

**EMPLOYEE PAYROLL REIMBURSEMENTS-**  
**FOR EXPENSES INCURRED IN THE SERVICE OF THE**  
**STATE OF CONNECTICUT**  
 CO-17XP-PR REV. 12-03 800-02

**STATE OF CONNECTICUT**  
**OFFICE OF THE STATE COMPTROLLER**  
**PAYROLL SERVICES DIVISION**

ATTACH ADDITIONAL FORM(S) AS NEEDED

EMPLOYEE NAME AND ADDRESS

EMPLOYEE NUMBER
DEPARTMENT PAYROLL CODE
EI

**EARNING CODE DEFINITION**

SHU = SAFETY SHOE  
 CLN = CLOTHING & CLEANING  
 HOM = HOME OFFICE  
 UNF = UNIFORM  
 AUT = DAILY AUTO USAGE FEE

RER = REPORTABLE REIMBURSEMENT  
 GRA = GRANT PAYMENTS  
 MOV = MOVING EXPENSES  
 ATT = ATTENDANCE AWARDS  
 CH1 = CHILD CARE

MIL = REPORTABLE MILEAGE  
 TU1 = NON-REPORTABLE TUITION  
 TU2 = REPORTABLE TUITION  
 NRI = NON-REPORTABLE IN-STATE REIMBURSEMENT  
 NRO = NON-REPORTABLE OUT-OF-STATE REIMBURSEMENT  
 NRM = NON-REPORTABLE MILEAGE

ERN/CD	AMOUNT	DEPARTMENT	FUND	SID	PROGRAM	ACCOUNT	PROJECT/ GRANT	CHARTFIELD 1	CHARTFIELD 2	BUDGET REFERENCE
NRM		36532	12060	35180	16000	50800	NON-PROJ			

ADVANCE FROM PETTY CASH (IF APPLICABLE)

I ACKNOWLEDGE THAT THE AMOUNT STATED WAS GIVEN TO ME AS AN ADVANCE AGAINST THE AMOUNT OF TRAVEL AND OTHER EXPENSES SHOWN HEREIN AS DUE TO ME. UPON REIMBURSEMENT TO ME, I UNDERSTAND THAT THESE MONIES WILL BE DEDUCTED FROM THE CHECK IN WHICH I RECEIVE THE REIMBURSEMENT.

AMOUNT	EMPLOYEE'S SIGNATURE

**PAYEE CERTIFICATION**

I affirm the reimbursements claimed herewith are just and that the indicated was officially necessary. I further affirm that all applicable obligations incurred by the State on my behalf, such as family travel and associated expenses have been repaid by me in full.

PAYEE'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE

**EMPLOYEE EXPENDITURES**

DATE MO/ DAY	TRAVEL		TIME		TRAVEL BY AUTOMOBILE (CHECK ONE)				OTHER TRAV. B/BUS R/RAIL C/CAB O/OTHER		LOGGING	MEALS B/BRKFST L/LUNCH D/DINNER		MISC. P/TELE. W/WIRE T/TIPS O/EXPLAIN		
	FROM	TO	DEPART.	ARRIVE	<input type="checkbox"/> STATE VEHICLE	<input type="checkbox"/> PERS. VEHICLE	MISC. EXP: PRKNG., TOLLS, GAS, OIL, ETC.	AMT.	NUMBER OF MILES	AMT AT MILES		CODE	AMT.	CODE	AMT.	
SUB-TOTAL (INCL. 17XP-1 AND CO-17XP-A)																
										GRAND TOTAL (INCL. 17XP-1 AND CO-17XP-A)						

DEPARTMENT	T.A. NO. (IF APPLICABLE)	PERIOD COVERED (FROM/TO) (MO/DA/YR)

**DEPARTMENT CERTIFICATION**

I CERTIFY THAT THE SERVICES HAVE BEEN PERFORMED AND THE EXPENSES INCURRED AS STATED IN THIS ACCOUNT, EXCEPT AS NOTED AND THAT THEY WERE NECESSARY AND PROPER; AND THAT THE AMOUNTS CLAIMED ARE JUST AND REASONABLE, EXCEPT AS NOTED.

DATE APPROVED	AMOUNT APPROVED	SIGNATURE - HEAD OF EXPENDING DEPARTMENT
	\$	

DISTRIBUTION: ORIGINAL - DEPARTMENT      PHOTOCOPY - EMPLOYEE