

**TRAVEL AUTHORIZATION REQUEST**

CO-112 Rev. 12/2019

STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER

- Use this form for travel requiring prior approval.
- For identification of requests, please assign a separate number to each Request form, and enter it under block 2 T.A. Number.

- If requesting reimbursement from Union Travel Funds, forward a complete set to the Office of the State Comptroller, Active & Pension Payroll Services Division, 165 Capitol Avenue, Hartford, CT 06106. When Department funded, retain copy for audit purposes.

(1) DATE OF REQUEST
(2) T.A. NUMBER

(3) BUSINESS UNIT NAME & ADDRESS TO WHICH FORM SHOULD BE RETURNED (Include Zip Code)	BUSINESS UNIT NO.	TELEPHONE NUMBER (Business Office)
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(4) EMPLOYEE NAME (FOR WHOM AUTHORIZATION IS REQUESTED)	(5) EMPLOYEE NUMBER	(6) TITLE
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COLLECTIVE BARGAINING IDENTIFICATION (7) SPECIFY BARGAINING UNIT NUMBER, MANAGEMENT OR OTHER  
 NP-1  NP-2  NP-3  NP-4  NP-5  NP-6  NP-8  P-1  P-2  P-3A  P-3B  P-4  P-5  MANAGEMENT  OTHER (Specify) \_\_\_\_\_

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

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

(15) TYPE OF TRANSPORTATION (Specify)  
 AIR  RAIL  STATE OWNED CAR  RENTAL CAR  PERSONAL CAR  OTHER  
 PROOF OF AUTO INSURANCE ON FILE AT AGENCY?  YES  NO

(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"/> PERSONAL MILEAGE	<input type="checkbox"/>
<input type="checkbox"/> LODGING	( MI @ RATE )	<input type="checkbox"/>
<input type="checkbox"/> CONFERENCE HOTEL	<input type="checkbox"/> WITH RIDER: REFERENCE RIDER(S) TA #	<input type="checkbox"/>
<input type="checkbox"/> MEALS	<input type="checkbox"/> TAXI(S)	<input type="checkbox"/> OTHER
<input type="checkbox"/> TAX	<input type="checkbox"/> REGISTRATION FEE	(17) TOTAL COST
<input type="checkbox"/> GRATUITIES	<input type="checkbox"/> RAIL	

(18) AMOUNT	(19) FUND	(20) DEPARTMENT	(21) SID	(22) PROGRAM	(23) ACCOUNT	(24) PROJECT/GRANT	(25) CHARTFIELD 1	(26) CHARTFIELD 2	(27) BUDGET REFERENCE

(28) SIGNATURE OF EMPLOYEE	DATE	OFFICE OF THE STATE COMPTROLLER (Authorized Signature/Date)
(29) APPROVED BY (Supervisor, Div. Head, Director, Dean etc.)	DATE	
(30) AUTHORIZED BY (Business Unit Head or Authorized Agent)	DATE	
DISTRIBUTION ORIGINAL - (FOR UNION FUNDS ONLY), COMPTROLLER'S OFFICE, ACTIVE & PENSION PAYROLL SERVICES DIVISION, COPIES TO: BUSINESS UNIT & EMPLOYEE		
ORIGINAL - (NON- UNION FUNDS) - AGENCY BUSINESS OFFICE		
COPY -EMPLOYEE		