

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

FOR AGENCY USE:

IN-STATE

OBJECT ACCT

AMOUNT

521110 Mileage

521120 Per Diem

521130 Public Trans

521140 Misc

521150 Lodging

NON-EMPLOYEE

521310 All Travel

Sub-Total

OSF-Audited By:

OUT-OF-STATE

OBJECT ACCT

AMOUNT

521210 Mileage

521220 Transp

521230 Per Diem

521240 Local Trans

521250 Misc.

521260 Lodging

Sub-Total

Total Amount

Address:

FOR

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

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

RATE (PER MILE)

\$

PER DIEM TOTAL

LODGING TOTAL

*MILEAGE TOTAL AFTER TRIP OPTIMIZER ADJUSTMENT

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 transpor-
tation have been used for personal transportation purposes.

Claimant Signature

Date

Manager's Approval Signature (If required)

Date