		6 -	6 -	6 -	6.96	41.76CR
						ON ACCOUNT	E 0 E 2 7

ON ACCOUNT 505.27

> OK Code 46 Check # 3585 8/27/2024



\_I certify that this purchase is for resale and that I am engaged in reselling the articles purchased

Felix Fixit

In the event that the OK Tax Commission denies this tax exemption, I agree to repay Great Plains Inc. the amount charged back on this sale including penalty/interest Great Plains Inc. makes absolutely no warranties either express or implied including those warranties of merchantability of fitness for a particular purpose, and customer acknowledges that the only warranties for the property described above are those express warranties of the manufacturer if any

There is a 25% restocking fee on all special ordered parts. Electrical and rubbenzed parts are non-returnable

### **TRAVEL CLAIM**

Claimant Felix Fixit				Title		Fauin		14		
Conservation District				Equipment Manager						
Sample County				District I	No.		12	3		
Show city/town point travel status began, each point visited and	Year:		Miles	Claimed	Travel St	atus Hours		ber of	Per Diem	
the point travel status ended. (For LOCAL mileage - see Mileage Instructions below)	Month	Day	Мар	Vicinity	Entered	Ended	Days	Hrs	(prorated for first/last days)	Lodging Amount or Direct Bill
Sample CD to rural pond sites to Sample CD	9	5		71.50	9:00 AM	4:30 PM		7.00		
Sample City to State Capital to Hotel- OKC	9	11	102.10		1:00 PM	9:00 PM			60.00	direct bil
OKC to Sample City	9	12	101.00		8:00 AM	1:30 PM	1	0.50	51.00	
							. 22.2			
								-		
· ·										
	-+						_			
							$\dashv$			
							$\neg \dagger$			
Mileage Instructions: Attach map(s) showing route & miles claimed for local mileage, use Pg 2; enter total miles in "Vicinity" column.		column.	203.10	71.50	Total Miles			0.67	Rate Per Mile fo	r Mileage
TEMIZED MISCELLANEOUS COSTS (pre-approval may be requir	red)	Registra	tion Fees:			TOTAL MILE	AGE			\$183.98
		Cor	nnectivity:			TOTAL PER	-			\$111.00
			Parking:			TOTAL LOD				\$0.00
		Other (	Tolls: describe):			TOTAL DEIN			-	\$0.00
COMMENTS:		other	describe).			TOTAL REIM	IBUKSE	MENI		\$294.98
I, Felix Fixit the under	-ii .									
I, Felix Fixit , the unders	unt is jus	ipon oa: st. corre	tn, do depo ct. due and	ose and sa	y that I hav	e full know	ledge o	of the a	bove and	
allowing all just credits, is now	due and	wholly	unpaid, ar	nd that I ar	n duly auth	norized to n	nake th	is affid	avit.	
- 186 A	TO PARTY.			Fol	il -	Fixit	_			
Signature of Claimant										
Subscribed and sworn before me: 9-15-2024										
Notary Public My commission expires: 2-10-2024										
Son Juanson Signature of Chair			Аррі	roved by D	irectors:	9-3	10 -	20	24	

Revised 02/2024

### LOCAL TRAVEL BREAKDOWN

OCC - 5F Page 2

### ALL LOCAL MILEAGE CLAIMED SHOULD BE BASED ON ACTUAL MILES DRIVEN PER ODOMETER READINGS

Record specific addresses traveled to/from, the odometer readings, and the mileage for each trip.

				٤	Vicinity
Date	Beginning Location	Ending Location	Odometer Start	Odometer End	Miles Claimed
9/5/2024	1234 Okla, Sample (CCD)	Sample CCD	10789.1	10860 6	71.5
	checked ponds at the following	producers: Knopes, Perkins, G	ergichs, and Haverford	S	0.0
					0.0
					0.0
					0.00
	5				0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
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4					0.00
	1				0.00



