

STATE OF MAINE REQUEST FOR OUT-OF-STATE TRAVEL AND/OR TRAVEL ADVANCE

PLEASE SEND TO: Travel Coordinator

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.

GAX	DEPT	DOC NUMBER
	ADV	

DATE SUBMITTED: _____

VENDOR NUMBER not SSN: _____

NAME: _____
first middle initial last

JOB TITLE: _____

WORK ADDRESS: _____

CITY: _____ PHONE: _____

HOME ADDRESS: _____

CITY: _____ PHONE: _____

BARGAINING UNIT: _____

DEPT/AGENCY: _____

BUREAU/DIVISION: _____

FUND	DEPT	UNIT	SUB UNIT 2 digit	PROG	PPC
OBJECT	DESCRIPTION			AMOUNT	
4298	IN STATE TRAVEL ADVANCE				
4398	OUT OF STATE TRAVEL ADVANCE				

SUBMITTING and ACCOUNTING for TRAVEL ADVANCES

A traveler shall submit a fully itemized Travel Expense Voucher on or before the 15th day following the date in which the traveler has returned. See SAAM 10.80.60.d.

ESTIMATED	AIR FARE				
COST:	MILEAGE (_____ miles)		0.44		
	TOLLS				
	MEALS (_____ meals)				
	LODGING (_____ nights)				
	REGISTRATION				
	OTHER (_____ describe)				
	TOTAL				

DESTINATION: _____ CITY: _____ COUNTY: _____ STATE: _____

DEPARTURE DATE: _____ TIME: _____ RETURN DATE: _____ TIME: _____

PERSON(S) TRAVELING WITH ME: _____

Name of Conference/Event/Meeting/Training: _____

- Travel directly related to the care of residents, wards, foster children and other individuals under State care or protection;
- Travel required in the execution of law enforcement investigations, interstate contracts directly related to the extradition of an individual to or from a correctional facility;
- Travel directly involved in the securing of revenue, or that directly impacts revenue;
- Travel required in emergencies or other extraordinary circumstances; JUSTIFY BELOW
- Requesting approval for out of state travel. Justification for this request: JUSTIFY BELOW

JUSTIFICATION:

LODGING RATE WAIVER - AGENCY HEAD or DESIGNEE'S SIGNATURE _____ DATE: _____

RENTAL CAR APPROVAL - AGENCY HEAD or DESIGNEE'S SIGNATURE _____ DATE: _____

APPROVAL

AGENCY TRAVEL COORDINATOR (Required for Travel Advances only): _____ DATE: _____

SUPERVISOR/BUREAU DIRECTOR: _____ DATE: _____

Department Commissioner/Commissioner Designee or Agency Head

Signature: _____ Date: _____

Printed: _____

APPROVED
 DISAPPROVED

STATE OF MAINE REQUEST FOR OUT-OF-STATE TRAVEL AND/OR TRAVEL ADVANCE

PLEASE SEND TO: Travel Coordinator

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.

	DEPT		DOC NUMBER
GAX		ADV	

DATE SUBMITTED: _____

VENDOR NUMBER not SSN: _____

NAME: _____
first middle initial last

JOB TITLE: _____

WORK ADDRESS: _____

CITY: _____

HOME ADDRESS: _____

CITY: _____ PHONE: _____

BARGAINING UNIT: _____

DEPT/AGENCY: _____

BUREAU/DIVISION: _____

FUND	DEPT	UNIT	SUB UNIT 2 digit	PROG	PPC
OBJECT	DESCRIPTION			AMOUNT	
4298	IN STATE TRAVEL ADVANCE				
4398	OUT OF STATE TRAVEL ADVANCE				

SUBMITTING and ACCOUNTING for TRAVEL ADVANCES

A traveler shall submit a fully itemized Travel Expense Voucher on or before the 15th day following the date in which the traveler has returned. See SAAM 10.80.60.d.

ESTIMATED COST:	AIR FARE				
	MILEAGE	(_____ miles)		0.44	_____
	TOLLS	(_____)			_____
	MEALS	(_____ meals)			_____
	LODGING	(_____ nights)			_____
	OTHER	(_____ describe)			_____
	TOTAL				_____

No more than 3 meals in any given 24 hour period commencing from time(hour of the day) of departure to time of return. When traveling on "overnight status", reimbursement of meals and lodging information can be found on the Office of the State Controller's Per Diem Webpage at <http://www.maine.gov/osc/travel/per-diem>. A receipt is required for any meal expense over \$8.00 related to one day travel.

When traveling on "overnight status", reimbursement of lodging information can be found in the State's Travel Policy section 10.30. <http://www.maine.gov/osc/administration/saam>

This section should reflect the entire cost of the proposed trip regardless of the amount of advance requested (if any).

DESTINATION: _____ CITY: _____ COUNTY: _____

DEPARTURE DATE: _____ TIME: _____ RETURN DATE: _____

PERSON(S) TRAVELING WITH ME: _____

Name of Conference/Event/Meeting/Training: _____ **NEW SECTION: Add name of conference, event, meeting, or training.**

- Travel directly related to the care of residents, wards, foster children and other individuals under State care or protection;
- Travel required in the execution of law enforcement investigations, interstate contracts directly related to the extradition of an individual to or from a correctional facility;
- Travel directly involved in the securing of revenue, or that directly impacts revenue;
- Travel required in emergencies or other extraordinary circumstances; JUSTIFY BELOW
- Requesting approval for out of state travel. Justification for this request: JUSTIFY BELOW

JUSTIFICATION: _____

SAAM Chapter 10, sections 10.30.20 through 10.30.20.e

LODGING RATE WAIVER - AGENCY HEAD or DESIGNEE'S SIGNATURE _____ DATE: _____

RENTAL CAR APPROVAL - AGENCY HEAD or DESIGNEE'S SIGNATURE _____ DATE: _____

APPROVAL

AGENCY TRAVEL COORDINATOR (Required for Travel Advance) **SAAM Chapter 10, section 10.50.30** _____ DATE: _____

SUPERVISOR/BUREAU DIRECTOR: _____ DATE: _____

Department Commissioner/Commissioner Designee or Agency Head

Signature: _____ Date: _____

Printed: _____

APPROVED

DISAPPROVED