



Cox Channel
 6301 Waterford Blvd.
 Suite 305
 Oklahoma City, OK 73118
 Attn: Ann Disney

----- REMIT TO -----

NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE: _____ E-MAIL: _____

SSN: _____

DATE	EVENT	CREW POSITION
RATE	HOURS (REG) (OT)	TOTAL
Mileage Expense: (55 cents per mile)		Per Diem:

Supplier Number							
CO#	LOC	LOB	Prod Type	Dept	Acct	Prgm	Amount
602	0000	60	000	7000	69075	000	
602	0000	60	000	7000	69070	000	
602	0000	60	664	1000	59021	000	
						Total	
Business Purpose							
Rcv'd By:				Date:			
Appr By:				Date:			
Appr By:				Date:			
Invoice #:				Verified By:			

WORK ORDER #

DO NOT WRITE IN THIS SPACE
 OFFICE USE ONLY