### **Fictitious Meeting**

Oklahoma State Capital

2300 N Lincoln

Oklahoma City, OK

### <u>Agenda</u>

9/11/2024

3:00 pm - 3:30 pm Registration

3:30 pm - 4:00 pm Welcome and Opening Remarks

4:00 pm - 5:00 pm OCC Special Programs Presentation

5:00 pm - 6:00 pm Awards

6:00 pm - 7:00 pm Dinner

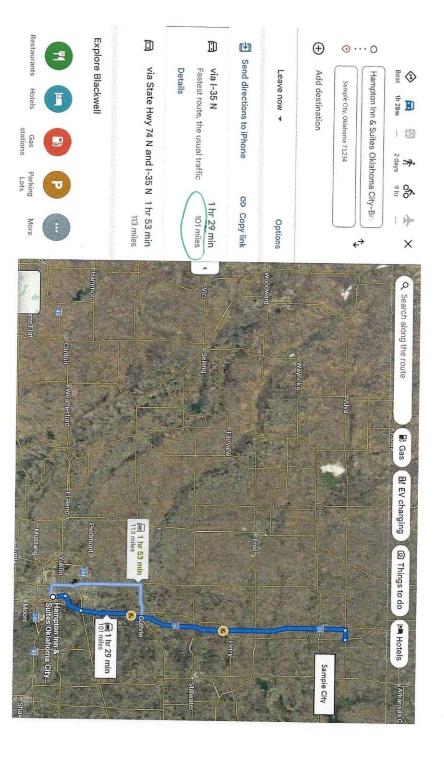
7:00 pm - 8:00 pm Legislative Guest Speaker

🚟 OCC. Home 📗 OESC Unemployment P... . S PDf Mergel - Merge PDF... 📵 Oktobrono Convension... 💠 Suithtid - Talk to a Doct... 🔊 Zamzar file conventer 🔐 PDF to DOC - Convert P... . 🚳 Mail - lacid Landers - O... . 😭 Welcome to EFTS online Explore nearby Oklahoma State Capitol Q **(** 0 ... 0 Send directions to iPhone 2 google.com/maps/dir/Blackwell,+OK/Oklahoma+State+Capitol,+2300+N+Lincoln+Blvd,+Oklahoma+City,+OK+73105/@36.1467326,-98.0549603,189403m/data=13m3!1e3!4b1!5s0x87b2174062d39... via W Hubbard Rd and I-35 S 1 hr 32 min 98.8 miles via I-35 S
Fastest route now due to traffic
conditions Add destination Oklahoma State Capitol, 2300 N Lincoln Leave now 🔻 Sample City, Oklahoma 71234 9 P ← Copy link 1 hr 30 min 99.9 miles Options Q Search along the route B) Gas 剧 EV charging (a) Things to do 1 hr 30 min 99.9 miles Hotels Sample City



Did you mean: A different hampton Inn D D 山  $\oplus$ ··· o Send directions to iPhone via N Walnut Ave and N Lincoln Blvd via Russell M.Perry Ave and N Lincoln Blvd Details Fastest route, lighter traffic than via N Lincoln Blvd Best 🕏 Add destination Oklahoma State Capitol, 2300 N Lincoln Hampton Inn & Suites Oklahoma City-Bri 7 min GD Copy link 1 2.2 miles 7 min 2.1 miles 7 min ↔ × B) Gas 剧 EV charging Hotels

9/11/24



9/12/24



### **Guest Folio**

Confirmation Number - 55023727

**Primary Guest** 

Felix Fix it

**ADDN GUESTS** 

**Hilton Honors** 

Silver

**Guest Name** Address

City, State, Zip Code

Country

US

**Stay Details** 

Check In Date

Room

Check Out Date

Source Guests **Company Details** 

Sep 11, 2023 Name

Sep 12, 2023 Tax ID

RUA - 406 PO Number OTHER | Account Name

1/0

Other Details

Bill Number

Tax Exemption Tax Exempt

YES Sep 11, 2023

Date

**Travel Agent** 

IATA Name

Date Type		Description	Amount	
Sep 11, 2023	Charge	GUEST ROOM-Tax Exempt	\$98.00	
Sep 12, 2023	Payments	VISA-5381	-\$98.00	

Summary - And the state of the				
Type	Amount			
GUEST ROOM	\$98.00			
RM-CITY OCCUPANCY TAX	\$0.00			
RM-STATE TAX	\$0.00			
CREDIT CARD	\$98.00			
Guest Paid Out	\$0.00			
Folio Balance	\$0.00			

**Check In Time Check Out Time**  05:45 PM

Reservations

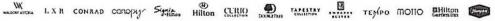
07:37 AM

www.hamptoninnsuites.com or

1-800-HAMPTON

The on-line eFolio is a courtesy informational service, subject to and Site Usage; actual folio kept in hotel records: www.privacy.hilton.com

- Hilton



























### Reimbursement Form

Fill out the form below completely. Copies of all receipts should be attached to this form. Form must be signed by both claimant and District representative.

