## LEGISLATURE STATE OF MAINE

GAX **30A** 

AGY.

NUMBER

FIRST VOUCHER

	CHANGE C	F ADDRESS													լ	PAGE 1 of 1
	CHANGE C	F NAME													-	
TRAVELER'S NAME AND ADDRESS (PAYEE)							MAINE STATE LEGISLATURE						DESTINATION Augusta, ME			
							EMPLOYEE'S HEADQUARTERS						PURPOSE OF TRAVEL			
VENDOR. NO.							EMPLOYEE'S RESIDENCE									
DA	TE:	EXPLANATION OF EXPENDITURES				TRANSPORTATION AUTOMOBILE OTHER LODGING MEA				MEAL	OTHER EXPENSES OTHER EXPENSES (Original receipt required for any item PER DIE			PER DIEM		
Month	Day	TIME OF DEPARTURE:			Miles	AMOUNT		-	rking, etc. //OUNT	(Receipt Required) AMOUNT	LIST MEALS		AMOUNT	exceeding \$5.00) ITEM AMOUNT		
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		TIME OF	RETURN:													
EX		JRE CODIN		TOTALS												
FUND	AGY	ORG.	APPR.							-	•			Mise	c. Exp.	
					Instate	1070		4271		4273		4274				
ADVANC	<b>F</b>				of-State			4271		4273		4274 4384		C&O	AMT	
				N	on-State	-		4301		4980		4304		CaO	3890 97	
						TRAN	TRANSPORTATION OTHER			UNUSED TRAVEL ADVANCE				TOTAL CLAIMED		
VENDOR NAME:					\$				DATE	DATE CASH REC#			LESS ADVANCE			
					\$	\$						BALANCE DUE				
	s charged were	ccordance with ap actually paid, and t					and is in accordance	with all appl	icable regulations.				I certify that the abo	ve travel expenditur	es are within the specified	d limits.
(SIGNATURE O	F TRAVELER)				(DATE)		(Signature of officia Expense Account)	I authorized	to approve		(DATE)		(SIGNATURE OF E	XEC. DIR. OR DES	GNEE)	(DATE)