STATE OF MAINE
TRAVEL AND EXPENSE ACCOUNT VOUCHER

USE BLACK OR BLUE INK ONLY BP-22 OSC 01/2024

GAX

DEPT		DOC NUMBER
	-	TR

SCHEDULED PAY DATE

VENDOR NUMBER

TRAVELER'S NAME AND ADDRESS (PAYEE)

BARGAINING UNIT

WORK PHONE NUMBER

NORMAL WORK HOU

DEPARTMENT, BOARD OR COMMISSION

EMPLOYEE'S HEADQUARTERS

EMPLOYEE'S RESIDENCE

DESTINATION: CITY | COUNTY | STATE

PURPOSE OF TRAVEL

Employees are responsible for complying with State Travel Policy, as set forth in Chapter 10 of the SAAM manual and any interpretations made by the Office of the State Controller.

DATE YEAR		DEPART	POINT TO POINT	RETURN	TRANSPORTATION AUTOMOBILE		TRANSPORTATION OTHER		LODGING AMOUNT		MEALS & INCIDENTAL EXPENSES PER DIEM (M & IE) CHECK MEALS TO BE REIMBURSED				OTHER EXPENSES (NOT RELATED TO TRANS.) Receipts - See SAAM, Chapter 10		BOARD OR COMM. MEMBERS ONLY	
					RATE	0.50	(TOLLS, PARKING, ETC)		(RECEIPT									
MONTH	DAY	TIME	TRAVELED	TIME	MILES	AMOUNT	ITEM	AMOUNT	REQUIRED)		B	L	D	AMOUNT	ITEM	AMOUNT	PER DIEM	
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					4270		4271		4273					4274		4275	3890	
					4380		4381		4383					4384		4385		
					4970		4980		4980					4980		4980		

Cost Center

FUND	DEPT	UNIT	SUB UNIT	PROG	PPC
			2 digit		

ADVANCE CODING (Attach copy of related ADVANCE GAX)

FUND	DEPT	UNIT	SUB UNIT	PROG	PPC
			2 digit		

I certify that the amounts are in accordance with applicable regulations, the detailed items charged were actually paid, and the expenses were incurred while conducting official state business.

(SIGNATURE OF TRAVELER) (DATE)

I certify that the travel shown above was required by the official duties and is in accordance with all applicable regulations.

(SIGNATURE OF SUPERVISOR) (DATE)

(PRINTED NAME OF SUPERVISOR)

I certify that the above travel expenditures are within the specified limits.

(SIGNATURE OF AUTHORIZED OFFICIAL) (DATE)

(PRINTED NAME OF AUTHORIZED OFFICIAL)

TOTAL CLAIMED	
LESS ADVANCE	
PER DIEM ADJ	
BALANCE DUE	

Version 01/2024