Date:	09/01/2024	
Submitted By:	Dwight Schrute	
Project/Reason:	Notary Renewal & Stamp	
District Name:	Sample Conservation Dist	rict
Board Approval Date:	09/06/2024	
	e(s) or Items Claimed ion for all items must be attached (notary renewal & supplies)	Amount 89.50
	Total	89.50
Claimant Signature	wight Schaute	
Check Number 1184	Amount 89.50	Date 09-06-2024
Approval Signature	Suanson	
*4	Approval signature may NOT be the claima	int



### State Agency Notary Order Form

Àttn:

which capping a comment of the comme	SM HISH ACROUP DEIOM	
State Agency to Bill OKLAHOMA CONSERVATION COMM	Wolld	
Daytime Phone (405) 522 - 5954	_ Daytime Fax (	- )
Agency Mailing Address 1234 OKlahomo		
City, State, Zip Sample, OK 71234		WALKER COMPANIES
Remittance: ☐ P.O. #	_ ☑ P/Credit Card #	OKLAHŌMĀ ČĨŢŸ, OK 73102 (405) 235-5319
E-Mail Address Dwight Schrute @ gov. gov		11:5
Notary Name Dwight Schrute (Must be identical to signature line on applic		Sale
Must be identical to signature line on applic Notary Residence Address 777 Scranton Avenue	ation, bond and seal or star	
City, State, Zip Sample, OK 71234	_County of Residen	VISA ************************************
Commission # 888777666 10-31-24	Comm. Expiration	
□ NEW NOTARY		Resp: APPROVAL 8848 Code: 9848 Ref #: 3241175022
Complete service to include: Notary Public Commission; 4 year \$1,000 r your choice of any of the marking devices below. P  Red Black Blue C  Additional or replacement items may be of Orders not marked will receive a Rour	lease specify color for self i Green D Violet ordered at prices shown bel ad Rubber Stamp (NRS-RR).	Cardholder acknowledges receipt of goods and obligations set forth by the cardholder's
Complete service to include: Notary Public Commission, 4 year \$1,000 no PLEASE NOTE: If your current seal/stamp has your expiration date. This is NOT included in the	otary bond, bond filed w/ on it, you will need to order ne kit price.	agreement with issuer.
Complete service to include: Notary Public Commission, 4 year \$1,000 n  An expired notary will be issued a new commission  PLEASE NOTE: If your current seal/stamp has your expiration date of the commission of t	otary bond, bond filed w/ n number, per the Secreta on it, you will need to order a se kit price.	
Complete and sign the enclosed  Lack of these i	Marking Devi BACK) Please choose ONE relacement items may be or includes Commission Nun	(1) as part of you pay yealth. Latter dered at prices siles in below

Public Commission.

Fill out this order form completely.

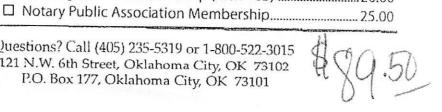
- Please follow the enclosed instructions for signing and Notarizing your bond.
- Please return this Notary Order Form, the Oklahoma Application for Notary Public Commission and signed and notarized Notarial Bond to Walker Companies.

