VENDOR NUMBER							STATE OF MAINE										DOC NUMBER			
TRAVELER'S NAME AND ADDRESS (PAYEE)						TRAVEL AND EXPENSE ACCOUNT VOUCHER GAX - TR														
						USE BLACK OR BLUE INK ONLY  BP-22 OSC 2016 02 01														
								ARD OR COMMISSION	WK ONL I	BP-2.	05C 2016 02 01	DEST	NATION: CITY		COUNTY		STATE			
BARGAINING UNIT							EMPLOYEE'S HEAD	QUARTERS				PURP	OSE OF TRAVEL							
WORK PHONE NUMBER NORMAL WORK HOL							EMPLOYEE DEOL	DENOE												
WORK PHO	ONE NUME	SEK			NORMAL WORK HOU		EMPLOYEE'S RESI	DENCE												
Employe	es are i	responsib	le for com	plying with S	State Travel Policy,	as set for	th in Chapter 10	of the SAAM man	nual and any int	erpretations mad	e by the Office of the	ne Stat	e Controller.							
DA	ΓE						TRAN	TRANSPORTATION		LODGING	MEALS	& INCIDI	ENTAL EXPENSES	OTHER EXPENSES			BOARD OR COMM.			
YEA	ND.	<b>*</b>		↓	AUTOMOBILE		OTHER		AMOUNT		PER DIEM (M & IE)			(NOT RELATED TO TRANS.)			MEMBERS ONLY			
167	ATX	DEPART										, ,			, ,					
			POINT TO POINT			RATE	0.45	(TOLLS, PARKI		(RECEIPT		CHECK MEALS TO BE REIMBURSED		Receipts - See SAAM, Chapter 10			DED	DIEM		
MONTH	DAY	TIME		TRAVELED	TIME	MILES	AMOUNT	ITEM	AMOUNT	REQUIRED	) B L		AMOUNT	ITEM	1	AMOUNT	FER	DIEW		
									<b>——</b>											
									<b>—</b>	<del> </del>										
			II.		·													1		
Cost Ce	nter																			
FUND	DEPT	UNIT	SUB UNIT	PROG	PPC	407	'O	4074		4070		4274			4275		2000	I		
		2 digit			4270 4380		4271 4381		4273		4384		4385			3890				
4 D) (4 N)	100,444,05,000		NG (Attach copy of related ADVANC		5.0410					4383										
	1		T			497	U	4980		4980		4980			4980					
FUND	DEPT	UNIT	SUB UNIT 2 digit	PROG	PPC															
										•										
14:6 . 41-	-4 41				LL   Certify t	hat the trav	el shown above w	as required by the	I certify t specified	hat the above trave	expenditures are with	in the		TOTAL OL						
regulations, the detailed items charged were actually paid, and official duties and is in accordance								accordance with all applicable						TOTAL CLAIMED LESS ADVANCE						
the expenses were incurred while conducting official state business.																				
3.														PER DIEM						
(SIGNATURE OF TRAVELER) (DATE) (SIGNATURE							RVISOR) (	DATE)	(SIGNATURE OF AUTHORIZED OFFICIAL) (DATE)					BALANCE I	DUE					
, 3.0.1711 01	0. 110		(L	<u>-</u> ,	(SIGIRATION	_ 0. 001 L	(	··-/	(		(BAIL)									
					(PRINTED N	IAME OF SI	JPERVISOR)		(PRINTED NAME	OF AUTHORIZED OF	FICIAL)	_								
					,		,		,	PRINTED NAME OF AUTHORIZED OFFICIAL)							Version 10	/2019		