

**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

ADDRESS

DEPARTMENT PAYROLL CODE

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

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
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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

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

CFPC NA | 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 INVOICED CHARGES ARE NECESSARILY DETERMINED.

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

FY-2025
BR-2025