OSF FORM 19				AGENCY BUSINESS					CLAIM OF:					
(Revised 7/09)  STATE OF OKLAHOMA FOR AGENCY US			UNIT						Employee I.D. #:					
STATE OF OKLAHOMA	E:													
Travel Voucher	ATE OUT OF STATE					Address: FOR								
	ORIECT	ATE	UNT		OUT-OI CT ACCT	OUT-OF-STATE ACCT AMOUNT			ĺ		UR	1		
IS CAR GOV. OWNED?	OBJECT ACCT AMO 521110 Mileage			JOINT				ואוכ		\$				
YES	521120 Per Diem				521210 Mileage 521220 Transp		<del> </del>		AGAINST					
NO	521130 Per Diem 521130 Public Trans					521230 Per Diem				Agency, Bd.,				
NO	521140 Misc								1 -					
LICENSE NO.:				521240 Local Trans 521250 Misc.		<del>                                     </del>		Comm., Dept.  ASSIGNMENT						
LICENSE NO	521150 Lodging							<del>                                     </del>						
	NON EMPLOYE				521260 Lodging		<del>                                     </del>		I hereby assign this claim to					
IS CLAIMANT A STATE	NON-EMPLOYE		LOYEE				<del> </del>							
OFFICIAL OR EMPLOYEE?	521310 All Travel					<del> </del>		and authorize the State Treasurer to issue a warrant in payment to said assignee.						
YES	Sub-Total		\$		O. de	ub Total			4					
NO			Ф				\$		Claimant Signature			-		
OFFICIAL DUTY STATION:	OSF-Audited By: NATURE OF OFFICIAL BUSIN			ECC.	rotai	Amount	\$		Giaimani Signature					
OFFICIAL DOTT STATION.	INATIONE OF OUR HOME BUSINESS.								Date					
Show point travel status began, ea	ch point -					T =		<del></del>	<u> </u>	Talu				
visited and the point travel status e		Date			eage 		l Status		mber	Per-Diem		Lodging	TOTAL	
(Vicinity only travel should show ge geographical area, e.g., Tulsa Vicin		Year	1		imed		lour	1	of				PER DIEM / LODGING	
geographical area, e.g., Tuisa vicii	nity)	Mo.	Day	Мар	Vicinity	Entered	Ended	Days	Hrs	Rate	Amount	Amount		
								<u> </u>						
TOTALS														
						TOTAL MILES @			¢ Per Mile = *					
* Trip Optimizer Used	er cost)		Exempt fr	om Trip Op	timizer	(Place'X' in appropriate box per Title 74, § 85.45I)								
MODE OF PUBLIC TRANSPO	ORTATION													
													1	
	RECT PURCHASE: (X)					TOTAL PUBLIC TRANSP.:								
				EMIZED MISCELLANEOUS COSTS										
			REGIS	·						neals included in Registration )				
SHUTTLE:				TELEPHONE:										
RENTAL CAR:				PARKING:					TOTAL LOCAL TRANSP					
OTHER LOCAL TRANSP:				TOLLS:					TOTAL ANOUNT OLAMED					
OTHER MISC. COSTS: TOTAL AMOUNT CLAIMED												MED		
		_												
l,		-	signing				Olaim 11	31					Date	
penalty of perjury, declare							Claimant S	oignatur	e				Date	
document and any attachm	ents are tr	ue and	correct	to the	pest of									
my knowledge and belief.							Managaria	Annea	al Cian-	nturo /II	f roquirod\		Date	
							Manager's	~hblo0	aı sıgna	แนเษ (II	requirea)		Daie	