VENDOR NUMBER VC0000188096

TRAVELER'S NAME AND ADDRESS (PAYEE)

SUSANNE MILLER
39 EATON RIDGE RD
HOLDEN, ME 04429

BARGAINING UNIT: CONFIDENTIAL

WORK PHONE NUMBER: (207) 557-2700

NORMAL WORK HOUR: 8-5

STATE OF MAINE
TRAVEL AND EXPENSE ACCOUNT VOUCHER

GAX

USE BLACK OR BLUE INK ONLY BP-22 OSC 2016 02 01

DEPT | DOC NUMBER: - TR

SCHEDULED PAY DATE

DEPARTMENT, BOARD OR COMMISSION: ENVIRONMENTAL PROTECTION

EMPLOYEE'S HEADQUARTERS: AUGUSTA

EMPLOYEE'S RESIDENCE: HOLDEN

DESTINATION CITY: BRUNSWICK | COUNTY: CUMBERLAND | STATE: MAINE

PURPOSE OF TRAVEL: BRUNSWICK NAS AFFF RELEASE P-749-2024

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	AMOUNT (0.50)	OTHER (TOLLS, PARKING, ETC) ITEM	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	
08	28	9:00 AM	NAPLES TO BRUNSWICK TO NAPLES	3:00 PM	72.4	36.20										
					72.4	36.20										

Cost Center

FUND	DEPT	UNIT	SUB UNIT (2 digit)	ACTIVITY	PROG
014	06A	PFA1	24	AFFF	

ADVANCE CODING (Attach copy of related ADVANCE GAX)

FUND	DEPT	UNIT	SUB UNIT (2 digit)	ACTIVITY	PROG
	06A				

4270	36.20	4271		4273		4274		4275		3890	
4380		4381		4383		4384		4385			
4970		4980		4980		4980		4980			

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.

09/19/2024
(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.

Gould, Tammy Digitally signed by Gould, Tammy Date: 2024.09.19 15:22:18 -04'00'
(SIGNATURE OF SUPERVISOR) (DATE)

(PRINTED NAME OF SUPERVISOR)

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

David R. Madore for Melanie Loyzim 9/19/2024
(SIGNATURE OF AUTHORIZED OFFICIAL) (DATE)

David R. Madore for Melanie Loyzim
(PRINTED NAME OF AUTHORIZED OFFICIAL)

TOTAL CLAIMED	36.20
LESS ADVANCE	
PER DIEM ADJ	
BALANCE DUE	36.20