New Prices Effective July 18th, 2020

### ☐ Plain Notary Seal (NS).....16.50 ☐ Round Notary Rubber Stamp (NRS-RR)......9.00 Includes Commission Number and Expiration Date ☐ Rectangular Notary Rubber Stamp (NRS-REC) ................ 9.00 Includes Commission Number and Expiration Date ☐ Commission Expiration Rubber Stamp (NCS) ......2.00 □ Notary Seal - Hand-Held (NS-CE)......16.50 ☐ Notary Seal - Desk Frame (NS-CE D) ......16.50 🖾 Small Round Self-Inking Stamp (T46025).....16.50 ☐ Large Round Self-Inking Stamp (T4642)......16.50 ☐ Large Round Pre-Inked Stamp (Max-535) .....20.00 ☐ Rectangular Self-Inking Stamp (T4913).....16.50 ☐ Rectangular Pre-Inked Stamp (Max-185) .....20.00



Questions? Call (405) 235-5319 or 1-800-522-3015 121 N.W. 6th Street, Oklahoma City, OK 73102 P.O. Box 177, Oklahoma City, OK 73101





Sample City 90210Beverly Blvd Sample, OK 71234-9998

9/13/2024			12:04 PM
Product	Oty	Unit Price	Price
Flags2024Coil/100	1	\$73.00	\$73.00
Grand Total:		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	\$73.00
Cash		*****	\$73.00

Preview your Mail Track your Packages Sign up for FREE @ https://informeddelivery.usps.com

All sales final on stamps and postage. Refunds for guaranteed services only.
Thank you for your business.

Tell us about your exparience.
Go to: https://postalexperience.com/Posor scan this code with your mobile device.

\*Completely Cross Out the QR Code





or call 1-800-888-8888.

OK

Code 72

UFN: 395-09

Receipt #: 840-50261-1-982300-1

Clerk: 02

Ch # 1185

9/13/2024

ds



### **CONTRACT INVOICE**

Invoice Number: IN1125

Invoice Date:

09/12/2024

Bill To: Sample County Conservation District

P: (405) 943-9800 F: (405) 943-0709

**Customer:** Sample County Conservation 1234 Oklahoma Sample, OK 71234

Account No :	Payment Terms	Due Date	Invoice Total	E	Balance Due
RKFSAS	Net 15 Days	09/28/2024	\$154.51		\$139.83
Invoice Remarks					
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
Contract Number CNF2009-01	Contact	Contract Amount \$139.83	P.O. Number	<b>Start Date</b> 12/01/2020	Exp. Date

### **Summary:**

Contract base rate charge for the 09/01/2024 to 11/30/2024 billing period

\$139.83 \*

\*Sum of equipment base charges

\$139.83

### Detail:

### **Equipment included under this contract**

### Lexmark/XM1246

Number	Serial Number	Base Charge	Location
RKF33807	Sample County Conservation Dist	\$139.83	Sample OK

OK Code 86 Check #1190

Ralance Due:	\$139.83
Invoice Total	\$154.51
Tax:	\$14.68
Invoice SubTotal	\$139.83

### **Remit To:**

R.K. Black, Inc. - Lockbox PO Box 268984 Oklahoma City, OK 73126-8984

Past due invoices will incur a 1.5% late fee.

Thank You For Your Business!

Visit our client portal at: RKB.RKBLACK

Make payments, request invoice copies, submit meters, place service calls, and order supplies



SAMPLE STOCK BANK

976056

976056

Aug 31, 2024

Oct 31 2024

Page 1 of 2

SAMPLECOUNTY CONSERVATION DISTRICT 1234 OKLAHOMA AVE SAMPLE OK 71234



3-Save as PDF

Annual Percentage Yield Earned Average Balance Interest Earned For Period 0.45% \$##,###.## \$7.90 30

Deposits And Other Credits

Days In Interest Period

Date	Amount	Tran	saction Details
Sep 05, 2024	√ \$55.72	Ach deposit OTC-BUSNS REFUND OK TAX COM	
Sep 09, 2024	√\$600.00	Regular Deposit	
Sep 13, 2024	√ \$215.00	Regular Deposit	
Sep 19, 2024	√ \$31.40	Ach deposit VENDOR PAYMENTS MISC REIMB	
Sep 24, 2024	√ s195.00	Regular Deposit	
Sep 27, 2024	√ s745.00	Regular Deposit	
Sep 27, 2024	√\$8,618.54	Ach deposit VENDOR PAYMENTS MISC REIMB	
Sep 30, 2024	\$5,000.00	Ach deposit VENDOR PAYMENTS MISC REIMB	
Sep 30, 2024	√ \$7.90	Interest Credit	

