

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 num	ber 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 Informatior	1						
Was travel out-of-s	tate?] 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.							
Authorization for Flacement Florider.							
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	Round- trip	Purpose of trip	Case detail	Miles

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

Expenses Claimed		
Mileage reimbursement rour	nded to the nearest cent: Total Milesx \$0.585 =	
Per diem (when applicable,	Financial Services calculates):	
Lodging (attach original rece	eipts 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 ac	count	5 digit finance locatio	n n	
Claimant Signatures and Claim Approval					
Claimant signature			 Date	Submit	
Authorized approval signatu	ıre		Date		
State office approval signat	ure U#		Date		
Division director approval for	or claims over 90 c	days old	Date		
Comments (Financial Servi	ces and CWS only	/):			