


RESIDENT/FELLOW TRAVEL REQUEST FORM



Graduate Medical Education
Travel Authorization Request and
Reimbursement Form

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: _____

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	\$ 0.00	\$0.00			
Previously Reimbursed (enter as negative)					
Reimbursement for CAHC check request		\$0.00			

Other Trip Notes

*****CALCULATIONS*****

Mileage (req and actual) # of miles _____ mileage rate <input type="text" value="0.580"/> mileage reimb \$0.00	hotel (actual) hotel days _____ rate _____ reimb \$0.00	per diem (actual) meal days _____ per diem _____ meal reimb \$0.00
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* 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 _____	