

OSF FORM 19 (Rev: OSF 10/03 OUHSC 05/09)  <b>STATE OF OKLAHOMA</b> Travel Voucher	<b>AGENCY BUSINESS UNIT</b> <b>OUHSC</b>	CLAIM OF: EMPLOYEE ID: VENDOR ID: MAILING ADDRESS: (Required for non-employees)					
IS CAR GOV. OWNED?  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>FOR AGENCY USE:</b>		PREPARED BY: EMAIL: ADD'L CONTACT:				
VEHICLE TAG NO.:	<b>IN-STATE</b> OBJECT ACCT    AMOUNT	<b>OUT-OF-STATE</b> OBJECT ACCT    AMOUNT					
IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE?  <input type="checkbox"/> YES <input type="checkbox"/> NO	701111 Mileage 701112 Lodging 701114 Per Diem 701115 Public Trans 701116 Misc 701117 Car Rental 701118 Car Rent Ins	701121 Mileage 701122 Lodging 701123 Airfare 701124 Per Diem 701125 Local Trans 701126 Misc. 701127 Car Rental 701128 Car Rent Ins	<b>FOR</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto;"></div> <b>AGAINST</b> Agency, Bd.,    770                      Comm., Dept.				
OUHSC RELATIONSHIP? <input type="checkbox"/> EOM Empl <input type="checkbox"/> Volunteer <input type="checkbox"/> Student <input type="checkbox"/> Affiliate <input type="checkbox"/> Trainee <input type="checkbox"/> Participant <input type="checkbox"/> Special Pay <input type="checkbox"/> Other*	<b>NON-EMPLOYEE</b>						
CAMPUS LOCATION (City):	NATURE, LOCATION, AND DATES OF OFFICIAL BUSINESS:		I hereby assign this claim to: (Vendor ID: _____ ) (Name) and authorize the State Treasurer to issue a warrant in payment to said assignee.				
		<b>FOREIGN</b>	<b>ASSIGNMENT</b>				
		702121 Mileage 702122 Lodging 702123 Airfare 702124 Per Diem	702125 Local Trans 702126 Misc. 702127 Car Rental 702128 Car Rent Ins				
		Total Amount    \$	Date                                      Claimant Signature				
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 _____)	Mileage Claimed	Travel Status Hour	Number of	M & IE Per-Diem	Lodging	TOTAL PER DIEM / LODGING
	Mo.    Day	Map    Vicinity	Entered    Ended	Days    Hrs	Rate    Amount	Amount	
<b>TOTALS</b>		MAP    VIC	MINUS 1/4 P-D MEALS PROVIDED (# below): _____		LODGING	TTL P-D & LDG	
		TOTAL MILES @ _____		TOTAL PER DIEM: _____		Per Mile = _____	
MODE OF PUBLIC TRANSPORTATION (flight itinerary required):				Agency Direct Purchase By ATA: <input type="checkbox"/> TOTAL PUBLIC TRANSP. PAID BY CLAIMANT:			
ITEMIZED LOCAL TRANSPORTATION		ITEMIZED MISCELLANEOUS COSTS					
Taxi:		Registration Fee: <input type="checkbox"/> NONE <input type="checkbox"/> Paid by Claimant, Amt: _____					
Shuttle:		<input type="checkbox"/> 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	<b>TOTAL AMOUNT CLAIMED</b>		
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.				I certify that I am of greater level of institutional authority and completely independent from the individual being reimbursed.			
Claimant Signature                                      Date				Higher Authority Signature: _____                                      Date: _____			
Claimant's Title:				Higher Authority Name: _____ Higher Authority Title: _____			
Org. Manager/Project Spnsr (if different than supervisor):				Signature: _____                                      Date: _____			