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
OSF – Audited By:			TOTAL AMOUNT $	

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	
TOTALS												
					TOTAL MILES @					PER MILE =		

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:	TOLLS:	
RENTAL CAR:	PARKING:	TOTAL MISC.	
OTHER LOCAL TRANSP.:	OTHER MISC. COSTS:	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