

**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
DEPARTMENT PAYROLL CODE

EMPLOYEE NAME AND ADDRESS

**EARNING CODE DEFINITION**

SHU = SAFETY SHOE	RER = REPORTABLE REIMBURSEMENT	MIL = REPORTABLE MILEAGE
CLN = CLOTHING & CLEANING	GRA = GRANT PAYMENTS	TU1 = NON-REPORTABLE TUITION
HOM = HOME OFFICE	MOV = MOVING EXPENSES	TU2 = REPORTABLE TUITION
UNF = UNIFORM	ATT = ATTENDANCE AWARDS	NRI = NON-REPORTABLE IN-STATE REIMBURSEMENT
AUT = DAILY AUTO USAGE FEE	CH1 = CHILD CARE	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

**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		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	STATE VEHICLE		PERS. VEHICLE		CODE	AMT.		CODE	AMT.	CODE	AMT.	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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**