OMES FORM 19
(Revised 01/24)
OKLAHOMA
Travel Voucher

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

Reset Per Diem

IS CAR GOV. OWNED?
YES _____
NO _____

VEHICLE TAG NO.:

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

OU RELATIONSHIP?
Former Employee | Volunteer
Student | Temp
Trainee | Other

AGENCY BUSINESS UNIT

FOR AGENCY USE:

IN-STATE OBJECT ACCT	AMOUNT	OUT-OF-STATE OBJECT ACCT	AMOUNT
Mileage		Mileage	
Per Diem		Transp	
Public Trans		Per Diem	
Misc		Local Trans	
Lodging		Misc.	
		Lodging	
NON-EMPLOYEE			
All Travel			
		Sub-Total	$
Sub-Total	$	Total Amount	$

CLAIM OF:
SUPPLIER ID:

Mailing Address:

Prepared By: _____

Email: _____

Agency, Bd., Comm., Dept. **$ 0.00**

ASSIGNMENT

I hereby assign this claim to

and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant Signature

Date

Get Rates from GSA.Gov

CAMPUS LOCATION (City):

NATURE, LOCATION, AND DATES OF OFFICIAL BUSINESS:

Show city/town point travel status began, each point visited and the point travel status ended.	Year Mo.	Year Day	Mileage Claimed	Meals Provided Breakfast	Meals Provided Lunch	Meals Provided Dinner	Per Diem Rate	Per Diem Base	Per Diem Meals	Per Diem Total	Lodging Amount
								0	0	0	
								0	0	0	
								0	0	0	
								0	0	0	
								0	0	0	
								0	0	0	
								0	0	0	
								0	0	0	
								0	0	0	
								0	0	0	
								0	0	0	
								0	0	0	

Comments:

TOTAL MILES	0.00	PER DIEM TOTAL	$ 0.00
RATE (PER MILE)	$0.67 (1/24-12/24)	LODGING TOTAL	$ 0.00
Total Mileage $	0.00		

ITEMIZED LOCAL TRANSPORTATION		ITEMIZED MISCELLANEOUS COSTS		MODE OF PUBLIC TRANSPORTATION	
TAXI:		REGISTRATION FEE:		OTHER SOURCE:	
SHUTTLE:		TELEPHONE:		PAID BY CLAIMANT:	
RENTAL CAR:		PARKING:		TOTAL PUBLIC TRANSP.:	0
OTHER LOCAL TRANSP:		TOLLS:		TOTAL ITEMIZED MISC.	0
		OTHER MISC. COSTS:		TOTAL LOCAL TRANSP.	0
				ADJUSTMENT*	
				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.

_____
Claimant Signature

_____
Claimant Title Date

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.

Higher Authority Signature Date

Higher Authority Name

Higher Authority Title