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

OMES FORM 19
(Revised 12/16)

STATE OF OKLAHOMA
Travel Voucher

IS CAR GOVERNMENT OWNED?
YES ◯
NO ◯

LICENSE PLATE NO.:

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

AGENCY BUSINESS UNIT		CLAIM OF: Vendor I.D. #:
FOR AGENCY USE:		Address:

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

DUTY STATION ADDRESS:

NATURE OF OFFICIAL BUSINESS:

Show city/town point travel status began, each point visited and the point travel status ended. (For mileage - see below)	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

Mileage Instructions: For detailed mileage (adresses, odometer readings) please use Page Two of the OMES Form 19.

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

ALL MILEAGE CLAIMED SHOULD BE BASED ON GPS MILES OR ACTUAL MILES DRIVEN PER ODOMETER READINGS

1. If GPS printouts are attached to the claim, record the travel as city to city and record the GPS mileage for each trip. The odometer reading is not required when GPS printouts are attached to the claim.

2. If GPS printouts are ***not*** attached to the claim, record the specific addresses traveled to/from and the mileage for each trip. Odometer readings are not required when mileage is based on GPS miles.

3. If GPS is not available and odometer readings are used, complete all columns for each location visited.

4. If specific addresses are not available due to the nature of travel (eg. construction site inspections and similar circumstances), record the city traveled to/from and the odometer reading for each trip.

5. If the address traveled must be kept confidential, record the city name and note that travel is to a confidential address, e.g., Ada (confidential address). Complete all columns of this sheet based on odometer readings. Confidential addresses should be kept on file at the agency in case further review is needed.

Date	Beginning Location	Ending Location	Odometer Start (if GPS not used)	Odometer End (if GPS not used)	Miles Driven (or GPS miles)	Less Personal	Miles Claimed