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

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

USE BLACK OR BLUE INK ONLY BP-22 OSC 11/2024

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

| | | |
|--------------------|------------|-------|
| DEPT | DOC NUMBER | |
| GAX | - 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 | YEAR | ↓ | DEPART TIME | POINT TO POINT TRAVELED | RETURN TIME | TRANSPORTATION | | LODGING AMOUNT | MEALS & INCIDENTAL EXPENSES PER DIEM (M & IE) | OTHER EXPENSES (NOT RELATED TO TRANS.) | BOARD OR COMM. MEMBERS ONLY |
|------|------|---|-------------|-------------------------|-------------|-----------------------|---|----------------|--|--|-----------------------------|
| | | | | | | AUTOMOBILE RATE MILES | OTHER (TOLLS, PARKING, ETC) ITEM AMOUNT | | | | |
| | | | | | | 0.54 | | | B L D | | |
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Cost Center

| FUND | DEPT | UNIT | SUB UNIT | PROG | PPC |
|---|------|------|----------|------|------|
| | | | 2 digit | | |
| | | | | | 4270 |
| | | | | | 4380 |
| ADVANCE CODING (Attach copy of related ADVANCE GAX) | | | | | |
| | | | | | 4970 |
| 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.

I certify that the travel shown above was required by the official duties and is in accordance with all applicable regulations.

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

(SIGNATURE OF TRAVELER) (DATE)

(SIGNATURE OF SUPERVISOR) (DATE)

(SIGNATURE OF AUTHORIZED OFFICIAL) (DATE)

(PRINTED NAME OF SUPERVISOR)

(PRINTED NAME OF AUTHORIZED OFFICIAL)

| | |
|---------------|--|
| TOTAL CLAIMED | |
| LESS ADVANCE | |
| PER DIEM ADJ | |
| BALANCE DUE | |