Reset Values

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

OMES FORM 19
(Rev: OMES 10/03 OU 04/21)

STATE OF OKLAHOMA
Travel Voucher

IS CAR GOV. OWNED?
☐ YES ☐ NO

VEHICLE TAG NO.:

IS CLAIMANT A STATE OFFICIAL OR FORMER EMPLOYEE?
☐ YES ☐ NO

OU RELATIONSHIP?
☐ Former Emp ☐ Volunteer
☐ Student ☐ Other*
☐ Trainee
☐ Temp

AGENCY BUSINESS UNIT

FOR AGENCY USE:

IN-STATE OBJECT ACCT	AMOUNT	OUT-OF-STATE OBJECT ACCT	AMOUNT
Mileage		Mileage	
Lodging		Lodging	
Per Diem		Airfare	
Public Trans		Per Diem	
Misc		Local Trans	
Car Rental		Misc.	
		Car Rental	

FOREIGN

Mileage			Local Trans		
Lodging			Misc.		
Airfare			Car Rental		
Per Diem					
			Total Amount	$	

CLAIM OF:
SUPPLIER ID:
MAILING ADDRESS: (Required for non-employees)

PREPARED BY:
EMAIL:

FOR
$0.00

ASSIGNMENT
I hereby assign this claim to: (Supplier ID:)
(Name)
and authorize the State Treasurer to issue a warrant in payment to said assignee.

Date Claimant Signature

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_____) Mo.	Day	Mileage Claimed	Travel Status Hour Entered	Ended	Number of Days	Hrs	M & IE Per-Diem Rate	Amount	Lodging Amount	TOTAL PER DIEM / LODGING
							0-3		0.00		$0.00
							0-3		0.00		$0.00
							0-3		0.00		$0.00
							0-3		0.00		$0.00
							0-3		0.00		$0.00
							0-3		0.00		$0.00
							0-3		0.00		$0.00
							0-3		0.00		$0.00
							0-3		0.00		$0.00

Comments:

TOTALS 0.00

MINUS 1/4 P-D MEALS PROVIDED (# below): $0.00 LODGING TTL P-D & LDG
TOTAL PER DIEM: 0.00 $0.00 $0.00
TOTAL MILES @ $0.655 (1/23-12/23) Per Mile = $0.00

MODE OF PUBLIC TRANSPORTATION: ☐ Other Source ☐ Paid by Claimant TOTAL PUBLIC TRANSP CLAIMED $0.00

ITEMIZED LOCAL TRANSPORTATION: Rental Car: Other Local Transp: TTL LTRANS $0.00

ITEMIZED MISCELLANEOUS COSTS: Telephone:_____ Internet:_____ Parking:_____ TTL MISC $0.00

Tolls:_____ Other Misc Costs:_____ Number of qualified* meals: _____

Registration Fee Paid By: ☐ NONE ☐ Dept ☐ Oth Source ☐ 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 $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, 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.

Claimant Signature Date
Claimant's Title:

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: