

BIG FIVE COMMUNITY SERVICES, INC.

TRAVEL CLAIM - HEAD START

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

Total Miles:	-	x	0.545	cents per mile.	\$	-
Total Lodging:			Nights @		\$	-
Per Diem Qtrs:			Less		\$	-
Other-Itemize:			Meals provided @		\$	-
				per qtr.	\$	-
Total					\$	-

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.

Mailing Address

Claimant's Signature	Date:
Authorized	Date:

Name: _____

Address: _____

Executive Director Approval	
Signature	Date:

City: _____ State: _____ Zip: _____