VENDOR NUMBER: VC0000120748

TRAVELER'S NAME AND ADDRESS (PAYEE)
John Luongo
112 blueberry lane
gray, me 04039

BARGAINING UNIT: pro-tec

WORK PHONE NUMBER: 207-446-9801

NORMAL WORK HOUR: 0800-1600

STATE OF MAINE
TRAVEL AND EXPENSE ACCOUNT VOUCHER

USE BLACK OR BLUE INK ONLY

BP-22 OSC 01/2024

DEPARTMENT, BOARD OR COMMISSION: DEP

EMPLOYEE'S HEADQUARTERS: Portland

EMPLOYEE'S RESIDENCE: Gray

DEPT: GAX

DOC NUMBER: - TR

SCHEDULED PAY DATE

DESTINATION: CITY: Brunswick | COUNTY: Sagadahoc | STATE: maine

PURPOSE OF TRAVEL: Oversee cleanup of AFFF spill

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					TRANSPORTATION													
					AUTOMOBILE		OTHER (TOLLS, PARKING, ETC)		LODGING AMOUNT (RECEIPT REQUIRED)		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 PER DIEM	
MONTH	DAY	DEPART TIME	POINT TO POINT TRAVELED	RETURN TIME	RATE MILES	0.50 AMOUNT	ITEM	AMOUNT			B	L	D	AMOUNT	ITEM	AMOUNT		
8	19	0800	brunswick	2000							☐	☐	☑	20.00				
8	20	0830	brunswick	2030							☐	☐	☑	20.00				
8	21	0700	brunswick	2000							☐	☐	☑	20.00				
8	22	0700	brunswick	2100							☐	☐	☑	20.00				
8	23	0700	brunswick	1900							☐	☐	☑	20.00				
											☐	☐	☐					
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											☐	☐	☐					
											☐	☐	☐					
											☐	☐	☐					
														100.00				
					4270		4271		4273		4274				4275		3890	
					4380		4381		4383		4384				4385			
					4970		4980		4980		4980				4980			
											4977			100.00				

Cost Center

FUND	DEPT	UNIT	SUB UNIT	PROG	PPC
014	08A	PFA1	24	AFFF	

ADVANCE CODING (Attach copy of related ADVANCE GAX)

FUND	DEPT	UNIT	SUB UNIT 2 digit	PROG	PPC

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) 9/19/24 (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: 2024.09.23 14:39:19 -04'00'

(SIGNATURE OF AUTHORIZED OFFICIAL) (DATE)

(PRINTED NAME OF AUTHORIZED OFFICIAL)

TOTAL CLAIMED	100.00
LESS ADVANCE	
PER DIEM ADJ	
BALANCE DUE	100.00

Version 01/2024