

OMES FORM 19
(Revised 11/22)

OKLAHOMA
Travel Voucher

IS CAR GOV.
OWNED?

YES

NO

IS CLAIMANT A STATE
OFFICIAL OR
EMPLOYEE?

YES

NO

**AGENCY BUSINESS
UNIT**

CLAIM OF:

Vendor I.D. #:

FOR AGENCY USE:				
IN-STATE		OUT-OF-STATE		
OBJECT ACCT	AMOUNT	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	\$	
		Total Amount		\$

Address:

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		Mileage Claimed	Meals Provided			Per Diem				Lodging Amount	
	Mo.	Day		Breakfast	Lunch	Dinner	Rate	Base	Meals	Total		

Mileage Instructions: For detailed mileage (addresses, 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, § 85.451)
 * 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 <<

ITEMIZED LOCAL TRANSPORTATION	ITEMIZED MISCELLANEOUS COSTS	PUBLIC TRANSPORTATION
TAXI:	REGISTRATION FEE:	
SHUTTLE:	TELEPHONE:	
RENTAL CAR:	PARKING:	TOTAL PUBLIC TRANSP.:
OTHER LOCAL TRANSP.:	TOLLS:	TOTAL ITEMIZED MISC.:
	OTHER MISC. COSTS:	TOTAL LOCAL TRANSP.:

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.

_____ Date
Claimant Signature

_____ Date
Manager's Approval Signature (If required)

