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

OMES FORM 19
(Revised 11/22)

**OKLAHOMA**
Travel Voucher

AGENCY BUSINESS UNIT

CLAIM OF:
Vendor I.D. #:

FOR AGENCY USE:

Address:

IS CAR GOV. OWNED?

YES _____
NO _____

IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE?

YES _____
NO _____

| IN-STATE OBJECT ACCT | AMOUNT | OUT-OF-STATE OBJECT ACCT | AMOUNT |
|---|---|---|---|
| 705100 Mileage | | 705200 Mileage | |
| 705110 Per Diem | | 705220 Transp | |
| 705120 Public Trans | | 705210 Per Diem | |
| 705130 Misc | | 705230 Local Trans | |
| 705140 Lodging | | 705240 Misc. | |
| | | 705250 Lodging | |
| NON-EMPLOYEE | | | |
| 521310 All Travel | | | |
| | | Sub-Total | $ |
| Sub-Total | $ | 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 2024 Mo. | Day | Mileage Claimed | Meals Provided Breakfast | Lunch | Dinner | Per Diem Rate | Base | Meals | Total | Lodging Amount |
|---|---|---|---|---|---|---|---|---|---|---|---|
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**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) | 0.67 | 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, § 85.45I)

* 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.

Claimant Signature Date

Manager's Approval Signature (If required) Date