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

OSF FORM 19
(Rev: OSF 10/03 OUHSC 05/09)

STATE OF OKLAHOMA
Travel Voucher

IS CAR GOV. OWNED?
☐ YES ☐ NO

VEHICLE TAG NO.:

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

OUHSC RELATIONSHIP?
☐ EOM Empl ☐ Volunteer
☐ Student ☐ Affiliate
☐ Trainee ☐ Participant
☐ Special Pay ☐ Other*

AGENCY BUSINESS UNIT: OUHSC

FOR AGENCY USE:

IN-STATE OBJECT ACCT	AMOUNT	OUT-OF-STATE OBJECT ACCT	AMOUNT
701111 Mileage		701121 Mileage	
701112 Lodging		701122 Lodging	
701114 Per Diem		701123 Airfare	
701115 Public Trans		701124 Per Diem	
701116 Misc		701125 Local Trans	
701117 Car Rental		701126 Misc.	
701118 Car Rent Ins		701127 Car Rental	
		701128 Car Rent Ins	

NON-EMPLOYEE			
701139 All Domestic		702139 All Foreign	

FOREIGN			
702121 Mileage		702125 Local Trans	
702122 Lodging		702126 Misc.	
702123 Airfare		702127 Car Rental	
702124 Per Diem		702128 Car Rent Ins	
		Total Amount	$

CLAIM OF:
EMPLOYEE ID:
VENDOR ID:
MAILING ADDRESS: (Required for non-employees)

PREPARED BY:
EMAIL:
PHONE:
ADD'L CONTACT:

FOR ☐ AGAINST ☐ Agency, Bd., Comm., Dept.

ASSIGNMENT

I hereby assign this claim to: (Vendor ID:)

(Name)

and authorize the State Treasurer to issue a warrant in payment to said assignee.

Date Claimant Signature

CAMPUS LOCATION (City):

NATURE, LOCATION, AND DATES OF OFFICIAL BUSINESS:

Show point travel status began, each point visited and the point travel status ended. (Vicinity only travel should show general geographical area, e.g., Tulsa Vicinity)	Date (Year_____) Mo.	Day	Mileage Claimed Map	Vicinity	Travel Status Hour Entered	Ended	Number of Days	Hrs	M & IE Per-Diem Rate	Amount	Lodging Amount	TOTAL PER DIEM / LODGING
TOTALS			MAP	VIC	MINUS 1/4 P-D MEALS PROVIDED (# below): _____ TOTAL PER DIEM:						LODGING	TTL P-D & LDG
					TOTAL MILES @					Per Mile =		

MODE OF PUBLIC TRANSPORTATION (flight itinerary required):

Agency Direct Purchase By ATA: ☐ TOTAL PUBLIC TRANSP. PAID BY CLAIMANT:

ITEMIZED LOCAL TRANSPORTATION	ITEMIZED MISCELLANEOUS COSTS	
Taxi:	Registration Fee: ☐ NONE ☐ Paid by Claimant, Amt: _____	
Shuttle:	☐ Prepaid by Dept-How?_____ # qualified meals included registration:_____	
Rental Car*:	Telephone*: Internet*:	TOTAL ITEMIZED MISC.
Other Local Transp*:	Parking: Tolls:	TOTAL LOCAL TRANSP.
***ATTACH JUSTIFICATION**	Other Misc Costs:	ADJUSTMENT*

FUND	ORG	PROGRAM	SUBCLASS	PROJECT/GRANT	**TOTAL AMOUNT CLAIMED**
					Comments:

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

Claimant's Title:

I certify that I am of greater level of institutional authority and completely independent from the individual being reimbursed.

Higher Authority Signature: Date:

Higher Authority Name:

Higher Authority Title

Org. Manager/Project Spnsr (if different than supervisor):

Signature: Date: