VENDOR NUMBER						s	STATE OF MAINE										DEPT DOC NUMBER					
TRAVELER'S NAME AND ADDRESS (PAYEE)							TRAVEL AND EXPENSE ACCOUNT VOUCHER GAX									- TR						
								USE BLAG	CK OR BLUE	INK ONLY	RP	2-22 OSC (01/2024				SCHEDULE	D PAY D	ATE			
							D		ARD OR COMMISSION						DEST	NATION: CITY	I		COUNTY		STATE	
BARGAINING UNIT								MPLOYEE'S HEAD	QUARTERS						PURP	OSE OF TRAVEL					<u> </u>	
																002 01 1101122						
WORK PHO	ONE NUME	BER			NORMAL WORK	HOU	E	MPLOYEE'S RESI	DENCE													
Employe	ees are r	esponsib	le for com	plying with	State Travel Po	licy, as s	et forth	n in Chapter 10	of the SAAM ma	nual and any in	terpretations m	ade by the	Office	of the	e Stat	e Controller.	I					
DATE YEAR			POINT TO POINT			-		TRAN	SPORTATION OTHER		LODGII	MEALS & INCIDENTAL EXPENSES PER DIEM (M & IE)				OTHER EXPENSES (NOT RELATED TO TRANS.)			BOARD OR COMM. MEMBERS ONLY			
		•				*	AUTO	OMOBILE			AMOUI											
		DEPART			IT RET	IRN RA	ATE	0.56	(TOLLS, PARI	(ING, ETC)	(RECEI	CHE	СК МЕ	ALS T	D BE REIMBURSED	Receipts - See SAAM, Chapter 10			DEC 2::			
MONTH	DAY	TIME		TRAVELED	TIM	E MII	LES	AMOUNT	ITEM	AMOUNT	REQUIR	ED)	В	L	D	AMOUNT		ITEM		AMOUNT	PER	DIEM
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Cost Ce	ntor																					
FUND DEPT		UNIT	UNIT SUB UNIT PROG		PPC															ļ.		
			2 digit				4270		427	-	4273				1274		4275				3890	
							4380		438	-	4383				1384				4385		<u> </u>	
ADVANCE CODING (Attach copy of related ADVANCE GAX)						4970)	4980)	4980		-	4	1980				4980		_		
FUND	DEPT	UNIT	SUB UNIT 2 digit	PROG	PPC																	
										_			-									
certify th	at the am	ounts are i	n accordanc	e with applic					as required by the	I certify t specified	that the above tra I limits.	vel expendit	ures are	withir	n the		TOTAL	CI A	IMFD			
regulation	s, the det	ailed items	charged we	ere actually p ting official st	oaid, and οπι	cial duties ulations.	and is i	n accordance wit	h all applicable								LESS A					
business.				ang omolar o													PER D					
																	BALAN					
SIGNATUR	RE OF TRA	(VELER)	(D	ATE)	(SIGN	ATURE OF	SUPER\	/ISOR) (I	DATE)	(SIGNATURE OF	AUTHORIZED OFF	ICIAL)	(DATI	E)	_					1		
															_							
					(PRIN	TED NAME	OF SUP	ERVISOR)		(PRINTED NAME	OF AUTHORIZED	OFFICIAL)									Version 10	/2025