OKLAHOMA Human Services

2026 Travel Claim

Instructions

Purpose of form

Form 10AD006E, Travel Claim, is used by non-employees who have incurred travel expenses while providing an approved service for OKDHS or its clients. Claimants include foster parents, volunteers, recently terminated OKDHS employees, and outside consultants.

Foster care and volunteer services include transporting foster children to medical appointments, client meals, lodging, and other costs incurred during transport. Former OKDHS employees who can no longer access the Speed-E-Travel reimbursement system use the form for reimbursement of approved travel costs incurred when employed by OKDHS. Office of Management and Enterprise Services (OMES) staff use the form for reimbursement of approved mileage incurred while providing contracted information technology services for OKDHS.

Instructions

First-time claimants who have not already submitted a Form 10CO135E, Vendor Information, attach a completed and signed Form 10CO0135E with a legible copy of the claimant's Social Security card.

A completed Form 10AD006E may not cover more than one fiscal year. Our state fiscal year begins July 1 and ends June 30.

Claimant information. Select the appropriate claimant type and enter the claimant's name, phone number with area code, home address, city, ZIP code + 4, Social Security number and vehicle tag. The ZIP code + 4 is obtained at **https://tools.usps.com.**

For foster parent travel only. A case or referral number is entered when claim is the result of transporting a client. Use a separate form for a different case number, the same trip may not be claimed on two cases. Enter the caseworker's name and phone number with area code.

Travel information. Enter the following travel information:

Was travel out-of-state? Select **yes** or **no**. When **yes and a state employee**, a completed Form 10AD002E**, Out-of-State** Travel Authorization, signed by the OKDHS travel coordinator is required for each out-of-state trip. Form 10AD002E is submitted to the OKDHS travel coordinator's office before Financial Services processes and pays for out-of-state travel. State employees traveling overnight must attach an agenda or itinerary when he or she attends a conference, meeting, or workshop. To receive a per diem payment in lieu of meals and incidental costs for overnight travel, complete the overnight travel table.

Overnight trip table. Claimants requesting reimbursement for overnight travel must complete the table. Enter beginning and ending times and dates for overnight trips. Time specify a.m. or p.m. Financial Services staff use this information to calculate the per diem reimbursement.

Trip information table. Enter requested information for each trip. Beginning and ending points of travel must each include an address and city name. If travel began or ended at the home address in "Claimant Information" section, "Home" may be entered instead of a full address. If the starting and ending points are the same, it is not necessary to list them twice. In that case Round-trip must be set to "Y". The purpose of the trip must be concise and clear. Case detail is used to support the business purpose of the travel. Foster parents who transport a child enter the child's first name and last initial

in this box. OMES and former employees enter case numbers, ticket numbers, or other trip-specific information. Enter the miles for the trip in the Miles box. Miles for reimbursement are based on mapping the travel between specific addresses in the beginning and ending points of travel box. Claimants must use Google Maps to map the distance between addresses; claimants may use either the fastest or shortest route. For a round-trip, claimants simply double the map miles. Miles are rounded to the nearest whole mile, with .5 miles rounded up. Claimants do not need to submit maps with claim. Mileage will be checked as needed and claims returned if Google Map miles do not match the claimed miles, without adequate explanation.

Explain as necessary: Claimants may use this box to explain any trip in which the miles claimed are not from Google Maps. This may occur when an address cannot be mapped or a significant detour was necessary. In this case, provide the travel date and a full explanation of the difference, including odometer readings.

Expenses claimed. Enter the following expense information:

Mileage reimbursement. When using the automated form, the Total Miles field is automatically calculated from the miles on each trip and multiplied by the mileage rate to determine the mileage reimbursement. When using the paper form, add together the miles from each trip and enter into the Total Miles field. Multiple by the mileage rate on the form to determine mileage reimbursement.

Per diem. Financial Services staff calculate the per diem reimbursement in lieu of meals and incidentals using the information from the overnight trip table and the current federal per diem rate for the specified destination as published on the **GSA** website. The reimbursement is computed based on the applicable rules for in-state and out-of-state per diem per Oklahoma Administrative Code **(OAC) 340:2-11-121**. For state employees, an agenda or itinerary documenting the conference, meeting, or other event requiring overnight travel is attached.

Lodging. The amount paid for the hotel. Attach original receipts showing the balance was paid in full. Lodging rates, excluding taxes, does not exceed the daily rates for in-state and out-of-state lodging as noted in **OAC 340:2-11-119.1**. The rate caps are published on the **GSA** website.

Client meals. Enter the amount paid for the client's food only. Attach original receipts. When a receipt includes food purchased for anyone other than the client, circle and label the food and amounts for the client.

List other items. List other items such as tolls, local transportation, or miscellaneous expenses incurred. Tolls and cab fare of less than $25 per expense event do not require a receipt. However, receipts for items less than $25,when provided to the traveler, are submitted to better document the claim. All other items require original receipts.

If more than one page is required for a single claim, sub-totals are labeled and noted for each section. The total amount claimed is only shown on the final page and all pages are stapled together.

Coding. Enter the four digit finance account and the five digit finance location number to which this expense will be charged.

Claimant signatures/claim approval. The claimant, the approving authority, and the State Office approving authority sign and date Form 10AD006E. The division director sign and date claims over 90 days old. The 90 days start on the earliest travel day listed on Form 10AD006E.

Comments for OKDHS Financial Services and CWS administration only. This section is used only by Financial Services and CWS administration, including the Foster Care and Adoption Support Center staff to provide clarifying notes.

Routing

Routing of foster parent claims. Claims initiated by foster parents are routed to the approving

authority. After approval, the claims are routed to the Foster Care and Adoption Support Center for pre-audit. The Foster Care and Adoption Support Center routes the original to OKDHS Financial Services. A copy is retained by the Foster Care and Adoption Support Center, and the claimant. After Form 10AD006E and supporting documentation are audited and approved, OKDHS Financial Services enters the approved amount and electronically transmits the claim to OMES. A warrant is generated and sent to the claimant.

Routing of volunteer claims. All claims submitted by volunteers are routed to the OKDHS volunteer coordinator for State office approval signature. A copy is retained by the volunteer coordinator and the claimant. After approval, the volunteer coordinator routes the claim to OKDHS Financial Services. After Form 10AD006E and supporting documentation are audited and approved, OKDHS Financial Services enters the approved amount and electronically transmits the claim to OMES. A warrant is generated and sent to the claimant.

Routing of all other travel claims. All other travel claims are submitted to the appropriate approving authority for review. A copy is retained by the approving authority and the claimant. After review, the approving authority sends the claim to OKDHS Financial Services. After Form 10AD006E and supporting documentation are audited and approved, OKDHS Financial Services enters the approved amount and electronically transmits the claim to OMES. A warrant is generated and sent to the claimant.

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	End date mm/dd/yyyy

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

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 _____ = _____

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 _____

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):