AIR TRAVEL LOG SHEET
CO-502 (7/03)

STATE OF CONNECTICUT
PURCHASING CARD AIR TRAVEL PROGRAM

Cardholder Name: _____   Business Unit/Department: _____

Billing Cycle Dates: _____ to _____

Date of Purchase	Employee Name	TA #	Dates of Travel	Airline	Amount	Comments? R=Returned C=Credited D=Disputed
					$	

Total $ _____

Cardholder Signature: _____   Date   _____

Supervisor/Reviewer Signature: _____   Date   _____