STATE OF MAINE

REQUEST FOR OUT-OF-STATE TRAVEL AND/OR TRAVEL ADVANCE

PLEASE SEND TO: Travel Coordinator

DEPT		DOC NUMBER
GAX	**ADV**	

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 SUBMITTED: _____

VENDOR NUMBER not SSN: _____

NAME: _____
first middle initial last

JOB TITLE _____

WORK ADDRESS: _____

CITY: _____ PHONE: _____

HOME ADDRESS: _____

CITY: _____ PHONE: _____

BARGAINING UNIT: _____

DEPT/AGENCY: _____

BUREAU/DIVISION: _____

FUND	DEPT	UNIT	SUB UNIT 2 digit	PROG	PPC

OBJECT	DESCRIPTION	AMOUNT
4298	IN STATE TRAVEL ADVANCE	
4398	OUT OF STATE TRAVEL ADVANCE	

ESTIMATED COST:

AIR FARE			
MILEAGE	(_____ miles)	0.65	
TOLLS			
MEALS	(_____ meals)		
LODGING	(_____ nights)		
REGISTRATION			
OTHER	Shuttles		
TOTAL			

DESTINATION: CITY: _____ COUNTY: _____ STATE: _____

DEPARTURE DATE _____ TIME: _____ RETURN DATE: _____ TIME: _____

PERSON(S) TRAVELING WITH ME: _____

Name of Conference/Event/Meeting/Training: _____

☐ Travel directly related to the care of residents, wards, foster children and other individuals under State care or protection;

☐ Travel required in the execution of law enforcement investigations, interstate contracts directly related to the extradition of an individual to or from a correctional facility;

☐ Travel directly involved in the securing of revenue, or that directly impacts revenue;

☐ Travel required in emergencies or other extraordinary circumstances; JUSTIFY

OR:

☐ Requesting approval for out of state travel. Justification for this request: JUSTIFY BELOW

JUSTIFICATION:

HOTEL ROOM RATE WAIVER - DIVISION DIRECTOR SIGNATURE _____ DATE: _____

RENTAL CAR APPROVAL - DIVISION DIRECTOR SIGNATURE _____ DATE: _____

APPROVAL

AGENCY TRAVEL COORDINATOR (Required for Travel Advances only): _____ DATE: _____

SUPERVISOR/BUREAU DIRECTOR: _____ DATE: _____

Department Commissioner/Commissioner Designee or Agency Head

Signature: _____ **Date:** _____

Printed: _____

☐ **APPROVED** ☐ **DISAPPROVED**

V11/26