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

GAX | DEPT | DOC NUMBER | - | TR

SCHEDULED PAY DATE

DEPARTMENT, BOARD OR COMMISSION

EMPLOYEE'S HEADQUARTERS

EMPLOYEE'S RESIDENCE

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					TRANSPORTATION				LODGING		MEALS & INCIDENTAL EXPENSES				OTHER EXPENSES		BOARD OR COMM.	
					AUTOMOBILE		OTHER				PER DIEM (M & IE)				(NOT RELATED TO TRANS.)		MEMBERS ONLY	
YEAR		DEPART	POINT TO POINT	RETURN	RATE	0.61	(TOLLS, PARKING, ETC)		AMOUNT (RECEIPT		CHECK MEALS TO BE REIMBURSED				Receipts - See SAAM, Chapter 10			
MONTH	DAY	TIME	TRAVELED	TIME	MILES	AMOUNT	ITEM	AMOUNT	REQUIRED)		B	L	D	AMOUNT	ITEM	AMOUNT	PER DIEM	
											☐	☐	☐					
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Cost Center

FUND	DEPT	UNIT	SUB UNIT	PROG	PPC													
			2 digit			4270		4271		4273		4274		4275		3890		
						4380		4381		4383		4384		4385				
ADVANCE CODING (Attach copy of related ADVANCE GAX)						4970		4980		4980		4980		4980				
FUND	DEPT	UNIT	SUB UNIT	PROG	PPC													
			2 digit															

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.

(SIGNATURE OF TRAVELER) (DATE)

I certify that the travel shown above was required by the official duties and is in accordance with all applicable regulations.

(SIGNATURE OF SUPERVISOR) (DATE)

(PRINTED NAME OF SUPERVISOR)

I certify that the above travel expenditures are within the specified limits.

(SIGNATURE OF AUTHORIZED OFFICIAL) (DATE)

(PRINTED NAME OF AUTHORIZED OFFICIAL)

TOTAL CLAIMED	
LESS ADVANCE	
PER DIEM ADJ	
BALANCE DUE	

Version 11/2026