

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 | | 32253 | 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.

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|--------|-------------------------|
| AMOUNT | EMPLOYEE'S SIGNATURE |
| | DO NOT SIGN HERE |

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.

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| 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 | | LODGING | 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. | CODE |
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| SUB-TOTAL (INCL. 17XP-1 AND CO-17XP-A) | | | | | | | | | | | | | | | | |
| | | | | | | | | | | GRAND TOTAL (INCL. 17XP-1 AND CO-17XP-A) | | | | | | |

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| 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

FY2019
BR2019