

# TELETICKET PAYMENT TRANSMITTAL

1 SUBMITTING OFFICE					2 PAYEE'S NAME AND ADDRESS										
3 GTR NUMBER (8)			4 AGENCY CODE (2)		5 ACCOUNTABLE EMPLOYEE'S SOCIAL SECURITY NUMBER (9)			6 NO. OF TRAVELERS (3)		7 TOTAL GTR AMOUNT (7)					
10 TRAVELER'S SOCIAL SECURITY NUMBER			11 TRAVELER'S NAME			12 TRAVEL AUTHORIZATION NUMBER		13 PURP OF TRAVEL CODE	14 TYPE TRAV- EL	15 CLS OF TRAV- EL	16 AIR- LINE	17 TICKET NUMBER		18 TICKET AMOUNT	
3	2	4				13		2	2	1	2	13		7	
22 PREPARED BY					23 DATE					24 PHONE		FTS	COMM	25 APPROVED BY	