



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**In-Kind Travel Expense Voucher**

Voucher number: \_\_\_\_\_ for the month of \_\_\_\_\_, 20\_\_

Traveler		Purpose of travel	
<b>Date</b>	<b>From</b>	<b>To</b>	<b>Miles driven</b>
<b>Total</b>			

I certify that the above information is true and correct to the best of my knowledge.

_____ Signature of traveler		_____ Date		_____ Approved by		_____ Date	
Traveler		Purpose of travel					
<b>Date</b>	<b>From</b>	<b>To</b>	<b>Miles driven</b>				
<b>Total:</b>							

I certify that the above information is true and correct to the best of my knowledge.

_____ Signature of traveler		_____ Date		_____ Approved by		_____ Date	
Traveler		Purpose of travel					
<b>Date</b>	<b>From</b>	<b>To</b>	<b>Miles driven</b>				
<b>Total:</b>							

I certify that the above information is true and correct to the best of my knowledge.

_____ Signature of traveler		_____ Date		_____ Approved by		_____ Date	
Total miles this voucher:		_____					
Amount allowed per mile:		.485					
Total amount this voucher:		_____					