

**STATE OF MAINE
TRAVEL AND EXPENSE ACCOUNT VOUCHER**

GAX DEPT 30A DOC #

TRAVELER'S NAME AND ADDRESS (PAYEE)
VENDOR. NO.

MAINE STATE LEGISLATURE
EMPLOYEE'S HEADQUARTERS
EMPLOYEE'S RESIDENCE

DESTINATION
PURPOSE OF TRAVEL

YEAR	EXPLANATION OF EXPENDITURES	TRANSPORTATION			LODGING	MEAL EXPENSES		OTHER EXPENSES		PER DIEM
		AUTOMOBILE	OTHER			Receipts Required	Receipts Required	ITEM	AMOUNT	
2023		Miles	AMOUNT	Tolls, parking, etc. AMOUNT	Receipt Required AMOUNT	Receipts Required for Meals > \$12.00				
Month	Day					LIST MEALS	AMOUNT			
EXPENDITURE CODING		TOTALS								

FUND	AGY	ORG.	APPR.
010	30A		01

Instate	4270	4271	4273	4274	
Out of State	4380	4381	4383	4384	Misc. Exp.
					C&O AMT
					3890

TRAVEL ADVANCE CODING			
	30A		

UNUSED TRAVEL ADVANCE		
DATE	CASH REC#	AMOUNT

TOTAL CLAIMED	
LESS ADVANCE	
BALANCE DUE	

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.

SIGNATURE OF TRAVELER _____ (DATE)

SIGNATURE OF AUTH APPROVER _____ (DATE)

SIGNATURE EXEC DIR/ DESIGNEE _____ (DATE)