

132nd MAINE LEGISLATURE  
LEGISLATOR REQUEST FOR SESSION ALLOWANCES

Submit to the Office of the Executive Director in Room 103  
by 12 noon on Friday of each week.

Print Name Clearly \_\_\_\_\_

Week Beginning Sunday \_\_\_\_\_

Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

1. Check any days you used **overnight lodging**:
2. **LEGISLATIVE SESSION:** Check any days on which you attended sessions of the House or Senate.
3. **OTHER LEGISLATIVE BUSINESS:** Check any days on which you attended an authorized Committee or other authorized meeting.

Please identify the Committee or meeting:  
**(Required)** when **Other Legislative Business** checkbox is selected.

Tolls Claimed: \$ \_\_\_\_\_

*Complete only if you have taken a route that is different from the one you submitted on your Legislator Information Form.*

I certify that this information is accurate for the purpose of calculating the amounts due to me pursuant to 3 MRSA § 2, as amended.

SIGNATURE \_\_\_\_\_

Date Submitted \_\_\_\_\_