

Graduate Medical Education Travel Authorization Request and Reimbursement Form

POST-TRIP REIMBURSEMENT APPROVALS

PC

GME OFFICE

A. This form must be completed PRIOR to resident travel.					
B. This form must be signed by the traveler and appropriate program personnel.					TA # :
C. This form miust be submitted to the GME office for final approval. D. Complete the "Yellow" up the traveler's return once "actuals" are available.					Parking Pass:
Date:	Traveler:			Role:	PGY:
Prepared By: Program:					MC:

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	Į,	Vacation Dates:			
Trip Type: Attend Present Program Requirement Faculty ***********************************					
77	**************************************	TED AMOUNTS & RE	IMBUKSEMI	ENT SECTION*******	*
		Upon Return			
	Pre-trip TA	Travel Actual			
I I a I a I A a a a a I	Request Amount	Amount	Fund	Org	Account
Hotel Amount					72529
Airfare/ Rail					72529
Mileage					72530
Registration					72525
Meals Per Diem				+	72529
Other Total					72529
				Other Trip Notes	
Previously Reimbursed (ente					
Reimbursement for CAH	C check request				

Mileage (req and actual) # of miles	<u> </u> 	hotel (actual)		per diem (actual)	٦
mileage rate		hotel days rate		meal days per diem	\dashv
mileage rate	<u> </u>	reimb		meal reimb	-
	<u>.</u>				_
* calculate meal days based on departure from and return to CT times (12:01am-8am = 33%; 8:01am-4pm = 33%; 4:01pm-midnight=33%)					
(12.01am-0am - 33%, 0.01am-4pm - 33%, 4.01pm-mumgm-33%)					

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

PD

GME OFFICE

TRAVELER

PC