CO-17XP-PR REV. 05-25 TIME MANAGEMENT DIVISION EMPLOYEE NUMBER ATTACH ADDITIONAL FORM(S) AS NEEDED EMPLOYEE NAME AND ADDRESS DEPARTMENT PAYROLL CODE EARNING CODE DEFINITION MIL = REPORTABLE MILEAGE SHU = SAFETY SHOE RER = REPORTABLE REIMBURSEMENT GRA = GRANT PAYMENTS TU1 = NON-REPORTABLE TUITION TU2 = REPORTABLE TUITION CLN = CLOTHING & CLEANING HOM = HOME OFFICE MOV = MOVING EXPENSES UNF = UNIFORM AUT = DAILY AUTO USAGE FEE NRI = NON-REPORTABLE IN-STATE REIMBURSEMENT ATT = ATTENDANCE AWARDS NRO = NON-REPORTABLE OUT-OF-STATE REIMBURSEMENT CH1 = CHILD CARE NRM = NON-REPORTABLE MILEAGE CHARTFIELD CHARTFIELD BUDGET ERN/CD AMOUNT DEPARTMENT FUND SID PROGRAM ACCOUNT PROJECT/GRANT 2 REFERENCE 1 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. EMPLOYEE'S SIGNATURE AMOUNT 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 MISC. P/TELE. W/WIRE T/TIPS O/EXPLAIN MEALS B/BRKFST L/LUNCH D/DINNER OTHER TRAV. TRAVEL BY AUTOMOBILE (CHECK ONE) TRAVEL TIME DATE **B/BUS R/RAIL** STATE VEHICLE PERS. VEHICLE C/CAB O/OTHER MO/ MISC.EXP:GAS PARKING TOLLS, ETC. DAY NUMBER AMT. AT FROM то DEPART ARRIVE AMT. OF MILES CODE AMT. LODGING CODE AMT. CODE AMT. MILES 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 \$

STATE OF CONNECTICUT

OFFICE OF THE STATE COMPTROLLER

STATEWIDE PAYROLL &

EMPLOYEE PAYROLL REIMBURSEMENTS-

FOR EXPENSES INCURRED IN THE SERVICE OF THE

STATE OF CONNECTICUT