OMES FORM 19
(Revised 11/22)

AGENCY BUSINESS UNIT 150

CLAIM OF:
Colleague I.D. #:

OKLAHOMA
Travel Voucher

Dept#

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
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	$ -

FOR

$0.00

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

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)	$0.7250	LODGING TOTAL	$ -
	$0.00	*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 <<

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