



Travel Claim

Claimant Information

Foster Parent
 Volunteer
 Office of Management and Enterprise Services Employee (OMES)
 Former Department of Human Services Employee
 Other _____

John R. Doe 405-599-1234
 First Name M.I. Last Name Phone Number with Area Code
 101 N. Main Street OKC OK
 Mailing Address "must provide" City State
 73111-1854 *the plus 4* 123-45-6789 OK-BRD-555
 Zip code plus 4 Social Security Number Vehicle tag number

Travel Information

KK number(s) when Applicable: 29876543 Was travel out-of-state? Yes No

When yes, send a completed 10A3002E to the DHS Travel Office.

Provide all requested information below for each trip.
 Child's first name and last initial is required only when transporting children.
 Map miles for each trip are obtained using the statewide map mileage inquiry on the Finance System.
 When trip miles exceed map miles, the difference is vicinity miles.
 When the Finance System is not accessible, provide the total trip miles in the map miles column.

Date traveled	Child's First Name and Last Initial	Beginning and ending points of travel. Please use city names.	Roundtrip Yes / No	Purpose of trip	Map Miles	Vicinity miles
05/05/14	David S.	OKC to Ardmore	Yes	Visitation with Father	140	3
05/06/14	Riley R.	OKC to OKC	Yes	Therapy Appt.		25
05/09/14	David S.	OKC to Ardmore	Yes	Court in Carter County	140	3
05/15/14	David S.	OKC to Ardmore	Yes	Visitation with Father	140	3
		<i>Only list city to city</i>				
		<i>No Addresses</i>				

Per diem, when applicable, is calculated by DHS Financial Services. When any trips listed above are for approved overnight travel, provide the following information:

Begin Date ex. 00/00/00	Begin Time ex. 00:00AM	End Date ex. 00/00/00	End Time ex. 00:00PM

Expenses Claimed

Mileage reimbursement rounded to the nearest cent: Total Miles 454 x \$0.56 = \$254.24

Per Diem (When applicable, Financial Services calculate) _____

Lodging (attach original receipts showing the balance paid in full) _____

Client Meals (attach original receipts) _____

List other items:

Tolls Toll for the trip on 05/06/14 \$ 1.75

Local Transport (such as shuttle or taxi) _____

Miscellaneous _____

Grand Total \$255.99

When claiming Per Diem, attach an agenda if you attended a conference or training.

Additional Point of Contact

For foster parent travel only: T.J Smith 405-522-2441
Printed caseworker name Phone number with area code

Coding

These are your correct
Charge this claim to: #15 2127 82127
Finance 4 digit Finance Account 5 digit Finance Location

Claimant Signatures / Claim Approval

Claimant signature Date Authorized approval signature Date

FOR STATE OFFICE USE ONLY

State Office approval for CWS Date

FOR STATE OFFICE USE ONLY

Division director approval for claims over 90 days old Date

Comments (DHS Financial Services only)

Empty box for comments.