**From:**

**Invoice Date:**

**To:**

Attn: Education/Accounts Payable
Oklahoma History Center
800 Nazih Zuhdi Drive
Oklahoma City, OK 73105
education@history.ok.gov

**Description:**

Transportation reimbursement for field trip to:

|  |  |
| --- | --- |
| Itemized Expenses: |  |
| Flat cost per bus: | *$* |
| Hourly cost per bus: | *$* |
| Cost per mile: | *$* |
| Driver’s meal: | *$* |
| Total amount of buses: |  |
| Total cost incurred: | *$* |

**Total Requested Amount:**

$

**Make Checks Payable to:**