

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: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">IN-STATE</th> <th colspan="2">OUT-OF-STATE</th> </tr> <tr> <th>OBJECT ACCT</th> <th>AMOUNT</th> <th>OBJECT ACCT</th> <th>AMOUNT</th> </tr> <tr> <td>Mileage</td> <td></td> <td>Mileage</td> <td></td> </tr> <tr> <td>Lodging</td> <td></td> <td>Lodging</td> <td></td> </tr> <tr> <td>Per Diem</td> <td></td> <td>Airfare</td> <td></td> </tr> <tr> <td>Public Trans</td> <td></td> <td>Per Diem</td> <td></td> </tr> <tr> <td>Misc</td> <td></td> <td>Local Trans</td> <td></td> </tr> <tr> <td>Car Rental</td> <td></td> <td>Misc.</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Car Rental</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <th colspan="4">FOREIGN</th> </tr> <tr> <td>Mileage</td> <td></td> <td>Local Trans</td> <td></td> </tr> <tr> <td>Lodging</td> <td></td> <td>Misc.</td> <td></td> </tr> <tr> <td>Airfare</td> <td></td> <td>Car Rental</td> <td></td> </tr> <tr> <td>Per Diem</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">Total Amount</td> <td>\$</td> </tr> </table>	IN-STATE		OUT-OF-STATE		OBJECT ACCT	AMOUNT	OBJECT ACCT	AMOUNT	Mileage		Mileage		Lodging		Lodging		Per Diem		Airfare		Public Trans		Per Diem		Misc		Local Trans		Car Rental		Misc.				Car Rental						FOREIGN				Mileage		Local Trans		Lodging		Misc.		Airfare		Car Rental		Per Diem										Total Amount	\$	PEOPLESFT APPROVER: PREPARED BY: EMAIL:
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IS CLAIMANT A STATE OFFICIAL OR FORMER EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ASSIGNMENT I hereby assign this claim to: (Vendor ID: _____) (Name) _____ and authorize the State Treasurer to issue a warrant in payment to said assignee.																																																																				
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		Date _____ Claimant Signature _____																																																																				
CAMPUS LOCATION (City):	NATURE, LOCATION, AND DATES OF OFFICIAL BUSINESS:																																																																					
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 _____ Claimant's Title: _____			Higher Authority Signature: _____ Date: _____ Higher Authority Name: _____ Higher Authority Title: _____																																																																			