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

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_____

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_____

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_____

_____ _____ _____
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