

133rd 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 _____