

## STATE OF MAINE

## REQUEST FOR OUT-OF-STATE TRAVEL AND/OR TRAVEL ADVANCE

PLEASE SEND TO: Travel Coordinator

DEPT	DOC NUMBER
GAX	ADV

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 SUBMITTED: \_\_\_\_\_

VENDOR NUMBER not SSN: \_\_\_\_\_

NAME: \_\_\_\_\_  
first \_\_\_\_\_ middle initial \_\_\_\_\_ last \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

BARGAINING UNIT: \_\_\_\_\_

DEPT/AGENCY: \_\_\_\_\_

BUREAU/DIVISION: \_\_\_\_\_

FUND	DEPT	UNIT	SUB UNIT 2 digit	PROG	PPC
OBJECT	DESCRIPTION			AMOUNT	
4298	IN STATE TRAVEL ADVANCE				
4398	OUT OF STATE TRAVEL ADVANCE				

## ESTIMATED COST:

AIR FARE			
MILEAGE	( _____ miles)	0.56	_____
TOLLS			
MEALS	( _____ meals)		
LODGING	( _____ nights)		
REGISTRATION			
OTHER	Shuttles		
<b>TOTAL</b>			_____

DESTINATION: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PERSON(S) TRAVELING WITH ME: \_\_\_\_\_

## Name of Conference/Event/Meeting/Training: \_\_\_\_\_

Travel directly related to the care of residents, wards, foster children and other individuals under State care or protection;

Travel required in the execution of law enforcement investigations, interstate contracts directly related to the extradition of an individual to or from a correctional facility;

Travel directly involved in the securing of revenue, or that directly impacts revenue;

Travel required in emergencies or other extraordinary circumstances; JUSTIFY BELOW

OR:

Requesting approval for out of state travel. Justification for this request: JUSTIFY BELOW

## JUSTIFICATION:

HOTEL ROOM RATE WAIVER - DIVISION DIRECTOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

RENTAL CAR APPROVAL - DIVISION DIRECTOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

## APPROVAL

AGENCY TRAVEL COORDINATOR (Required for Travel Advances only): \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR/BUREAU DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**Department Commissioner/Commissioner Designee or Agency Head**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed: \_\_\_\_\_

 APPROVED DISAPPROVED