

EMPLOYEE PAYROLL REIMBURSEMENTS
 OF EXPENSES INCURRED IN THE SERVICE
 OF THE STATE OF CONNECTICUT
 ATTACH ADDITIONAL FORM(S) AS NEEDED

CO-17XP -PR
 rev 9/6/99

EMPLOYEE NAME and ADDRESS													EMPLOYEE NUMBER				
													PAYROLL UNIT NUMBER				
EMPLOYEE EXPENDITURES																	
(35) DATE	(36) TRAVEL		(37) TIME		(38) TRAVEL BY AUTOMOBILE				(39) OTHER TRAVEL			(41) MEALS		(42) MISC			
	MO/DA	FROM	TO	DEPART	ARRIVE	STATE VEHICLE		PRS VEHICLE		B/R/C/O		B/L/D		P/W/T/O			
						TOLLS	GAS	AMOUNT	NO Miles	AMT	CDE	AMT	LODGING	CDE	AMT	CDE	AMT
SUBTOTAL(INCL 17XP-1 AND CO-17XPA)																	
GRAND TOTAL(INCL 17XP-1 & CO-17XPA)																	
Remarks:																	
Cost Center																	
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				
TRNS COD	D/OE CD	AMOUNT	AGENCY		COST CENTER FUND	SID	OBJECT	EXTENSION									
							0 0										
TRNS COD	D/OE CD	AMOUNT	AGENCY		COST CENTER FUND	SID	OBJECT	EXTENSION									
							0 0										
TRNS COD	D/OE CD	AMOUNT	AGENCY		COST CENTER FUND	SID	OBJECT	EXTENSION									
							0 0										
(43) AGENCY						(44) T.A. NO. (IF APPLICABLE)						(45) PERIOD COVERED					
Naugatuck Valley Community College																	
AGENCY CERTIFICATION																	
I CERTIFY THAT THE SERVICES HAVE BEEN PERFORMED AND THE EXPENSES INCURRED AS STATED IN THE ACCOUNT, EXCEPT AS NOTED, THAT THEY WERE NECESSARY AND PROPER, AND THAT THE AMOUNTS CLAIMED ARE JUST AND REASONABLE; EXCEPT AS NOTED																	
(46) DATE APPROVED					(47) AMOUNT APPROVED					(48) SIGNATURE - HEAD OF EXPENDING AGENCY							