VENDOR NUMBER: 0000244965

TRAVELER'S NAME AND ADDRESS (PAYEE): David Adams, 18 Western Ave Biddeford, ME 04005

BARGAINING UNIT: Pro-tech

WORK PHONE NUMBER: 207-446-9992

NORMAL WORK HOU: 8:30 16:30

STATE OF MAINE
TRAVEL AND EXPENSE ACCOUNT VOUCHER

GAX

DEPT | DOC NUMBER | - TR | SCHEDULED PAY DATE

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

DEPARTMENT, BOARD OR COMMISSION: DEP

EMPLOYEE'S HEADQUARTERS: 312 Canco Rd Portland, ME

EMPLOYEE'S RESIDENCE: 18 Western Ave, Biddeford ME 04005

DESTINATION: CITY: Brunswick | COUNTY: Cumberland | STATE: ME

PURPOSE OF TRAVEL: Spill Clean-up AFFF

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	MONTH	DAY	DEPART TIME	POINT TO POINT TRAVELED	RETURN TIME	TRANSPORTATION: AUTOMOBILE RATE MILES	AUTOMOBILE 0.50 AMOUNT	TRANSPORTATION: OTHER (TOLLS, PARKING, ETC) ITEM	OTHER AMOUNT	LODGING AMOUNT (RECEIPT REQUIRED)	MEALS & INCIDENTAL EXPENSES PER DIEM (M & IE) CHECK MEALS TO BE REIMBURSED B	L	D	AMOUNT	OTHER EXPENSES (NOT RELATED TO TRANS.) Receipts - See SAAM, Chapter 10 ITEM	AMOUNT	BOARD OR COMM. MEMBERS ONLY PER DIEM
	8	19	6:00	Enc Brunswick	20:00						☑	☐	☑	74.00			
	8	20	6:30		21:30						☑	☐	☑				
	8	21	6:30		19:30						☑	☐	☑				
	8	22	6:30		20:30						☑	☐	☑				
	8	23	6:30		20:30						☑	☐	☑				
	8	25	6:30		20:30						☑	☐	☑				
	8	26	6:00		17:30						☑	☐	☐	8.00			
											☐	☐	☐				
											☐	☐	☐				
											☐	☐	☐				
											☐	☐	☐				
											☐	☐	☐				
											☐	☐	☐				
											☐	☐	☐				
											☐	☐	☐				
														176.00			
						4270		4271		4273				4274		4275	3890
						4360		4361		4363				4364		4365	
						4970		4980		4980				4980		4980	
														MAN 176.00			

Cost Center

FUND	DEPT	UNIT	PROG	PPC
014	064	1521.44		

ADVANCE CODING (Attach copy of related ADVANCE GAX)

FUND	DEPT	UNIT	SUB UNIT (2 digit)	PROG	PPC
	064				

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.

David Adams 9/19/24
(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] 9/19/24
(SIGNATURE OF SUPERVISOR) (DATE)

Greg O'Brien
(PRINTED NAME OF SUPERVISOR)

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

Gould, Tammy Digitally signed by Gould, Tammy Date: 2024.09.20 08:27:49 -04'00'
(SIGNATURE OF AUTHORIZED OFFICIAL) (DATE)

(PRINTED NAME OF AUTHORIZED OFFICIAL)

TOTAL CLAIMED	$ 176.00
LESS ADVANCE	
PER DIEM ADJ	
BALANCE DUE	$ 176.00

Version 01/2024