



# OCTP Travel Worksheet

Please Fill Out Completely

Name: \_\_\_\_\_

Email: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

**\*\*\* IMPORTANT!! This information is critical when calculating your per diem. Please be accurate.\*\*\***

Date	Starting Time	Ending Time	Show location travel status began, each location visited, and the location travel status ended

Nature of official business: \_\_\_\_\_

Lodging arrangements provided by: \_\_\_\_\_

Number of meals provided by the workshop/conference? \_\_\_\_\_

Did you drive a state car?                      yes                       no

Are you a State of Oklahoma employee?    yes                       no

Are you claiming tolls: Pike Pass? \_\_\_\_\_ Cash? \_\_\_\_\_ Amount: \$ \_\_\_\_\_ **Receipts Required!**

Please provide license plate #: \_\_\_\_\_

**Signature**

**Date**

**Mail this worksheet to:** Oklahoma Commission for Teacher Preparation  
3545 NW 58<sup>th</sup>, Suite 200, Oklahoma City, OK 73112 • (405) 525-2612 Fax (405) 525-0373