



(Appendix 4)

**COMMITTEES AND SECTIONS:
Committee & Section Guide:
(5) Expense Claim - FORM**

OKLAHOMA BAR ASSOCIATION
1901 NORTH LINCOLN BOULEVARD
P. O. BOX 53036, STATE CAPITOL STATION
OKLAHOMA CITY, OK 73152-3036
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

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OBA OFFICE USE ONLY

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Acct No. ____ - ____ - ____ - ____ \$ _____
 ____ - ____ - ____ - ____ \$ _____
 ____ - ____ - ____ - ____ \$ _____

Director of Administration

Date

Director Approval Date Vendor Number