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 NUMBER

EMPLOYEE NAME AND ADDRESS

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		32253	12060	35180	00000	50800	DPS_NON PROJECT			

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 DAY/ MO/YEAR	TRAVEL FROM	TRAVEL TO	TIME DEPART.	TIME ARRIVE	TRAVEL BY AUTOMOBILE (CHECK ONE) ☐ STATE VEHICLE ☐ PERS. VEHICLE — MISC. EXP: PRKNG., TOLLS, GAS, OIL, ETC.	AMT.	NUMBER OF MILES	AMT AT MILES	OTHER TRAV. B/BUS R/RAIL C/CAB O/OTHER — CODE	AMT.	LODGING	MEALS B/BRKFST L/LUNCH D/DINNER — CODE	AMT.	MISC. P/TELE. W/WIRE T/TIPS O/EXPLAIN — 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