

OMES FORM 19
(Revised 9/16)

AGENCY BUSINESS UNIT 645000 CLAIM OF: Vendor I.D. #:

STATE OF OKLAHOMA

Travel Voucher

IS CAR GOV. OWNED?

YES []

NO []

LICENSE PLATE NO.

IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE?

YES []

NO []

Table with columns: IN-STATE OBJECT ACCT, AMOUNT, OUT-OF-STATE OBJECT ACCT, AMOUNT. Includes rows for Mileage, Per Diem, Public Trans, Misc, Lodging, and Sub-Total.

Address: FOR \$ 0.00 AGAINST 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:

Table with columns: Show point travel status began, each point visited and the point travel status ended, Year 2021 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.

Summary table with rows: TOTAL MILES 0.00, RATE (PER MILE) \$ 0.56, PER DIEM TOTAL \$ 0.00, LODGING TOTAL \$ 0.00, MILEAGE TOTAL AFTER TRIP OPTIMIZER ADJUSTMENT \$ 0.00.

Trip Optimizer Used for Mileage Comparison [] Exempt from Trip Optimizer [] (Place 'X' in appropriate box per Title 74, § 85.45) * 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.: []

Table with columns: ITEMIZED LOCAL TRANSPORTATION TAXI, SHUTTLE, RENTAL CAR, OTHER LOCAL TRANSP; ITEMIZED MISCELLANEOUS COSTS REGISTRATION FEE, TELEPHONE, PARKING, TOLLS, 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