OKLAHOMA BAR ASSOCIATION
1901 NORTH LINCOLN BOULEVARD
P. O. BOX 53036, STATE CAPITOL STATION
OKLAHOMA CITY, OK 73152
405-416-7000

EXPENSE CLAIM FORM

NAME:_____

ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

Description of Goods or Services (Attach supporting documentation) | Amount

---

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____
Claimant signature OBA No. Date

==========

OBA OFFICE USE ONLY

==========

Acct No. ____-____-_____-___ $_____

_____

____-____-_____-___ $_____ Director of Administration

____-____-_____-___ $_____

_____
Date

_____ _____
Director Approval Date Vendor Number