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 0.47 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 Signature	Date:

Mailing Address

Name:_____

Address:_____

City:_____State:_____Zip:_____

BF06TVCL(Rev 10/1/18)