

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

EMPLOYEE NUMBER

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	16000	50800	NON-PROJ			2025

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		CODE	AMT.		CODE	AMT.	CODE	AMT.
					MISC. EXP: PRKNG., TOLLS, GAS, OIL, ETC.	Roundtrip or One way	NUMBER OF MILES	AMT AT MILES						

Roundtrip = FROM Zip of Work or HOME TO CFA to back Work/Home

One way = FROM Zip of Work or HOME TO CFA / Complete a 2nd Entry when travelling back to another Destination

SUB-TOTAL (INCL. 17XP-1 AND CO-17XP-A)

GRAND TOTAL (INCL. 17XP-1 AND CO-17XP-A)

DEPARTMENT

CFPC

T.A. NO. (IF APPLICABLE)

NA

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

FY-2025
BR-2025