

AIR TRAVEL LOG SHEET

STATE OF CONNECTICUT

AIR TRAVEL PROGRAM

Cardholder Name: _____

Agency #-Name/Department: _____

Billing Cycle Dates _____ to _____

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

CO-501 (4/2000)

Cardholder Signature _____ Date _____

Supervisor/Reviewer Signature _____ Date _____

Total \$ _____