Memorandum

To: From: Re:	rom: Mariana Hernandez, Oklahoma County Treasurer's Office						
Emplo meetir	yee Benefit checks to be considereding on May 21 st , 2025 are as follow: INVOICE # 2798	for approval at the Commissioners					
Ma	y 15 th through May 31 st , 2025						
Oklah Prefu	noma County Prescription Claims nded	\$ 250,000.00					
	TOTAL CLAIMS	\$ 250,000.00					
	APPROVED on By the Board of County Com						
ATTE	ST:						
Oklah	oma County Clerk						

AffirmedRx

10200 Forest Green Blvd Ste 112 Louisville, KY 40223 ar@affirmedrx.com



INVOICE

BILL TO

Oklahoma County 320 Robert S Kerr Avenue Oklahoma City, OK 73102 INVOICE

2798

Net 3

DATE TERMS 05/01/2025

DUE DATE

05/04/2025

DATE	SERVICES	DESCRIPTION	QTY	RATE	AMOUNT
04/15/2025	Pharmacy Services	To fund claims May 15 - 31, 2025	1	250,000.00	250,000.00

Please remit payment via ACH.

BALANCE DUE

\$250,000.00

Please ACH your payment to:

PNC Bank ABA# 021052053 Account # 13903461 Page 1 of 1