

VENDOR NUMBER

TRAVELER'S NAME AND ADDRESS (PAYEE)

BARGAINING UNIT

WORK PHONE NUMBER

NORMAL WORK HOU

STATE OF MAINE

TRAVEL AND EXPENSE ACCOUNT VOUCHER

USE BLACK OR BLUE INK ONLY

BP-22 OSC 01/2024

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		MEALS & INCIDENTAL EXPENSES				OTHER EXPENSES		BOARD OR COMM.		
YEAR					AUTOMOBILE		OTHER		AMOUNT		PER DIEM (M & IE)				(NOT RELATED TO TRANS.)		MEMBERS ONLY		
MONTH	DAY				RATE MILES	0.56 AMOUNT	(TOLLS, PARKING, ETC)		(RECEIPT REQUIRED)		CHECK MEALS TO BE REIMBURSED				Receipts - See SAAM, Chapter 10		PER DIEM		
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