

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	YEAR	↓	DEPART TIME	POINT TO POINT TRAVELED	RETURN TIME	TRANSPORTATION		LODGING AMOUNT  (RECEIPT REQUIRED)	MEALS & INCIDENTAL EXPENSES			OTHER EXPENSES (NOT RELATED TO TRANS.)		BOARD OR COMM. MEMBERS ONLY		
						AUTOMOBILE	OTHER		PER DIEM (M & IE)			Receipts - See SAAM, Chapter 10		PER DIEM		
MONTH	DAY					RATE MILES	0.46 AMOUNT	ITEM	AMOUNT	B	L	D	AMOUNT	ITEM	AMOUNT	
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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			

4270	4271	4273	4274	4275	3890
4380	4381	4383	4384	4385	
4970	4980	4980	4980	4980	

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)