

Eastern CT Travel Voucher Program Book Order Form

(Please print information clearly)

Participant Name: _____
Last Name First Name

Mailing Address: _____
Street Address Apt. #

_____ Phone: (____) _____
City State Zip Code

	<u>Cost</u>	X	<u># of Books</u>	=	<u>Sub-Total</u>
“Book of ten (10)” \$5 travel vouchers (a \$50 value) You Pay only	\$25.00	x	_____	=	_____
“Book of ten (10)” \$10 travel vouchers (a \$100 value) You Pay only	\$50.00	x	_____	=	_____
“Book of four (4)” \$25 travel vouchers (a \$100 value) You Pay only	\$50.00	x	_____	=	_____
“Book of four (4)” \$50 travel vouchers (a \$200 value) You Pay only	\$100.00	x	_____	=	_____

TOTAL AMOUNT DUE \$ _____

Participants are LIMITED TO A MAXIMUM OF 10 BOOKS PER MONTH

Payment Methods:

Cash (*for same day pick-up only*), Money Order, Personal Check, Bank or Cashier’s Check
Payable to: **ECTC, Inc.** (*Please note – a \$15 fee will be charged for all returned payments*)

** For the convenience of our participants, ECTC now offers “call in orders” by Credit Card only. There is a 3.5% Convenience Fee per transaction for this service.

Return this order form when paying by check or money order only, to:

ECTC, Inc. – Travel Voucher Program
601 Norwich New London Tpke., Suite 1
Uncasville, CT 06382

For further information about the Eastern CT Travel Voucher Program or to order by phone with a credit card **, please call the ECTC Office at (860) 848-5910.

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

Date book(s) issued/ordered: _____

Book number(s): _____

Check off payment type:

___ Cash

___ Check (personal, bank, cashier's – circle which)

___ Money Order

___ Credit Card (**for call in orders only**)

Name of card holder: _____

Card Type: _____

(i.e.: Visa, Mastercard, Discover, etc.)

*Enter following amounts...

Total Amount Due (from other side): \$ _____

"Convenience Fee" at 3.5% of total amt. due: + \$ _____

Total Charged to Card: = \$ _____

(be sure to let caller know this is the amount that will be charged to their card)

Eastern CT Travel Voucher Program

Returned Travel Voucher Form

Participant Name: _____
Last Name First Name

Address: _____
Street Address Apt. #

_____ Phone: (_____) _____
City State Zip Code

		<u>Qty</u>	<u>Value</u>	<u>Sub-Total</u>
\$5 travel vouchers				
Your reimbursement per voucher	=	_____	x \$2.50	_____
\$10 travel vouchers				
Your reimbursement per voucher	=	_____	x \$5.00	_____
\$25 travel voucher				
Your reimbursement per voucher	=	_____	x \$12.50	_____
\$50 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 on record within 10 business days from date received by this office.**

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): _____