EXPENSE REIMBURSEMENT REPORT
(TRAVEL CLAIM)

Southwest Technology Center
711 W. Tamarack
Altus, OK 73521
(580) 477-2250

Claimant _____ Date of Claim _____
Program _____ Period Covered _____

DATE	MEALS	ROOM	OTHER	MILEAGE	PURPOSE & DESTINATION OF TRIP
TOTALS					
		Total to be Reimbursed		**TOTAL**	

SIGNATURE _____