### Withdrawals And Other Debits

Date	Amount	Transaction Details	A compared to the second section of the second
Sep 04, 2024	√ \$45.05-	Ach withdrawal OK NATURAL GAS UTIL PAYMT	
Sep 05, 2024√	\$1,289.54-	Ach withdrawal IRS USATAXPYMT	
Sep 09, 2024	√ \$40.94-	Debit Card Transaction MURPHY6588ATWALMART OK Terminal ID: 92690201 Serial #: 000969035	
Sep 09, 2024	√ \$78.43-	Debit Card Transaction MURPHY6588ATWALMART OKTerminal ID: 92690201 Serial #: 000302135	
Sep 10, 2024	62.60-60	Ach withdrawal	
800 000 R0808 FC 0		Northwestern(OK) PAYMENT	

Sep 11, 2024 \square \square		Y OK Terminal ID: IN	N1400	age 20	43	
Sep 12, 2024 √\$959	Serial #:000108 9.00- Debit Card Trans AMERICAN FARN INC300 Serial #	saction 1ERS OK Terminal	ID:			
Sep 16, 2024 🗸 \$4	4.52- Debit Card Trans MURPHY6588AT 92690201 Serial	WALMART OK Term	inal ID:			
Sep 16, 2024 🗸 \$4	7.67- Debit Card Tran MURPHY6588AT 92690201 Seria	WALMART OK Term	sinal ID:			
Sep 16, 2024 \$77						
	Pioneer Telepho	n TELE BILL				
Sep 23, 2024 √ \$54	4.67- Debit Card Tran MURPHY6588AT 92690201 Seria	WALMART OK Term	inal ID:			
Sep 23, 2024 🗸 \$5	0.70- Ach withdrawal OKLAHOMA FAR	M BU PREM COLL				
Sep 23, 2024 √\$7.	5.60- Ach withdrawal OKLAHOMA FAR	M BU PREM COLL				
Sep 26, 2024 √ \$4	3,42- Debit Card Tran MURPHY6588AT 92690201 Seria	WALMART OK Term	ninal ID:			
Checks (18 In Orde	г)	139.89 ATWO	ods			
No Date	Amount	No Date	Amount	No	Date	Amount
3570 Sep 03, 20	24 \$20.16	3587 Sep 17,	2024 KSS \$45.70	3593	Sep 19, 2024	\$142.00
3578 * Sep 06, 20	24 \$7,500.00	3588 Sep 16,	2024 506 \$59.50	3594	Sep 20, 2024	\$239.60
3583 * Sep 20, 20	24 \$153.85	3589 Sep 16,		3595	Sep 26, 2024	\$5,000.00
3584 Sep 23, 20	24 PAPER \$49.009	3590 Sep 17,	2024 445 \$50.00	3596	Sep 27, 2024	\$2,813.56
3585 Sep 16, 20		3591 Sep 19,	2024 NAPA \$15.49	3597	Sep 27, 2024	\$3,253.45
3586 Sep 18, 20		3592 Sep 13,	2024 \$3,213.60 ~	3598	Sep 26, 2024	\$1,146.07
Date ##/##/####	Balance S ##,###	Date ##/##/###	Balance S ##,###	D:	ate //##/#####	Balance S ##,###
##/##/#####	S ##,###	##/##/#####	S ##,###	##	V <del>##/####</del>	S##,###
##/##/####	S ##,### S ## ###	**/**/****	S##,###	##	/##/####	S##,###
##/##/####	s ## ###	##/##/####	3 ##,### S ## ###	##	V <del>IIII   II II II II</del> !/ <del>!!!!/!!!!!!!!</del>	3 ##,### 5 ## ###
##/##/####	S ##,###	##/##/####	S ##,###	##	V##/####	S ##,###
##/##/####	S ##,###	##/##/####	S ##,###	##	V##/####	S ##,###
######################################	S ##,###	##/##/####	\$ ##,###	##	V##/####	S##,###
######################################	5 ##,### \$ ##,###	##/##/#### ##/##/####	S##,### S##,###	## ##	/##/#### /##/#####	5##,### 5##,###
Account Summary					the same of the sa	
Salance Forward	\$##.#	##.## Aver	age Balance			\$##,###.##
Number of Credits			age Collected Balance			\$##,###.##
Total Credits	\$##,#		mum Balance occurred o	on Sep 26,	2024 Year-To-Date	
Number of Debits		32 Inter	est Paid * *			\$112.09
Total Dobite	¢## #	HH HH				

