

Form 3

Office of Planning & Coordination
Oklahoma Commission on Children & Youth
500 N. Broadway, Suite 300 (405) 606-4900 OKC Metro
Oklahoma City, Oklahoma 73102 (866) 335-9288 Outside OKC
Metro

OCCY TRAVEL INVOICE

FY '10

Complete and return by mail. This Form cannot be completed by a paid consultant, speaker, or other service provider.

Name: _____ SS#: _____

Address: _____
Street or P.O. Box City State Zip

Telephone #: _____ E-Mail: _____

Are you a STATE official or employee? Yes No If "yes," name of agency: _____

Reason for travel:

Creating Partnerships for Oklahoma Families Conference
Institute for Child Advocacy Fall Forum
Other workshops/training events as approved - name of training: _____
CPB meetings filed & posted in accordance with the Open Meeting Act – meeting date: _____

Dates of travel:

From: _____ To: _____

Mileage on private vehicle: vehicle odometer readings:

departure _____; return _____
= _____ total miles @ \$0.55 per mile or current federal rate \$ _____
(OCCY will correct if necessary)

(If odometer readings are not available, contact OCCY for map mileage)

departed from _____ (city)
and traveled to _____ (city) and return

vehicle tag # _____

Lodging*: Attach your lodging receipt, which must show a zero balance.

If receipt does *not* show a zero balance, paid credit card receipt must be attached. \$ _____

Check here if you stayed with friends or family.

Per diem*:

Date and time departed: _____

Date and time arrived home: _____ \$ _____

* Lodging and Per Diem (at Oklahoma state rates) can be reimbursed only to those living more than 60 miles from the site, and only if away from home overnight. Attach copy of event brochure showing date(s) and location of event, agenda showing dates and times event begins and ends, meals provided or not provided, and registration fee.

Registration fees: (Attach your receipt & copy of event brochure.) \$ _____

Toll roads: (Attach your receipt.) \$ _____

Parking: (Attach your receipt.) \$ _____

Other: (Specify & attach receipt) \$ _____

Total amount to be paid: \$ _____

All receipts and documentation requested must be supplied. Processing/payment will be delayed until each item is supplied.

My signature below certifies that the above expenses are true and correct to the best of my knowledge, that I have not been and will not be reimbursed for these expenses from any other source, that this travel was undertaken in support of the official activities of the Community Partnership Board, and that I have not been compensated for non-employee services. Please complete the following:

Community Partnership Board Name: _____

Traveler's Signature

Date

Signature of Board Coordinator
(if other than authorized individual)

Date

