OSF FORM 18
(Revised 10/03)

STATE OF OKLAHOMA
Actual & Necessary Expense

IS CAR GOV. OWNED?
YES _____
NO _____

LICENSE NO.: _____

IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE?
YES _____
NO _____

AGENCY BUSINESS UNIT		CLAIM OF: Employee I.D. # :
FOR AGENCY USE:		Address:

IN-STATE		OUT-OF-STATE	
OBJECT ACCT	AMOUNT	OBJECT ACCT	AMOUNT
521110 Mileage		521210 Mileage	
521120 Meals		521220 Transp	
521130 Public Trans		521230 Meals	
521140 Misc		521240 Local Trans	
521150 Lodging		521250 Misc.	
		521260 Lodging	
NON-EMPLOYEE			
521310 All Travel			
Sub-Total		Sub-Total	
OSF-Audited By:		Total Amount	

FOR
$
AGAINST
Agency, Bd., Comm., Dept.

ASSIGNMENT

I hereby assign this claim to

and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant Signature

Date

OFFICIAL DUTY STATION:

NATURE OF OFFICIAL BUSINESS:

PERSONAL ACTUAL AND NECESSARY EXPENSES:

DATE	POINTS OF TRAVEL FROM	TO	MILEAGE CLAIMED MAP	VICINITY	BREAKFAST	LUNCH	DINNER	LODGING	TOTAL MEALS / LODGING
TOTALS									
					TOTAL MILES @ ¢ Per Mile =				

AUTHORIZED ACTUAL AND NECESSARY EXPENSES FOR OTHERS:

DATE	TO WHOM PAID	ITEMIZED EXPENDITURE	AMOUNT
Total Actual & Necessary Expenditures for Others ** (**Include under Itemized Misc. Costs below**)			

PUBLIC TRANSPORTATION:

MODE OF PUBLIC TRANSPORTATION:		
AGENCY DIRECT PURCHASE: (X)	TOTAL PUBLIC TRANSPORTATION	

MISCELLANEOUS COSTS:

ITEMIZED LOCAL TRANSPORTATION	ITEMIZED MISCELLANEOUS COSTS	
TAXI:	**ACTUAL & NECESSARY EXPENSES FOR OTHERS (**from above**):	
SHUTTLE:	REGISTRATION FEE:	
RENTAL CAR:	TELEPHONE:	
OTHER LOCAL TRANSP:	PARKING:	
	TOLLS:	
	OTHER MISC. COSTS:	
	TOTAL ITEMIZED MISCELLANEOUS	
	TOTAL LOCAL TRANSPORTATION	
	TOTAL AMOUNT CLAIMED	

I, _____, by signing here do under penalty of perjury, declare that the information contained in this document and any attachments are true and correct to the best of my knowledge and belief.

Claimant Signature Date

Manager's Approval Signature (If required) Date