MUST BE ATTACHED TO A CLAIM JACKET VOUCHER FORM 15A OTHER AUTHORIZED COVER FORM

OMES FORM 19
(Revised 12/12)

STATE OF OKLAHOMA
Travel Voucher

IS CAR GOV. OWNED?
YES _____
NO _____

LICENSE NO.: _____

IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE?
YES _____
NO _____

AGENCY BUSINESS UNIT

CLAIM OF:
Vendor I.D. #:

FOR AGENCY USE:

Address:

IN-STATE OBJECT ACCT	AMOUNT	OUT-OF-STATE OBJECT ACCT	AMOUNT
521110 Mileage		521210 Mileage	
521120 Per Diem		521220 Transp	
521130 Public Trans		521230 Per Diem	
521140 Misc		521240 Local Trans	
521150 Lodging		521250 Misc.	
		521260 Lodging	
NON-EMPLOYEE			
521310 All Travel			
Sub-Total	$	Sub-Total	$
OSF-Audited By:		Total Amount	$

FOR
$
AGAINST
Agency, Bd.,
Comm., Dept.

ASSIGNMENT

I hereby assign this claim to

and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant Signature

Date

OFFICIAL DUTY STATION:

NATURE OF OFFICIAL BUSINESS:

Show point travel status began, each point visited and the point travel status ended. (Vicinity only travel should show general geographical area, e.g., Tulsa Vicinity)	Date Year Mo.	Day	Mileage Claimed Map	Vicinity	Travel Status Hour Entered	Ended	Number of Days	Hrs	Per-Diem Rate	Amount	Lodging Amount	TOTAL PER DIEM / LODGING
TOTALS												
					TOTAL MILES @		¢	Per Mile =	$		* Results $	

Trip Optimizer Used for Mileage Comparison ☐ Exempt from Trip Optimizer ☐ (Place 'X' in appropriate box per Title 74, § 85.45l)

* Must be lowest amount from the Trip Optimizer results. (Multiple trips total if necessary)

>>MUST ATTACH COPY OF TRIP OPTIMIZER RESULTS TO THE VOUCHER. (ALSO, UNAVAILABILITY NOTICE OF RENTAL CAR) <<

>>For accurate results the optimizer calculation must be performed prior to trip <<

MODE OF PUBLIC TRANSPORTATION

AGENCY DIRECT PURCHASE: (X) TOTAL PUBLIC TRANSP.:

ITEMIZED LOCAL TRANSPORTATION	ITEMIZED MISCELLANEOUS COSTS	
TAXI:	REGISTRATION FEE:	(# of meals included in Registration ____)
SHUTTLE:	TELEPHONE:	
RENTAL CAR:	PARKING:	TOTAL ITEMIZED MISC.
OTHER LOCAL TRANSP:	TOLLS:	TOTAL LOCAL TRANSP.
	OTHER MISC. COSTS:	**TOTAL AMOUNT CLAIMED**

I, _____, by signing here do under penalty of perjury, declare that the information contained in this document and any attachments are true and correct to the best of my knowledge and belief. I also certify that no frequent travel miles earned from any official state transportation have been used for personal transportation purposes.

Claimant Signature Date

Manager's Approval Signature (If required) Date