

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

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		DEPART	POINT TO POINT TRAVELED	RETURN TIME	TRANSPORTATION				LODGING AMOUNT (RECEIPT REQUIRED)	MEALS & INCIDENTAL EXPENSES PER DIEM (M & IE) CHECK MEALS TO BE REIMBURSED				OTHER EXPENSES (NOT RELATED TO TRANS.) Receipts - See SAAM, Chapter 10		BOARD OR COMM. MEMBERS ONLY		
YEAR	MONTH				DAY	AUTOMOBILE		OTHER (TOLLS, PARKING, ETC)		AMOUNT	B	L	D	AMOUNT	ITEM	AMOUNT	PER DIEM	
						RATE MILES	0.44 AMOUNT	ITEM										AMOUNT

<b>Cost Center</b>						
FUND	DEPT	UNIT	SUB UNIT 2 digit	PROG	PPC	
						4270
						4380
ADVANCE CODING (Attach copy of related ADVANCE GAX)						
						4970

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.

TOTAL CLAIMED	
LESS ADVANCE	
PER DIEM ADJ	
BALANCE DUE	

\_\_\_\_\_  
(SIGNATURE OF TRAVELER)          (DATE)

\_\_\_\_\_  
(SIGNATURE OF SUPERVISOR)          (DATE)

\_\_\_\_\_  
(SIGNATURE OF AUTHORIZED OFFICIAL)          (DATE)

\_\_\_\_\_  
(PRINTED NAME OF SUPERVISOR)

\_\_\_\_\_  
(PRINTED NAME OF AUTHORIZED OFFICIAL)