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

1

OSF FORM 19
(Revised 10/03)

STATE OF OKLAHOMA
Travel Voucher

AGENCY BUSINESS UNIT 2

CLAIM OF: 4 3
Employee I.D. # : 5

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	$

IS CAR GOV. OWNED? 7
YES _____
NO _____

LICENSE NO.: _____

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

FOR
$
AGAINST
Agency, Bd., Comm., Dept. 6

ASSIGNMENT
I hereby assign this claim to 11
and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant Signature

Date

OFFICIAL DUTY STATION: 9

NATURE OF OFFICIAL BUSINESS: 10

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
12	13		14		15		16		17	18	19	20
TOTALS			21									
			22		TOTAL MILES @		23		¢	Per Mile =		24

MODE OF PUBLIC TRANSPORTATION

25

AGENCY DIRECT PURCHASE (X) TOTAL PUBLIC TRANSP.:

ITEMIZED LOCAL TRANSPORTATION	ITEMIZED MISCELLANEOUS COSTS	
TAXI:	REGISTRATION FEE:	(# of meals included in Registration) 27
SHUTTLE:	TELEPHONE:	
RENTAL CAR: 26	PARKING:	TOTAL ITEMIZED MISC.
OTHER LOCAL TRANSP:	TOLLS:	TOTAL LOCAL TRANSP.
	OTHER MISC. COSTS:	**TOTAL AMOUNT CLAIMED** 28

I, _____ 29, 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.

30 Claimant Signature 31 Date

32 Manager's Approval Signature (If required) Date