

OMES FORM 19 (Rev: OMES 10/03 OU 04/21)  <b>STATE OF OKLAHOMA</b> Travel Voucher	<b>AGENCY BUSINESS UNIT</b>					CLAIM OF: SUPPLIER ID: MAILING ADDRESS: (Required for non-employees)								
	FOR AGENCY USE:													
IS CAR GOV. OWNED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	IN-STATE		OUT-OF-STATE			PREPARED BY: EMAIL:  <div style="text-align: center; border: 1px solid black; padding: 5px;">FOR</div>								
	OBJECT ACCT	AMOUNT	OBJECT ACCT	AMOUNT	AMOUNT									
VEHICLE TAG NO.:	Mileage		Mileage			<b>ASSIGNMENT</b> I hereby assign this claim to: (Supplier ID: _____ ) (Name) _____ and authorize the State Treasurer to issue a warrant in payment to said assignee.								
	Lodging		Lodging											
IS CLAIMANT A STATE OFFICIAL OR FORMER EMPLOYEE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	Per Diem		Airfare			Date _____ Claimant Signature _____								
	Public Trans		Per Diem											
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	Misc		Local Trans			Date _____ Claimant Signature _____								
	Car Rental		Misc.											
FOREIGN					Date _____ Claimant Signature _____									
Mileage			Local Trans											
Lodging			Misc.			Date _____ Claimant Signature _____								
Airfare			Car Rental											
Per Diem						Date _____ Claimant Signature _____								
		Total Amount		\$										
CAMPUS LOCATION (City):		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		M & IE Per-Diem		Lodging Amount		TOTAL PER DIEM / LODGING		
		Mo.	Day			Entered	Ended	Days	Hrs					Rate
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: _____														
<b>TRAVEL REIMBURSEMENTS MUST BE ENTERED IN PEOPLESOFT AS A REGULAR VOUCHER. ATTACH THIS FORM AS THE INVOICE IN PEOPLESOFT</b>								ADJUSTMENT*						
								<b>TOTAL AMOUNT CLAIMED</b>						
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 _____ Date _____ Claimant's Title: _____						Higher Authority Signature: _____ Date: _____ Higher Authority Name: _____ Higher Authority Title: _____								