

**STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
STATEWIDE PAYROLL &
TIME MANAGEMENT DIVISION**

EMPLOYEE NUMBER

DEPARTMENT PAYROLL CODE

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

[illegible]

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

[illegible]

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

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

DEPARTMENT

T.A. NO. (IF APPLICABLE)

PERIOD COVERED (FROM/TO) (MO/DAY/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