

Cash Voucher Discussion:

Cash Voucher account:

- Cash vouchers are used to pay for expenses in the Treatment courts. (examples of the cash voucher are enclosed)
- Based on previous Treatment Court advisory board actions the vouchers are required to be signed by the following individuals: Drug Court Coordinator, Public Defender or Drug Court team member, Assistant District Attorney, and then the expenditure is approved by the Chief Public Defender. (Example of form attached)

Current Inefficiency: The Director or coordinator must print cash vouchers and then collect signatures from everyone. This process can cause delays in timely payment processing for our vendors.

Option 1: Remove the requirement for all signatures to be placed on the cash voucher form and switch to using the most current version available from the State Auditors.

Option 2: Move to using digital signatures. Utilizing DocuSign would simplify this process. Each invoice and cash voucher form would be emailed to the required signatories. As each individual signs the document, it would automatically move to the next person in line. Once all parties have signed the document electronically, it would be finalized. The operation coordinator will then print all supporting documentation and provide it to Donna for check processing.

Proposed Solution: Move to DocuSign as tool used to gather signatures.

Cost associated: Initial Cost \$4,585.00 This includes a onetime set up fee of \$1,250.

Current Cash Voucher Form:

Cash Voucher Claim		Claim #	
Oklahoma County, Oklahoma		Voucher #	
Office or Department:		Fund #	
In account with:		Acct #	
		Date:	
Address: <small>Name</small>			

Date	Description	Amount Claimed	Disallowed
		Totals: \$ 0.00	

<div></div> <p>County Purchasing Agent</p>	<input type="checkbox"/> This claim has been reviewed by the County Purchasing Agent for compliance with the appropriate bidding procedures as required by law. <i>(Not required for refunds issued on cash voucher claims in accordance with 19 O.S. § 691).</i>
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I hereby certify receipt of the above stated goods/ services in quantity indicated on delivery documentation.

<div></div>	<div></div>
Receiving Officer	Date

~~The~~ County Clerk is hereby authorized to mail vouchers issued in payment of this claim to the claimant at the address indicated above.

I, the undersigned, upon oath, do depose and say that I have full knowledge of the above and foregoing account, that the said account is just, correct, due and according to law; that the amount claimed, after allowing all just credits, is now due and wholly unpaid; and that I am authorized to make this affidavit, so help me God.

Signature of claimant authorized to initiate cash voucher claim

For Drug Court (or other diversion program) use only:

Expenditure approved by:		
<div></div>	<div></div>	<div></div>
<small>Name</small>	<small>Title</small>	<small>Date</small>
By Order of the Drug Court Board:		
<div></div>		
ASSISTANT DISTRICT ATTORNEY		
<div></div>		
PUBLIC DEFENDER OR DRUG COURT TEAM MEMBER		
<div></div>		
DRUG COURT COORDINATOR		
<div></div>		

Subscribed and sworn to before me this date of:

County Clerk:	<div></div>	Audited and approved for	\$ 0.00
		By Deputy:	<div></div>

NOTICE: This form is to be used in making claims for those accounts specifically authorized as a cash voucher account, not subject to Board of County Commissioners' Approval.

Print Claim

Other Cash Voucher:

OSAI Form 270 (2021)
19 O.S. §§ 691 & 693

Cash Voucher Claim

Claim #

Voucher #

Office or

Department:

Fund #

Acct #

In account with:

Date:

Address:

Date	Description	Amount Claimed	Disallowed
Totals:		\$ 0.00	

County Purchasing Agent



This claim has been reviewed by the County Purchasing Agent for compliance with the appropriate bidding procedures as required by law. (Not required for refunds issued on cash voucher claims in accordance with 19 O.S. § 691).

I hereby certify receipt of the above stated goods/ services in quantity indicated on delivery documentation.

Receiving Officer

Date

The County Clerk is hereby authorized to mail vouchers issued in payment of this claim to the claimant at the address indicated above.

I, the undersigned, upon oath, do depose and say that I have full knowledge of the above and foregoing account, that the said account is just, correct, due and according to law; that the amount claimed, after allowing all just credits, is now due and wholly unpaid; and that I am authorized to make this affidavit, so help me God.

Signature of claimant authorized to initiate cash voucher claim

For Drug Court (or other diversion program) use only:

Expenditure approved by:

Name

Title

Date

Subscribed and sworn to before me this date of:

County Clerk: Audited and approved for

By Deputy:

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