

EXPENSE REIMBURSEMENT REPORT

OSF Form 19
(Revised 7/96)

STATE OF OKLAHOMA TRAVEL VOUCHER

| | | | | |
|----------------|--------|-----------|-----------|-----------------|
| FUND | AGENCY | ORDER NO. | CLAIM NO. | CLAIM OF: |
| FOR AGENCY USE | | | | S. S. No. _____ |

IS CAR GOV. OWNED?
YES _____
NO _____
LICENSE NO. _____

IS CLAIMANT A STATE OFFICIAL OR EMPLOYEE?
YES _____
NO _____

| ACCOUNT | SUB-ACTIVITY | OBJECT | CFDA | AMOUNT |
|-------------------------|--------------|--------|------|-----------------------|
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| OSF – Audited By: _____ | | | | TOTAL AMOUNT \$ _____ |

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|--|
| FOR \$ _____ AGAINST |
| Agency, Board, Comm., Dept.: _____ ASSIGNMENT I hereby assign this claim to _____ and authorize the State Treasurer to issue a warrant in payment to said assignee. Date: _____ |
| WARRANT (LOCATION NO.) _____ |

| | | |
|-----------------------|-----------------------------|--------------------|
| OFFICIAL DUTY STATION | NATURE OF OFFICIAL BUSINESS | CLAIMANT SIGNATURE |
|-----------------------|-----------------------------|--------------------|

| Show point travel status began, each point visited and the point travel status ended. (Vicinity only travel should show general geographical area, e.g., Tulsa Vicinity) | Date | | Mileage Claimed | | Travel Status Hour | | No. of | | Per Diem | | Lodging | TOTAL PER DIEM LODGING |
|--|------|-----|-----------------|----------|--------------------|---------------|--------|------------|----------|--------|---------|------------------------|
| | Mo. | Day | Map | Vicinity | Entered | Ended | Days | Hrs | Rate | Amount | Amount | |
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| TOTALS | | | | | | | | | | | | |
| | | | | | | TOTAL MILES @ | | PER MILE = | | | | |

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|---|
| MODE OF PUBLIC TRANSPORTATION & AMOUNT CLAIMED |
| AGENCY DIRECT PURCHASE _____ (x) TOTAL PUBLIC TRANSP. |

| | |
|-------------------------------|---|
| ITEMIZED LOCAL TRANSPORTATION | ITEMIZED MISCELLANEOUS COSTS |
| TAXI: | REGISTRATION FEE (# OF MEALS INCLUDED): |
| SHUTTLE: | TELEPHONE: |
| RENTAL CAR: | PARKING: |
| OTHER LOCAL TRANSP.: | OTHER MISC. COSTS: |
| | TOLLS: |
| | TOTAL MISC. |
| | TOTAL LOCAL TRANSP. |
| TOTAL AMOUNT CLAIMED | |

I, _____, the undersigned, upon oath, do depose and say that I have full knowledge of the above and foregoing account, that said account is just, correct, due and according to law, and that the amount claimed after allowing all just credits, is now due and wholly unpaid, and that I am duly authorized to make this affidavit

Claimant Signature
State of _____ County of _____

Subscribed and sworn before me _____, _____

My Commission Expires _____, _____

Notary Public (or Clerk or Judge)

I hereby approve this claim for payment and certify it complies with the travel laws of the State.

State Travel Reimbursement Act or _____

Agency's Approving Officer

Title _____ Date _____

Agency, Bd., or Div. Use _____