

**OKLAHOMA DEPARTMENT OF CORRECTIONS**  
**County Transport Invoice**

Transport Date: \_\_\_\_\_  
 Destination:  LARC  MBARC \_\_\_\_\_

Invoice Date: \_\_\_\_\_  
 Invoice #: \_\_\_\_\_

**1. COUNTY INFORMATION**

County Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: OK Zip Code: \_\_\_\_\_

**2. REMITTANCE CONTACT INFORMATION**

Oklahoma Department of Corrections  
 Attn: Jeff Spaulding  
 205 West 7th, Suite 103  
 Stillwater, OK 74074

Jeff Spaulding, Business Manager  
[jeff.spaulding@doc.ok.gov](mailto:jeff.spaulding@doc.ok.gov)  
 405-377-6750

**3. HOURS** (Enter time in format 7:00 AM; round time to 15 minute increments)

	Officer(s) Name	Starting Time	Ending Time	Total Hours
Officer 1				0:00
Officer 2				0:00
Officer 3				0:00
Officer 4				0:00
			<b>Total Hours</b>	<b>0:00</b>

**4. MILEAGE**

	Beginning Mileage	Ending Mileage	Total Mileage
Vehicle 1			-
Vehicle 2			-
		<b>Total Mileage</b>	<b>-</b>

**5. REIMBURSEMENT** (Wages)

	Total Hours	Hourly Pay Rate	Reimbursement
Officer 1	0.00		\$0.00
Officer 2	0.00		\$0.00
Officer 3	0.00		\$0.00
Officer 4	0.00		\$0.00
<b>Total Wage Reimbursement</b>			<b>\$0.00</b>

**6. REIMBURSEMENT** (Mileage)

	Total Mileage	Mileage Rate	Reimbursement
Vehicles	-	0.50	\$ -
<b>Total Mileage Reimbursement</b>			<b>\$ -</b>

**INVOICE TOTAL** **\$ -**

\_\_\_\_\_  
 Transportation Officer Signature

\_\_\_\_\_  
 Sheriff or Designee Signature  
 (Signature verifies transport officer salary)

