# BIG FIVE COMMUNITY SERVICES, INC.

## TRAVEL CLAIM - ALL OTHER PROGRAMS

| NAME | | | SSN - last 4 digits XXX-XX- | PROGRAM | IN-AREA ☐ | OUT-OF AREA ☐ | ODOMETER READINGS | | MILES TRAVELED | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | DEPAR T | RETURN | DESTINATION/PERSONS VISITED/OTHER EXPLANATION | | | | BEGIN | END | MAP | VICINITY | TOTAL |
| | | | | | | | | | | | 0 - |
| | | | | | | | | | | | 0 - |
| | | | | | | | | | | | 0 - |
| | | | | | | | | | | | 0 - |
| | | | | | | | | | | | 0 - |
| | | | | | | | | | | | 0 - |
| | | | | | | | | | | | 0 - |
| | | | | | | | | | | | 0 - |
| | | | | | | | | | | | 0 - |
| | | | | | | | | | | | 0 - |
| | | | | | | | | | | | 0 - |
| | | | | | | | | | | | 0 - |

| | | | | | |
|---|---|---|---|---|---|
| Total Miles: | 0 | x 0.50 cents per mile. | | | $ 0.00 - |
| Total Lodging: | | Nights @ | | Company Credit Card | $ 0.00 - |
| Per Diem Qtrs: | | Less | | Meals provided @ | per qtr. $ 0.00 - |
| Other-Itemize: | | | | | $ - |
| | | | | Total | $ 0.00 - |

Oklahoma Per Diem Rates: Oklahoma City $15.25. All Other $13.75

I certify that the above statement and attachments are true and correct, that the expenses outlined above were actually incurred in the performance of my official job duties, and expenses have not been received or claimed from other sources and do not exceed the maximum allowable cost under current Big Five Policies.

| | |
|---|---|
| Claimant's Signature | Date: |
| Authorized | Date: |

| | |
|---|---|
| Executive Director Approval<br>Signature | Date: |

**Mailing Address**

Name:_____

Address:_____

City:_____State:_____Zip:_____

BF06TVCL(Rev 10/1/18)