

- A. This form must be completed PRIOR to resident travel.
- B. This form must be signed by the traveler and appropriate program personnel.
- C. This form must be submitted to the GME office for final approval.
- D. Complete the "Yellow" up the traveler's return once "actuals" are available.

TA # :

Parking Pass:

Date:	Traveler:	Role:	PGY:
Prepared By:	Program:		MC:

*****TRIP SUMMARY*****

From Location	To Location	From Date	To Date

Business Purpose of Travel:

*****FLIGHT/DEPARTURE INFO*****

Date	Time	Flight Number	From	To

Does this trip include vacation time?		Vacation Dates:
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Trip Type: Attend Present Program Requirement Faculty

*****REQUESTED AMOUNTS & REIMBURSEMENT SECTION*****

	Pre-trip TA Request Amount	**Upon Return** Travel Actual Amount	Fund	Org	Account
Hotel Amount					72529
Airfare/ Rail					72529
Mileage					72530
Registration					72525
Meals Per Diem					72529
Other					72529
Total					
Previously Reimbursed (enter as negative)					
Reimbursement for CAHC check request					

Other Trip Notes

*****CALCULATIONS*****

Mileage (req and actual)	hotel (actual)	per diem (actual)
# of miles	hotel days	meal days
mileage rate	rate	per diem
mileage reimb	reimb	meal reimb

* calculate meal days based on departure from and return to CT times
(12:01am-8am = 33%; 8:01am-4pm = 33%; 4:01pm-midnight=33%)

*****PRE-TRIP APPROVALS*****

*****POST-TRIP REIMBURSEMENT APPROVALS*****

TRAVELER	PD	PC
PC	GME OFFICE	GME OFFICE