

**EMPLOYEE PAYROLL REIMBURSEMENTS-
FOR EXPENSES INCURRED IN THE SERVICE OF THE
STATE OF CONNECTICUT**

CO-17XP-PR REV. 4-98 800-02

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
PAYROLL SERVICES DIVISION

Please fill in red boxes. Print and sign.
Attach additional forms as needed.

ATTACH ADDITIONAL FORM(S) AS NEEDED

EMPLOYEE NAME AND ADDRESS	EMPLOYEE NUMBER
	SOCIAL SECURITY NUMBER
	PAYROLL UNIT LEVEL TWO

- | | | |
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| <p>D/OE DEFINITION</p> <ul style="list-style-type: none"> D/OE 83 = PAYROLL RECOVERY D/OE 1E = SAFETY SHOE D/OE 1F = CLOTHING & CLEANING D/OE 1G = HOME OFFICE D/OE 1H = UNIFORM D/OE 1L = DAILY AUTO USAGE FEE | <ul style="list-style-type: none"> D/OE 1M = REPORTABLE REIMBURSEMENT D/OE 1N = GRANT PAYMENTS D/OE 1P = MOVING EXPENSES D/OE 1R = ATTENDANCE AWARDS D/OE 1S = CHILD CARE D/OE 1T = NON-REPORTABLE TUITION | <ul style="list-style-type: none"> D/OE 1V = REPORTABLE MILEAGE D/OE 1W = DAY CARE PAYMENT D/OE 2G = REPORTABLE TUITION D/OE 2Y = NON-REPORTABLE REIMBURSEMENT D/OE 2Z = NON-REPORTABLE MILEAGE |
|--|--|--|

TRNS CD	D/OE CD	AMOUNT	AGENCY	COST CENTER FUND	SID	OBJECT	EXTENSION

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
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TRNS CD	D/OE CD	Q	M	P	I	AMOUNT	OTHER	CD	TRNS CD	D/OE CD	AMOUNT	CD	TWO RK TRANSACTIONS ARE REQUIRED
RK	83	1	A	D			B C T	C	RK	83		N	

PAYEE CERTIFICATION

I affirm the reimbursements claimed here with 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 MO/ DAY	TRAVEL		TIME		TRAVEL BY AUTOMOBILE (CHECK ONE)				OTHER TRAV. (BUS/RAIL/CCAB/OTHER)		LODGING	MEALS (BRKFST/LUNCH/DINNER)		MISC. (P/TELE./W/IRE/TTIPS/OEXPLAIN)		
	FROM	TO	DEPART.	ARRIVE	<input type="checkbox"/> STATE VEHICLE	<input type="checkbox"/> PERS. VEHICLE	MISC. EXP. (PARKING, TOLLS, GAS, OIL, ETC.)	AMT.	NUMBER OF MILES	AMT AT MILES		CODE	AMT.	CODE	AMT.	CODE
SUB-TOTAL (INCL. 17XP-1 AND CO-17XP-A)																
GRAND TOTAL (INCL. 17XP-1 AND CO-17XP-A)																

AGENCY	T.A. NO. (IF APPLICABLE)	PERIOD COVERED (FROM/TO) (MO/DAY/YR)
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AGENCY 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 AGENCY
	\$	

DISTRIBUTION: ORIGINAL - AGENCY PHOTOCOPY - EMPLOYEE