

# Eastern CT Travel Voucher Program Returned Travel Voucher Form

**Participant Name:** \_\_\_\_\_  
Last Name First Name

**Address:** \_\_\_\_\_  
Street Address Apt. #  
\_\_\_\_\_  
City State Zip Code **Phone:** (\_\_\_\_) \_\_\_\_\_

			<u>Qty</u>	<u>Value</u>	<u>Sub-Total</u>
<b>\$5</b> travel vouchers					
Your reimbursement per voucher	=	_____	x \$2.50	_____	
<b>\$10</b> travel vouchers					
Your reimbursement per voucher	=	_____	x \$5.00	_____	
<b>\$25</b> travel voucher					
Your reimbursement per voucher	=	_____	x \$12.50	_____	
<b>\$50</b> travel vouchers					
Your reimbursement per voucher	=	_____	x \$25.00	_____	

**TOTAL Reimbursement for ALL RETURNED travel vouchers:** \$ \_\_\_\_\_

**SIGNATURE** of person returning vouchers: \_\_\_\_\_

**\*\*Please note, checks for returned vouchers will be mailed and payable to the participant within 10 business days from date received by this office.**

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*Do not write below this line -- For office use only*

Date vouchers returned: \_\_\_\_\_

Book/Voucher number(s): \_\_\_\_\_  
Book/Voucher number(s): \_\_\_\_\_  
Book/Voucher number(s): \_\_\_\_\_  
Book/Voucher number(s): \_\_\_\_\_  
Book/Voucher number(s): \_\_\_\_\_