

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 _____ \times 0.725 = _____

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):