

OMES FORM 19 (Rev: OMES 10/03 OU 04/21) STATE OF OKLAHOMA Travel Voucher	AGENCY BUSINESS UNIT						CLAIM OF: SUPPLIER ID: MAILING ADDRESS: (Required for non-employees)					
IS CAR GOV. OWNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR AGENCY USE:						PREPARED BY: EMAIL:					
VEHICLE TAG NO.:	IN-STATE			OUT-OF-STATE			FOR					
IS CLAIMANT A STATE OFFICIAL OR FORMER EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	OBJECT ACCT	AMOUNT	OBJECT ACCT	AMOUNT	ASSIGNMENT							
OU RELATIONSHIP? <input type="checkbox"/> Former Emp <input type="checkbox"/> Volunteer <input type="checkbox"/> Student <input type="checkbox"/> Other* <input type="checkbox"/> Trainee <input type="checkbox"/> Temp	Mileage	Mileage	Mileage	Mileage	I hereby assign this claim to: (Supplier ID: _____) (Name) and authorize the State Treasurer to issue a warrant in payment to said assignee.							
CAMPUS LOCATION (City):	FOREIGN			Total Amount			Date _____ Claimant Signature _____					
NATURE, LOCATION, AND DATES OF OFFICIAL BUSINESS:												
Show point travel status began, each point visited (not to include rest stops) and the point travel status ended.	Date (Year _____)		Mileage Claimed		Travel Status Hour		Number of		M & IE Per-Diem		Lodging	TOTAL PER DIEM / LODGING
	Mo.	Day			Entered Ended		Days Hrs		Rate Amount		Amount	Amount
Comments:			TOTALS			MINUS 1/4 P-D MEALS PROVIDED (# below): _____			LODGING		TTL P-D & LDG	
						TOTAL PER DIEM:						
						TOTAL MILES @			Per Mile =			
MODE OF PUBLIC TRANSPORTATION: <input type="checkbox"/> Other Source <input type="checkbox"/> Paid by Claimant TOTAL PUBLIC TRANSP CLAIMED												
ITEMIZED LOCAL TRANSPORTATION: Rental Car: _____ Other Local Transp: _____ TTL LTRANS												
ITEMIZED MISCELLANEOUS COSTS: Telephone: _____ Internet: _____ Parking: _____ TTL MISC												
Tolls: _____ Other Misc Costs: _____ Number of qualified* meals: _____												
Registration Fee Paid By: <input type="checkbox"/> NONE <input type="checkbox"/> Dept <input type="checkbox"/> Oth Source <input type="checkbox"/> Claimant, Amt: _____ *Included in registration or paid by OU												
TRAVEL REIMBURSEMENTS MUST BE ENTERED IN PEOPLESOFT AS A REGULAR VOUCHER. ATTACH THIS FORM AS THE INVOICE IN PEOPLESOFT						ADJUSTMENT*						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, any expenses claimed have not been reimbursed or otherwise provided for by other sources, and no frequent travel miles earned from any official state transportation have been used for personal transportation purposes.						I certify that I am of greater level of institutional authority and completely independent from the individual being reimbursed and that this reimbursement complies with University policy to the best of my knowledge.						
Claimant Signature _____ Claimant's Title: _____						Higher Authority Signature: _____ Date: _____ Higher Authority Name: _____ Higher Authority Title: _____						
Date _____												