

STATE OF OKLAHOMA
Travel Voucher

		AGENCY BUSINESS UNIT		485		CLAIM OF:	
						Employee I.D. # :	
FOR AGENCY USE:						Address:	
IN-STATE				OUT-OF-STATE			
OBJECT ACCT	AMOUNT	OBJECT ACCT	AMOUNT	<div style="border: 1px solid black; padding: 5px; text-align: center;"> FOR \$0.00 AGAINST </div>			
521110 Mileage		521210 Mileage					
521120 Per Diem		521220 Transp					
521130 Public Trans		521230 Per Diem					
521140 Misc		521240 Local Trans					
521150 Lodging		521250 Misc.					
NON-EMPLOYEE				ASSIGNMENT			
521310 All Travel				I hereby assign this claim to			
Sub-Total \$				and authorize the State Treasurer to issue a warrant in payment to said assignee.			
OSF-Audited By:				Total Amount \$0.00			
OFFICIAL DUTY STATION:		NATURE OF OFFICIAL BUSINESS:		Claimant Signature			
				Date			

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		Number of		Per-Diem		Lodging Amount	TOTAL PER DIEM / LODGING
	Year	2010	Map	Vicinity	Entered	Ended	Days	Hrs	Rate	Amount		
	Mo.	Day										
												0.00
												0.00
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												0.00
												0.00
												0.00
												0.00
0=NOT CLAIMING												0.00
TOTALS			0	0	TOTAL MILES @		0.50	Per Mile =		0.00	0.00	\$0.00
			0									\$0.00

* Trip Optimizer Used for Mileage Comparison (lower cost) Exempt from Trip Optimizer (Place 'X' in appropriate box per Title 74, § 85.451)

MODE OF PUBLIC TRANSPORTATION		AGENCY DIRECT PURCHASE: (X)	TOTAL PUBLIC TRANSP.:	\$0.00
ITEMIZED LOCAL TRANSPORTATION	ITEMIZED MISCELLANEOUS COSTS			
TAXI: 0.00	REGISTRATION FEE: 0.00	(# of meals included in Registration)		
SHUTTLE: 0.00	TELEPHONE: 0.00			
RENTAL CAR: 0.00	PARKING: 0.00	TOTAL ITEMIZED MISC.	\$0.00	
OTHER LOCAL TRANSP 0.00	TOLLS: 0.00	TOTAL LOCAL TRANSP.	\$0.00	
OTHER MISC. COSTS: 0.00		TOTAL AMOUNT CLAIMED	\$0.00	

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 and belief.

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

State Travel Reimbursement Act or _____

Claimant Signature Date

Agency Approving Officer Date

Account Sponsor's Signature Date

Director of Business Affairs Title Date