

funded by



KI BOIS community Action

Helping People. Changing Lives. PARTNERSHIP

funded by



Aging Services Division
Oklahoma Department of Human Services

TRAVEL STATEMENT

Date	Time	Travel Itinerary		Vicinity Travel Odometer Reading		Total Miles Claimed	Hours served	Clients served	Purpose
		From	To	Beginning	Ending				
Totals									

****DON'T FORGET YOUR UPDATED INSURANCE VERIFICATION.**

I certify that this statement, the amounts claimed, and attachments are true, correct, and complete to the best of my knowledge and belief and that payment has not been received.

___ Miles x ___ \$35.00 limit. Including mileage and meals.

Other Expenses: _____ \$.50 per meal (included in above amount)

_____ Claimant

Total Claimed: _____

_____ Address

Approved By: _____

_____ City, State, Zip

Invoice #	Date	Reference	Fund	GL Acct	Cost	Locn	Amount
		Volunteer Travel	841	7280	900		
		Volunteer Meals	841	7260	900		

Central Office Use:

