

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Purpose of Travel:

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

Date	Time	Flight Number	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	72529
Airfare/ Rail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	72529
Mileage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	72530
Registration	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	72525
Meals Per Diem	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	72529
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	72529
<b>Total</b>	<b>\$ 0.00</b>	<b>\$0.00</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previously Reimbursed (enter as negative)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Reimbursement for CAHC check request	<input type="text"/>	\$0.00	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Trip Notes:

\*\*\*\*\*CALCULATIONS\*\*\*\*\*

Mileage (req and actual)	hotel (actual)	per diem (actual)
# of miles <input type="text"/>	hotel days <input type="text"/>	meal days <input type="text"/>
mileage rate <input type="text"/>	rate <input type="text"/>	per diem <input type="text"/>
mileage reimb <input type="text"/>	reimb <input type="text"/>	meal reimb <input type="text"/>

\* 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 <input type="text"/>	PD <input type="text"/>	PC <input type="text"/>
PC <input type="text"/>	GME OFFICE <input type="text"/>	GME OFFICE <input type="text"/>