

TRAVEL AUTHORIZATION REQUEST

CO-112 Rev. 04/2024

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER

1. Use this form for travel requiring prior approval.

2. For identification of requests, please assign a separate number to each Request form, and enter it under block 2 T.A. Number.

3. If requesting reimbursement from Union Travel Funds, forward a complete set to the Office of the State Comptroller, Statewide Payroll & Time Management 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)

(4) EMPLOYEE NAME (FOR WHOM AUTHORIZATION IS REQUESTED)

(5) EMPLOYEE NUMBER

(6) TITLE

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)

(11) ITINERARY

(12) DATES

(13) MISCELLANEOUS INFORMATION (Actual time of departure from home and return to home.)
Parking Permit Requested? ☐ YES ☐ 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 ☐ OTHERPROOF 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

(29) APPROVED BY (Supervisor, Div. Head, Director, Dean etc.)

DATE

(30) AUTHORIZED BY (Business Unit Head or Authorized Agent)

DATE

OFFICE OF THE STATE COMPTROLLER
(Authorized Signature/Date)

DISTRIBUTION ORIGINAL - (FOR UNION FUNDS ONLY), COMPTROLLER'S OFFICE, STATEWIDE PAYROLL & TIME MANAGEMENT DIVISION, COPIES TO: BUSINESS UNIT & EMPLOYEE

ORIGINAL - (NON- UNION FUNDS) - AGENCY BUSINESS OFFICE
COPY -EMPLOYEE