

OMES FORM 19 (Rev: OMES 10/03 OUHSC 01/18) STATE OF OKLAHOMA Travel Voucher	AGENCY BUSINESS UNIT OUHSC	CLAIM OF: VENDOR ID: MAILING ADDRESS: (Required for non-employees)					
IS CAR GOV. OWNED? <input type="checkbox"/> YES <input type="checkbox"/> NO	FOR AGENCY USE:		PEOPLESFT APPROVER: PREPARED BY: EMAIL:				
VEHICLE TAG NO.:	IN-STATE	OUT-OF-STATE					
IS CLAIMANT A STATE OFFICIAL OR FORMER EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	OBJECT ACCT AMOUNT	OBJECT ACCT AMOUNT	FOR AGAINST _____ Agency, Bd., 770 Comm., Dept.				
OUHSC RELATIONSHIP? <input type="checkbox"/> Former Emp <input type="checkbox"/> Volunteer <input type="checkbox"/> Student <input type="checkbox"/> Other* <input type="checkbox"/> Trainee <input type="checkbox"/> Temp	FOREIGN	FOREIGN	ASSIGNMENT I hereby assign this claim to: (Vendor ID: _____) (Name) _____ and authorize the State Treasurer to issue a warrant in payment to said assignee.				
CAMPUS LOCATION (City):	NATURE, LOCATION, AND DATES OF OFFICIAL BUSINESS:		Date Claimant Signature				
Show point travel status began, each point visited (not to include rest stops) and the point travel status ended. (Vicinity only travel should show general geographical area, e.g., Tulsa Vicinity)	Date (Year _____) Mo. Day	Mileage Claimed	Travel Status Hour Entered Ended	Number of Days Hrs	M & IE Per-Diem Rate Amount	Lodging Amount	TOTAL PER DIEM / LODGING
Comments:	TOTALS		MINUS 1/4 P-D MEALS PROVIDED (# below): _____		LODGING	TTL P-D & LDG	
		TOTAL PER DIEM:					
		TOTAL MILES @		Per Mile =			
MODE OF PUBLIC TRANSPORTATION:		<input type="checkbox"/> Other Source <input type="checkbox"/> Paid by Claimant		TOTAL PUBLIC TRANSP CLAIMED			
ITEMIZED LOCAL TRANSPORTATION:		Rental Car: _____ Other Local Transp: _____		TTL LTRANS			
ITEMIZED MISCELLANEOUS COSTS:		Telephone: _____ Internet: _____ Parking: _____		TTL MISC			
Tolls: _____ Other Misc Costs: _____		Number of qualified* meals: _____					
Registration Fee Paid By: <input type="checkbox"/> NONE <input type="checkbox"/> Dept <input type="checkbox"/> Oth Source <input type="checkbox"/> Claimant, Amt: _____		*Included in registration or paid by OUHSC					
TRAVEL MUST BE ENTERED IN PEOPLESFT BEFORE SUBMITTING TO AP. ATTACH A PEOPLESFT VOUCHER REGISTER TO THIS CLAIM.				ADJUSTMENT*			
				TOTAL AMOUNT CLAIMED			
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, any expenses claimed have not been reimbursed or otherwise provided for by other sources, and no frequent travel miles earned from any official state transportation have been used for personal transportation purposes.				I certify that I am of greater level of institutional authority and completely independent from the individual being reimbursed and that this reimbursement complies with University policy to the best of my knowledge.			
_____ Claimant Signature Date				Higher Authority Signature: _____ Date: _____ Higher Authority Name: _____ Higher Authority Title: _____			
_____ Claimant's Title:							