The City of Oklahoma City Trust

UNIFORM VOUCHER and INVOICE for CONSTRUCTION SERVICES

THIS SPACE FOR CITY / TRUST USE

Payment Voucher No. _____

Vendor No. _____

PO No. _____

Final Payment: Yes _____ No _____

Final Acceptance Date: _____

CONTRACTOR

OKC L DEV, LLC
Name

4058 E. COLLEGE AVE, SUITE 300
Mailing Address

FAYETTEVILLE AR 72703
City State Zip

Tax ID Number 82-0866527

Date of Invoice: 1/17/2022

For Services From: 10/31/2001

To: 1/17/2022

Payment Application No. #5 - Inv 1501

Project No. SB-2020-00002 Title: Creekside Village Offsite Sewer

Location: Southeast corner of S. Czech Hall Road north of SW 29th Street

Supervisory Architectural and/or Engineering Firm: Crafton Tull

AMENDMENT / CHANGE ORDER SUMMARY

No. / Date	Additions	Deletions
	+	( )
	+	( )
	+	( )
	+	( )
	+	( )
	+	( )
	+	( )
TOTAL	+	( )

Net Change (Enter Amount Here and Line 2)$ 0.00

CONTRACTOR'S INVOICE

1.	Original Contract Sum	$ 246,480.00
2.	Net Change	$ 0.00
3.	Contract Sum to Date (Lines 1 and 2)	$ 246,480.00
4.	Total Completed and Stored to Date *	$
5.	Retainage _____% of Line 4	$
6.	Total Earned Less Retainage	$
7.	Less Previous Payments	$
8.	CURRENT PAYMENT DUE	$ 246,480.00

* Attach supporting detail

TASHA WILLIS
Benton County
NOTARY PUBLIC – ARKANSAS
My Commission Expires October 18, 2027
Commission No. 12710309

CONTRACTOR'S AFFIDAVIT

The undersigned Contractor, of lawful age, being first sworn, on oath, certifies that this invoice is true and correct. Affiant further states that the work, services and/or materials as shown by this invoice have been completed or supplied in accordance with the Contract Documents, orders or requests furnished the Affiant. Affiant further states that (s)he has made no payment, nor given or agreed to pay or give, directly or indirectly, to any elected official, officer, or employee of the City of Oklahoma City, the Trust or the I-89 School District to which this invoice is submitted, of money or any other thing of value to obtain payment of this invoice or procure the contract pursuant to which this invoice is required.

By: _____

Subscribed and sworn to before me this 7 day of March 2023

Notary Public Tasha Willis

Commission # / Expiration: 12710309 / October 18, 2027

SUPERVISOR'S CERTIFICATE FOR PAYMENT

Amount Certified $ 246,480.00

Attach explanation if amount certified differs from the amount requested.

The undersigned Architect, Engineer or supervisory official, of lawful age, being first duly sworn, on oath, certifies that the work for which payment is invoiced has been performed, that the work has progressed as indicated, the quality of the work is in accordance with the Contract Documents and the Contractor is entitled to payment of the amount certified.

By: _____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public _____

Commission # / Expiration: _____

SPACE BELOW FOR CITY/TRUST ONLY

ACCOUNT INFORMATION

G/L Unit _____

Account _____

Dept ID _____

OP Unit _____

Fund _____

ACCOUNT INFORMATION

Program _____

Project B/U _____

Project _____

Activity _____

Account _____ of _____

Amount paid this Fund $ _____

Other Accounts 1) _____ 2) _____

APPROVALS:

Consultant/City Project Mgr. _____ / _____

City Engineer _____

Trust Representative _____

Dec 2003