

CENTRAL CONNECTICUT STATE UNIVERSITY TRAVEL CANCELLATION FORM

Travel Authorization No.: _____ **Date:** _____

Traveler: _____
(PRINTED NAME) (SIGNATURE)

Executive Committee Member: _____
(PRINTED NAME)

(SIGNATURE)

Please answer the following questions:

1. Please explain any failed attempts made to recoup all prepaid expenses.

2. Please complete the following grid for successful attempt(s) to recoup prepaid expenses:

	NAME	WHO PAID? (Personal Credit Card, PCard, Third Party)	OUTCOME (Voucher, Credit Card reimbursement)	**IF VOUCHER please describe limits
AIRLINE				
HOTEL				
REGISTRATION				
GROUND TRANSPORTATION				
OTHER				
EXAMPLE:	DELTA	PCARD	VOUCHER	Non-transferrable Expires in 1 year from date of purchase.

****Please submit this form to your supervisor for signature, and forward this form and voucher to the Travel Dept. All vouchers will be used for CCSU travel, unless the traveler incurs the expense and indicates the desire for personal use.**