

AGENCY BUSINESS
UNIT

CLAIM OF:
Employee I.D. # :

STATE OF OKLAHOMA

Actual & Necessary
Expense
Travel Voucher

IS CAR GOV.
OWNED?
YES _____
NO _____

IS CLAIMANT A STATE
OFFICIAL OR EMPLOYEE?

YES _____
NO _____

FOR AGENCY USE:			
IN-STATE		OUT-OF-STATE	
OBJECT ACCT	AMOUNT	OBJECT ACCT	AMOUNT
521110 Mileage		521210 Mileage	
521120 Meals		521220 Transp	
521130 Public Trans		521230 Meals	
521140 Misc		521240 Local Trans	
521150 Lodging		521250 Misc.	
		521260 Lodging	
NON-EMPLOYEE			
521310 All Travel			
Sub-Total		Sub-Total	
OSF-Audited By:		Total Amount	

Address:

FOR
AGAINST

Agency, Bd.,
Comm., Dept.

ASSIGNMENT
I hereby assign this claim to

and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant Signature _____

OFFICIAL DUTY STATION:

NATURE OF OFFICIAL BUSINESS:

Date _____

PERSONAL ACTUAL AND NECESSARY EXPENSES:

DATE	POINTS OF TRAVEL		MILEAGE CLAIMED	BREAKFAST	LUNCH	DINNER	LODGING	TOTAL MEALS / LODGING
	FROM	TO						
Mileage Instructions: GPS Reading required. If not avail for location, may show or attach separate sheet(s) listing the route or vicinity area.			TOTAL MILES					TOTAL
			RATE (PER MILE)	\$	* MILEAGE TOTAL AFTER T.O. ADJUSTMENT			
* Trip Optimizer Used for Mileage Comparison (lower cost)				Exempt from Trip Optimizer		(Place 'X' in appropriate box per Title 74, § 85.45I)		

AUTHORIZED ACTUAL AND NECESSARY EXPENSES FOR OTHERS:

DATE	TO WHOM PAID	ITEMIZED EXPENDITURE	AMOUNT
Total Actual & Necessary Expenditures for Others ** (Include under Itemized Misc. Costs below)			

PUBLIC TRANSPORTATION:

AGENCY DIRECT PURCHASE: (Place 'X' if paid agency direct)	TOTAL PUBLIC TRANSPORTATION
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MISCELLANEOUS COSTS:

ITEMIZED LOCAL TRANSPORTATION	ITEMIZED MISCELLANEOUS COSTS
TAXI:	**ACTUAL & NECESSARY EXPENSES FOR OTHERS (from above):
SHUTTLE:	REGISTRATION FEE:
RENTAL CAR:	TELEPHONE:
OTHER LOCAL TRANSP:	PARKING:
	TOLLS:
LIST:	OTHER MISC. COSTS:
	TOTAL ITEMIZED MISCELLANEOUS
	TOTAL LOCAL TRANSPORTATION
TOTAL AMOUNT CLAIMED	

I, _____, by signing here do under penalty of perjury, declare that the information contained in this document and any attachments are true and correct to the best of my knowledge and belief.

Claimant Signature _____ Date _____

Manager's Approval Signature (If required) _____ Date _____

