



# Travel Claim



## Claimant Information

- Foster Parent  
  Volunteer  
  Former Oklahoma Department of Human Services employee  
 Office of Management and Enterprise Services employee (OMES)  
  Other: \_\_\_\_\_

\_\_\_\_\_  
 First name                                      M.I.    Last name                                      Phone number with area code

\_\_\_\_\_  
 Home address                                      City                                      State    Zip code + 4

\_\_\_\_\_  
 Social Security number    Vehicle tag number

## For foster parent travel only:

\_\_\_\_\_  
 KK number                                      Caseworker name                                      Phone number with area code

## Travel Information

Was travel out-of-state?                                       Yes     No

When yes, state employees must complete and submit [Form 10AD002E, Out-of-State Travel Authorization](#).

Foster parents traveling out-of-state overnight, attach Form 04FC013E, Out-of-State Travel Authorization for Placement Provider.

**Overnight trip table:** When claiming per diem, provide the following information. State employees must also attach an agenda when he or she attends a conference or training. Per diem, when applicable, is calculated by DHS Financial Services.

Begin date mm/dd/yyyy	Begin time 0:00 AM/PM	End date mm/dd/yyyy	End time 0:00 AM/PM

**Trip information table:** Use *Google Maps* to find miles for each trip - it is not necessary to include maps with your travel claim. When transporting child(ren), enter the *first name and last initial* in the "case detail" column in the trip information table.

Travel date	Beginning and ending points of travel - Use address and city name	Round-trip Y/N	Purpose of trip	Case detail	Miles

Explain as necessary (e.g. address could not be mapped; took a different route.)

### Expenses Claimed

Mileage reimbursement rounded to the nearest cent: Total Miles \_\_\_\_\_ x \$0.50 = \_\_\_\_\_

Per diem (when applicable, Financial Services calculates): \_\_\_\_\_

Lodging (attach original receipts showing the balance paid in full): \_\_\_\_\_

Client meals (attach original receipts): \_\_\_\_\_

List other items: \_\_\_\_\_

Tolls \_\_\_\_\_

Local transport  
(such as shuttle or taxi) \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**Grand Total** \_\_\_\_\_

When claiming per diem, attach an agenda if you attended a conference or training.

**Coding**

Charge this claim to:

\_\_\_\_\_ 4 digit finance account \_\_\_\_\_ 5 digit finance location

**Claimant Signatures and Claim Approval**

\_\_\_\_\_ Claimant signature \_\_\_\_\_ Date

**Submit**

\_\_\_\_\_ Authorized approval signature \_\_\_\_\_ Date

\_\_\_\_\_ State office approval signature \_\_\_\_\_ U# \_\_\_\_\_ Date

\_\_\_\_\_ Division director approval for claims over 90 days old \_\_\_\_\_ Date

Comments (Financial Services and CWS only):

[Empty text area for comments]