

Claimant Information

- Foster Parent
 Volunteer
 Former Oklahoma 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](#).

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 OKDHS 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 \$0.670 = _____

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):