\$##,###.##

\$##,###.##

\$7.90

Total Debits

Number of Interest Payments

Total Interest Earned

Closing Balance

### FIRST STATE BANK OF SAMPLE P.O. BOX 4567 SAMPLE, OKLAHOMA 71234



SAMPLE CO. CONSERVATION DISTRICT 1234 OKLAHOMA SAMPLE, OK 71234

RECEIVED TO DAYE	OUSTOMER NUMBER
2940.05	103756
INTEREST PAID TO DATE	FERM STATEMENT PERIOD TO
	09/09 09/30/2024
The second secon	PAGE 1

	your statement and images at once. Please direct any inquiries or discrepancies to for important information about your right to dispute errors.	o (580) 885-7515	or write to the above address.
222.22	N.O.W. ACCOUNT *****# 103756 PREVIOUS	BALANCE	###,###.##
Date	Check# Transaction Type Credits Debi		balance
09/11/24	1184 Check Dwight's Notary	89.50	###,###.##
09/17/24	1185 Check	73.00	###,###.##
09/18/24	1187 Check	174.20	###, ###.##
09/18/24	1186 Check	389.61	###, ###.##
09/20/24	ACH Item 21,172.25		###, ### .##
	VENDOR PAYMENTS MISC REIM	3	
09/20/24	1190 Check RK Black	139.83	###,###.##
09/23/24	POS Item	135.10	###, ###.##
	CIRCLE TRAILERS		
19/23/24	1188 Check	144.63	###,###.##
09/23/24	ACH Item	127.01	###, ###.##
	Pioneer Telephon WEB PMTS JSLO4P		
09/24/24	ACH Item 4,364.47		###, ###.##
	USDA TREAS 310 MISC PAY 736061073:	124012	
09/25/24	POS Item	201.16	###, ###.##
	OSAGE HOTEL TULSA- HOT TULSA OK		
09/25/24	POS Item	201.16	###, ###.##
	OSAGE HOTEL TULSA- HOT TULSA OK		
09/25/24	POS Item	222.56	###, ###.##
1	OSAGE HOTEL TULSA- HOT TULSA OK		
09/26/24	Deposit 40.00		###, ###.##
09/26/24	Deposit 520.00		###, ###.##
09/26/24	ACH Item	165.60	###,###.##
05,20,2.	OK NATURAL GAS UTIL PAYM		100 - 100
09/27/24	ACH Item 18,159.86		###,###.##
	VENDOR PAYMENTS MISC REIM	В	- For his arrival
09/27/24	1196 Check Felix Travel	294.98	###, ###.##
09/30/24	POS Item	102.19	###,###.##
	QUILL CORPORATION quill.com	SC	,
09/30/24	POS Item	234.74	###, ###.##
1 22,00,00	QUILL CORPORATION quill.com		
09/30/24		,500.00	###,###.##
09/30/24	Interest 80.00		###,###.##
05,50,21	211201232		,

### **Deposit Confirmation**

Your payment has been accepted.

### Payment Successful

An EFT Acknowledgement Number has been provided for this payment, Please keep this number for your records.

### REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

EFT ACKNOWLEDGEMENT NUMBER:	270462192360405

### PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

Payment Information	Entered Data
Taxpayer EIN	##-#####
Tax Form	941 Employers Federal Tax
Тах Туре	Federal Tax Deposit
Tax Period	Q4/2024
Payment Amount	\$469.26
Settlement Date	11/1/2024
Subcategories:	
1 Social Security	\$287.12
2 Medicare	\$67.14
3 Tax Withholding	\$115.00
Account Number	XXXXXXXX
Account Type	CHECKING
Routing Number	XXXXXXXX
Bank Name	Sample City Bank