

VENDOR NUMBER	
TRAVELER'S NAME AND ADDRESS (PAYEE)	
BARGAINING UNIT	
WORK PHONE NUMBER	NORMAL WORK HOURS

**STATE OF MAINE
TRAVEL AND EXPENSE ACCOUNT VOUCHER**

USE BLACK OR BLUE INK ONLY

BP-22 OSC 2016 02 01

DEPARTMENT, BOARD OR COMMISSION
EMPLOYEE'S HEADQUARTERS
EMPLOYEE'S RESIDENCE

GAX

DEPT	DOC NUMBER	
	- TR	
SCHEDULED PAY DATE		
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		↓	DEPART TIME	POINT TO POINT TRAVELED	RETURN TIME	TRANSPORTATION				LODGING AMOUNT (RECEIPT REQUIRED)	MEALS & INCIDENTAL EXPENSES			OTHER EXPENSES (NOT RELATED TO TRANS.)		BOARD OR COMM. MEMBERS ONLY	
YEAR						AUTOMOBILE	OTHER		AMOUNT		PER DIEM (M & IE)			Receipts - See SAAM, Chapter 10		PER DIEM	
MONTH	DAY					RATE MILES	0.44 AMOUNT	ITEM			AMOUNT	B	L	D	AMOUNT		ITEM

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)

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

(SIGNATURE OF AUTHORIZED OFFICIAL)

(DATE)

(PRINTED NAME OF SUPERVISOR)

(PRINTED NAME OF AUTHORIZED OFFICIAL)

TOTAL CLAIMED	
LESS ADVANCE	
PER DIEM ADJ	
BALANCE DUE	