

Eastern CT Travel Voucher Program
Travel Voucher Book Order Form
(Please print information clearly)

Participant Name: _____
Last Name First Name

Phone: (_____) _____

Address: _____
Street Address Apt. # City Zip Code

Number of travel voucher Books you wish to purchase: _____
(maximum is 10 books per month)

Cost of each travel voucher Book: _____ x \$25.00
(Each book contains 10 vouchers valued at \$5 each)

Total cost for travel voucher Books requested: \$ _____

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
18 Meridian Street
New London, CT 06320

For further information about the Eastern CT Travel Voucher Program, please call the ECTC Office at (860) 439-1207

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

Date books issued: _____

Book number(s): _____