OMES FORM 19			AGENCY BUSINESS					CLAIM OF:					
(Revised 11/22) OKLAHOMA Dept#			UNIT 150						Colleague I.D. #:				
OKLAHOMA	· · · · ·												
Travel Voucher						Address:							
IS CAR GOV.		-STATE			0.0.150		OUT-OF-STATE			FOR			
OWNED?	OBJECT ACC	AMO	JNT	OBJECT ACCT AMOU			DUNT	\$0.00					
	521110 Mileage			521210 Mileage		<u> </u>							
YES 521120 Per Diem					521220 Transp			<u> </u>		AGAINST			
NO 521130 Public Trans					521230 Per Diem				Agency, Bd.,				
	521140 Misc	521240 L					Comm.,						
IS CLAIMANT A STATE	521150 Lodging				521250 Misc.				ASSIGNMENT I hereby assign this claim to				
OFFICIAL OR EMPLOYEE?					521260 Lodging								
EMPLOTEE?	NON-EMPLOY		/EE				ļ						
YES	521310 All Travel									orize the State Treasurer to issue a warrant in paymer			
NO					Sub-Total		\$ -		to said assignee.				
	Sub-		Total \$ -		Total Amount		\$ -		]				
DUTY STATION ADDRESS: NATURE OF OFFICIAL BU			SS:										
									Claimant Signature				
										Date			
Show city/town point travel sta		Year	2024	Maria		Me	eals Provided		Per Diem			Lodging	
visited and the point travel statu see below		Mo.	Day	wileag	e Claimed	Breakfast	Lunch	Dinner	Rate	Base	Meals	Total	Amount
Miles as bestmentioner Frederic	the share the same												
Mileage Instructions: For deta (addresses, odometer readings		-	L MILES						PER DIEM TOTAL \$ -				
Two of the OMES Form 19.					.7000				LODGING TOTAL \$ -				\$-
				0.00					R TRIP OPTIMIZER ADJUSTMENT				
	Trip Optimizer Used		•				rom Trip (	-		`	n appropriate	box per Title 7	4, § 85.45l)
					e Trip Opti					• ·			
>>M	UST ATTACH COPY										ENTAL CAR	) <<	
	>>For	accurate	e results t	he opt	imizer cal	culation n	nust be pe	erformed	prior to t	rip <<			
ITEMIZED LOCAL TRANSPORTATION				ITEMIZED MISCELLANEOUS COSTS						PUBL	IC TRANSP	ORTATION	
TAXI:				REGISTRATION FEE:									
SHUTTLE:				TELEPHONE:									
RENTAL CAR:				PARKING:					TOTAL PUBLIC TRANSP.: \$ -				
OTHER LOCAL TRANSP:				TOLLS:					TOTAL ITEMIZED MISC. \$ -				
				OTHER MISC. COSTS:						тс	TAL LOCA	L TRANSP.	\$-
I,		, by	signing l	here d	do under	penalty	İ						
of perjury, declare that	t the information							ant Signat	ure				Date
attachments are true a								-					
			,		-		i						

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 <u>not</u> 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.

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