

**EMPLOYEE PAYROLL REIMBURSEMENTS-**  
**FOR EXPENSES INCURRED IN THE SERVICE OF THE**  
**STATE OF CONNECTICUT**  
 CO-17XP-PR REV. 11-22

**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

**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
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ERN/CD	AMOUNT	DEPARTMENT	FUND	SID	PROGRAM	ACCOUNT	PROJECT/GRANT	CHARTFIELD 1	CHARTFIELD 2	BUDGET REFERENCE

<b>ADVANCE FROM PETTY CASH (IF APPLICABLE)</b>	
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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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<b>PAYEE CERTIFICATION</b>	
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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
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SUPERVISOR'S SIGNATURE	DATE
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<b>EMPLOYEE EXPENDITURES</b>	
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DATE MO/ DAY	TRAVEL		TIME		TRAVEL BY AUTOMOBILE (CHECK ONE)			OTHER TRAV.		LOGGING	MEALS		MISC.				
	FROM	TO	DEPART	ARRIVE	<input type="checkbox"/> STATE VEHICLE	<input type="checkbox"/> PERS. VEHICLE	MISC.EXP:GAS, PARKING TOLLS, ETC.	AMT.	NUMBER OF MILES		AMT. AT MILES	B/BRKFST L/LUNCH D/DINNER	CODE	AMT.	P/TELE. W/WIRE T/TIPS O/EXPLAIN	CODE	AMT.
<b>SUB-TOTAL (INCL. CO-17XP-A)</b>																	
<b>GRAND TOTAL (INCL. CO-17XP-A)</b>																	

DEPARTMENT	T.A. NO. (IF APPLICABLE)	PERIOD COVERED (FROM/TO) (MO/DAY/YR)
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<b>DEPARTMENT CERTIFICATION</b>	
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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
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DISTRIBUTION: ORIGINAL - DEPARTMENT      PHOTOCOPY - EMPLOYEE