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

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

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	TRAVEL		TIME		TRAVEL BY AUTOMOBILE (CHECK ONE) ☐ STATE VEHICLE ☐ PERS. VEHICLE				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	
MO/ DAY	FROM	TO	DEPART.	ARRIVE	MISC. EXP: PRKNG., TOLLS, GAS, OIL, ETC.	AMT.	NUMBER OF MILES	AMT AT MILES	CODE	AMT.		CODE	AMT.	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