OMES FORM 19					BUSIN	NESS			CLAIM OF:					
(Revised 12/12)				L	INIT				Vendor I.D. #:					
STATE OF OKLAHOMA FOR AGENCY USE:														
Travel Voucher							Address:							
	OBJECT	IN-ST		N INIT	OD IE	OUT-OF			FOR					
IS CAR GOV. OWNED?			AMOUNT		OBJECT ACCT 521210 Mileage		AMOUNT		\$					
OWNED? 521110 Mileage YES 521120 Per Die					521220 Transp					AGAINST				
NO NO	521130 Per Diem				521230 Per Diem				Agono	v Bd	7107	7107111101		
	521140 Misc				521240 Local Trans					Agency, Bd., Comm., Dept.				
LICENSE NO.:	521140 Misc 521150 Lodging				521250 Misc.				ASSIGNMENT					
2.02.102.110.1	o Loaging				521260 Lodging				I hereby assign this claim to					
	NON-EMF				32 1200 Loaging									
IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE? 521310 All Travel								and authorize the State Treasurer to issue a warrant in payment						
YES								to said assignee.						
NO NO	Sub-Total		\$ Su		Sub	o-Total	\$		┪					
	OSF-Audited By:		l'			Amount	·		Claimant Signature					
OFFICIAL DUTY STATION:		•	AL BUSINI	BUSINESS:										
								Date						
Show point travel status began, each point			ate	Mile	eage Travel S		Status Nur		mber		1	TOTAL		
visited and the point travel status ended. (Vicinity only travel should show general geographical area, e.g., Tulsa Vicinity)		Year		Cla		imed Ho		C	Per-Diem of		Per-Diem	Lodging	PER DIEM /	
		Mo.	Day	Мар	Vicinity	Entered	Ended	Days	Hrs	Rate	Amount	Amount	LODGING	
TOTALS												<u> </u>		
						TOTAL N		•		ile = \$		* Results \$		
Trip Optii	mizer Used 1		_	-			om Trip Op					e box per Title 74	, § 85.45I)	
	* Mus	t be low	est amo	unt from	the Trip	Optimizer	results. (M	ultiple tr	ips total	if neces	ssary)			
>>MUST												AL CAR) <<		
		r accura	te resul	ts the o	ptimizer	calculatio	n must be	perfor	med pr	ior to tri	ip <<			
MODE OF PUBLIC TRANSPO	ORTATION													
				OT 01.10	011405		0.0				TOTAL BUILD		1	
				CY DIRECT PURCHASE: (X) TOTAL PUBLIC TRANSP.:										
ITEMIZED LOCAL TRANSPORTATION				ITEMIZED MISCELLANEOUS COSTS DECISTRATION FEE: (# of models included in Decistration)										
TAXI:				REGISTRATION FEE:						(# of meals included in Registration)				
SHUTTLE:				TELEPHONE:							TOTAL ITE		1	
RENTAL CAR: OTHER LOCAL TRANSP:				PARKING: TOLLS:						TOTAL ITEMIZED MISC. TOTAL LOCAL TRANSP.				
OTHER LOOPE HANDI.				OTHER MISC. COSTS:						TOTAL AMOUNT CLAIMED				
			OTHER	WISC.	50313.		1		I C	TAL AIV	IOUNI CLAII	MIED		
I,		, by	signing	here (do unde	er penalty								
of perjury, declare that the	e informatio	•				-	· —	ınt Signa	ature				Date	
attachments are true and						•	•							
also certify that no frequent							-							
tation have been used for personal transportation purposes.								Manager's Approval Signature (If required) Date						