### STATE OF OKLAHOMA Travel Voucher

**FOR AGENCY USE:**

<table>
<thead>
<tr>
<th>IN-STATE OBJECT ACCT</th>
<th>AMOUNT</th>
<th>OUT-OF-STATE OBJECT ACCT</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>701111 Mileage</td>
<td></td>
<td>701121 Mileage</td>
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<tr>
<td>701112 Lodging</td>
<td></td>
<td>701122 Lodging</td>
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<tr>
<td>701114 Per Diem</td>
<td></td>
<td>701123 Airfare</td>
<td></td>
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<tr>
<td>701115 Public Trans</td>
<td></td>
<td>701124 Per Diem</td>
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<tr>
<td>701116 Misc</td>
<td></td>
<td>701125 Local Trans</td>
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<tr>
<td>701117 Car Rental</td>
<td></td>
<td>701126 Misc.</td>
<td></td>
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<tr>
<td>701118 Car Rent Ins</td>
<td></td>
<td>701127 Car Rental</td>
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<tr>
<td>Total</td>
<td></td>
<td>701128 Car Rent Ins</td>
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**VENDOR ID:** 701111

**VEHICLE TAG NO.:**

- [ ] YES
- [ ] NO

**CAMPUS LOCATION (City):**

**NATURE, LOCATION, AND DATES OF OFFICIAL BUSINESS:**

- Month: [ ]
- Day: [ ]
- Map: [ ]
- Vicinity: [ ]
- Entered: [ ]
- Ended: [ ]
- Days: [ ]
- Hrs: [ ]
- Rate: [ ]
- Amount: [ ]

**MILEAGE (required):**

**TOTAL MILES @**

**Per Mile:**

**TRAVEL MUST BE ENTERED IN PEOPLESOFT BEFORE SUBMITTING TO AP:**

**ATTACH A PEOPLESOFT VOUCHER REGISTER TO THIS CLAIM.**

**ITEMIZED LOCAL TRANSPORTATION (flight itinerary required):**

**ITEMIZED MISCELLANEOUS COSTS:**

- Taxi: [ ]
- Registration Fee: [ ]
- Prepaid by Dept-How? [ ]
- Number of qualified meals: [ ]
- M & IE Per-Diem: [ ]
- Total P-D & LDG: [ ]
- Lodging: [ ]

**TOTAL LOCAL TRANSP.:**

**TOTAL ITEMIZED MISC.:**

**TOTALS:**

<table>
<thead>
<tr>
<th>MAP</th>
<th>VIC</th>
<th>Lodging</th>
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</table>

**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 also certify that no frequent travel miles earned from any official state transportation have been used for personal transportation purposes.

**Higher Authority Signature:**

**Higher Authority Name:**

**Higher Authority Title:**

**Claimant Signature:**

**Claimant's Title:**

**Budget Approval (if different from supervisor):**

**Signature:**

**Date:**

**FOR**

**AGAINST**

**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:**