

This is a viewable form only!

You must acquire the actual form from the Purchasing Office.

(To view form, page down.)

ALL REQUESTS MUST BE TYPEWRITTEN

1. Use this form for travel requiring prior approval.

3. For identification of requests, please assign a separate number to each Request form, and enter it under block 2 T.A. NUMBER.

2. If air travel is requested, DO NOT get tickets from an airline or travel agent. Upon approval, air travel tickets will be obtained for you by the Reservation unit of the Office of the State Comptroller, Direct questions to 860-702-3340.

4. After completing form, forward entire set intact to the Office of the State Comptroller, Travel Section, 55 Elm Street, Hartford, CT 06106-1775

(1) DATE OF REQUEST

(2) T.A. NUMBER

R6-

TELEPHONE NUMBER (Business Office)

(3) AGENCY NAME, UNIT, & ADDRESS TO WHICH FORM SHOULD BE RETURNED (Include Zip Code) (Do Not Abbreviate) AGENCY NO.

(4) EMPLOYEE NAME (FOR WHOM AUTHORIZATION IS REQUESTED) (5) EMPLOYEE NUMBER (6) TITLE

SENIOR CITIZEN YES NO AARP MEMBER YES NO

COLLECTIVE BARGAINING IDENTIFICATION (7) SPECIFY BARGAINING UNIT NUMBER OR MANAGEMENT OTHER (Specify)

NP-1 NP-2 NP-3 NP-4 NP-5 NP-6 P-1 P-2 P-3A P-3B P-4 P-5

(8) WORK TELEPHONE NO. (Include extension no.) (9) HOME TELEPHONE NO. (10) OFFICIAL DUTY STATION (Give complete address)

(11) ITINERARY	(12) DATES		(13) MISCELLANEOUS INFORMATION (Actual time of departure from home and return to home). Parking Permit Requested? <input type="checkbox"/> YES <input type="checkbox"/> NO
	TO	FROM	
<input type="checkbox"/> HOME			

(14) OBJECT AND NECESSITY OF TRAVEL (Attach substantiating documents)

(15) TYPE OF TRANSPORTATION (Specify)

AIR FIRST CLASS RAIL STATE OWNED CAR AGENCY AUTHORIZED CAR PERSONALLY OWNED CAR OTHER

(16) TOTAL COST (Itemize) NOTE: RATES FOR MEALS AND LODGING SHOULD NOT EXCEED THOSE PROVIDED FOR IN STANDARD TRAVEL REGULATIONS AND IN COLLECTIVE BARGAINING AGREEMENTS.

* <input type="checkbox"/> AIRFARE	\$		<input type="checkbox"/> GRATUITIES	\$		<input type="checkbox"/> REGISTRATION FEE	\$	
* <input type="checkbox"/> LODGING	\$		<input type="checkbox"/> PERSONAL MILEAGE	\$		<input type="checkbox"/> RAIL	\$	
<input type="checkbox"/> CONFERENCE HOTEL	\$		(MI@ RATE)			<input type="checkbox"/> OTHER	\$	
<input type="checkbox"/> MEALS	\$		<input type="checkbox"/> WITH RIDERS:			(17) TOTAL COST	\$	
<input type="checkbox"/> TAX	\$		<input type="checkbox"/> TAXI(S)	\$		* DISCOUNT TAKEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

(18) ACT. CD.	(19) LINE NO.	(20) COMMITTED AMOUNT	(21) AGENCY	(22) COST CENTER		(23) OBJECT	AGENCY TAIL		(25) EXTENSION	(26) F.Y.
				FUND	SID		(24A) FUNCTION	(24B) ACTIVITY		

(27) Signature (Employee who will claim reimbursement) DATE

(28) APPROVED BY (Supervisor, Div. Head, Director, Dean etc.) DATE

(29) AUTHORIZED BY (Agency Head or Authorized Agent) DATE

OFFICE OF THE STATE COMPTROLLER (Authorized Signature / Date)

DISTRIBUTION WHITE - ACCOUNTS PAYABLE DIVISION CANARY - COMPTROLLER'S TRAVEL SECTION
PINK - CENTRAL RESERVATIONS GREEN - AGENCY GOLDENROD - EMPLOYEE