

**DEPARTMENT OF MAINE
SINGLE FUNCTION TRAVEL FORM**

Name: _____

Function: _____

Travel From: _____
(Home)

To: _____ & Return
(Destination)

Travel Dates: From: _____

To: _____

Round trip airfare or other transportation cost:
(Receipts required)

From: _____
(Departure)

To: _____ & Return \$ _____
(Destination)

If by auto, number of miles (round trip) to closest airport or destination: _____ x \$.30 \$ _____

Lodging (receipt required) \$ _____

Cost of Meals \$ _____

Cab/Limousine service at destination \$ _____

Other travel costs (specify) \$ _____

Grand Total: \$ _____

Less Advance: \$ _____

Amount Due: \$ _____

Traveler's Signature: _____

Approved by:

Date: _____

Commander: _____

Adjutant: _____

Finance Officer: _____