

OKLAHOMA DEPARTMENT OF CORRECTIONS

County Transport Invoice

Transport Date: _____

Invoice Date: _____

Destination: LARC MBARC _____

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
 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
Total Hours				0:00

4. MILEAGE

	Beginning Mileage	Ending Mileage	Total Mileage
Vehicle 1			-
Vehicle 2			-
Total Mileage			-

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
Total Wage Reimbursement			\$0.00

6. REIMBURSEMENT *(Mileage)*

	Total Mileage	Mileage Rate	Reimbursement
Vehicles	-	0.50	\$ -
Total Mileage Reimbursement			\$ -

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

 Transportation Officer Signature

 Sheriff or Designee Signature
(Signature verifies transport officer salary)

