

Eastern CT Travel Voucher Program

Travel Voucher Book Order Form

(Please print information clearly)

Participant Name: _____
Last Name First Name

Address: _____
Street Address Apt. #

_____ **Phone:** (____) _____
City State Zip Code

	<u>Qty</u>	<u>Cost</u>	<u>Sub-Total</u>
“Book” of ten (10) - \$5 travel vouchers (a \$50 value) Your Cost =	_____	x \$25.00	_____
“Book” of ten (10) - \$10 travel vouchers (a \$100 value) Your Cost =	_____	x \$50.00	_____
“Book” of four (4) - \$25 travel voucher (a \$100 value) Your Cost =	_____	x \$50.00	_____
“Book” of four (4) - \$50 travel vouchers (a \$200 value) Your Cost =	_____	x \$100.00	_____

TOTAL AMOUNT DUE for ALL travel voucher “Books” requested: \$ _____

Participants are LIMITED TO A MAXIMUM OF 10 BOOKS PER MONTH

Payment Method:
 Money Order, Bank Check, Cashier’s Check or Personal Check
 made payable to: **ECTC, Inc.**

Return this form along with your check or money order to:

ECTC, Inc. – Travel Voucher Program
 113 Salem Tpke, Suite 200
 Norwich, CT 06360

For further information about the Eastern CT Travel Voucher Program, please call the ECTC Office at (860) 859-5791.

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

Date books issued: _____
 Book number(s): _____