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

OMES FORM 19
(Revised 9/16)

STATE OF OKLAHOMA
Travel Voucher

AGENCY BUSINESS UNIT	645000

CLAIM OF:
Vendor I.D. #:

FOR AGENCY USE:

Address:

IS CAR GOV. OWNED?
YES
NO

LICENSE PLATE NO.

IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE?
YES
NO

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
$ 0.00
AGAINST
Agency, Bd., Comm., Dept.
Conservation Comm (0645)

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.	Year 2020 Mo.	Day	Mileage Claimed	Travel Status Times Entered	Ended	Number of Days	Hours	Per Diem Rate	Amount	Lodging Amount

Mileage Instructions: Attach GPS Reading Sheet(s). If no GPS Reading available for the location, attach separate sheet(s) listing the route or vicinity area.

TOTAL MILES	0.0	PER DIEM TOTAL	$ 0.00
RATE (PER MILE)	$ 0.575	LODGING TOTAL	$ 0.00
$	$ 0.00	*MILEAGE TOTAL AFTER TRIP OPTIMIZER ADJUSTMENT	

Instructions
Application

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.	$ 0.00
OTHER LOCAL TRANSP:	TOLLS:	TOTAL LOCAL TRANSP.	$ 0.00
	OTHER MISC. COSTS:	**TOTAL AMOUNT CLAIMED**	$ 0.00

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