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

CLAIM OF:
Vendor I.D. #:

FOR AGENCY USE:

Address:

IS CAR GOVERNMENT 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 | $ |
| OMES-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. | Year Mo. | Year Day | Mileage Claimed | Travel Status Times Entered | Travel Status Times Ended | Number of Days | Number of Hours | Per Diem Rate | Per Diem Amount | Lodging Amount |
|---|---|---|---|---|---|---|---|---|---|---|
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**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 | | PER DIEM TOTAL | |
| RATE (PER MILE) | | 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 transportation have been used for personal transportation purposes.

Claimant Signature Date

Manager's Approval Signature (If required) Date