



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



In-Kind Travel Expense Voucher

Voucher number: _____ for the month of _____, 20__

Traveler		Purpose of travel	
Date	From	To	Miles driven
Total			

I certify that the above information is true and correct to the best of my knowledge.

Signature of traveler		Date		Approved by		Date	
Traveler		Purpose of travel					
Date	From	To	Miles driven				
Total:							

I certify that the above information is true and correct to the best of my knowledge.

Signature of traveler		Date		Approved by		Date	
Traveler		Purpose of travel					
Date	From	To	Miles driven				
Total:							

I certify that the above information is true and correct to the best of my knowledge.

Signature of traveler		Date		Approved by		Date	
Total miles this voucher:		_____					
Amount allowed per mile:		.485					
Total amount this voucher:		_____					