EMPLOYEE PAYROLL REIMBURSEMENTS OF EXPENSES INCURRED IN THE SERVICE

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

OF THE STATE OF CONNECTICUT

ATTACH ADDITIONAL FORM(S) AS NEEDED											EMPLOYEE NUMBER								
EMPLOYEE NA	AME and ADD	RESS																	
													DAVPOLL (INITALIA IDEE						
													PAYROLL UNIT NUMBER						
				EMPL OY	EMPLOYEE EXPENDITURES														
(35)	(36) TRAV	EL	(37) TIME		(38) TRAVE		LO	THER TRAVE	L	(41)ME	EALS	(42) N	MSC						
DATE		170			STATE VE		PRS VEH		B/R/C	0		B/L/D		P/W/T/O					
MO/DA FROM TO		ТО	DEPART	ARRIVE	TOLLS,GAS	AMOUNT	NO Miles	AMT	CDE	AMT	LODGING	CDE A	AMT	CDE	AMT				
							<u> </u>		<u> </u>										
									<u> </u>										
						· · · · · · · · · · · · · · · · · · ·													
	SUBTOTAL	INCL 17XP-1 AND	CO-17XP	۸۱															
	SUBTOTAL(INCL 17XP-1 AND CO-17XPA)			٦)						ODAND TOT	L								
Remarks:	1									GRAND TOT	AL(INCL 17)	XP-1 & (30-17X	PA)					
											Cost Cente								
		ments claimed y the State on												licable	Э				
PAYEE'S SIGN		,	my born	,	do laminy	travor arr	<u> </u>	atou oxpone	700, 11	440 500117	DATE	1110 111							
SUPERVISOR'	'S SIGNATUR	E									DATE	DATE							
											<u> </u>								
TRNS COD	D/OE CD AMOUNT AGEN			AGENCY		COST CEN	CENTER FUND			OBJECT		EXTENSION							
TDMC CCD	D/OF OB	1		1	1	I I I I	TER FUND		O.D.	O 0 OBJECT									
TRNS COD	D D/OE CD AMOUNT AGENC			AGENCY		COST CEN	IER FUND		SID OBJECT			EXTENSION							
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TRNS COD	D/OE CD	AMOUNT	······································	AGENCY		COST CENTER FUND				OBJECT		EXTENSION							
(42) A G ENGY	<u> </u>				1/44			(44) T 1 NG	0 0) T.A. NO. (IF APPLICABLE)										
(43) AGENCY Naugatuck	Valley Cor	mmunity Colle	ne					(44) I.A. NO.	(IF APF	ricable)	(45) PERIOD COVERED								
agataok	74.107 001	Conc	J 4		AGENCY	CERTIF	ICATION					<u>I</u>							
	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																		
			<u> </u>																
DISTRIBUTION	N OBIONAL	ACENCY BUO	TOOOPN	ELIDI OV	p														

EMPLOYEE VOUCHER - TRAVEL AND OTHER - CONTINUATION CO - 17 XP - 1 NEW 4/91 (Stock No. 6938-701-01)

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
CENTRAL ACCOUNTS PAYABLE DIVISION
THREE

							,			-	DATE				(1) PAYEE NAME
										here	FROM		(7) TRAVEL		
											70				
											DEPART		(8) TIME	Naugatuck Valley Community College	(2)AGENCY NAME
											ARRIVE				
(INCL ON 17XP)	SUB-TOTAL										TOLLS,GAS	STATE	(9) TRAVEL BY AUTOMOBILE	nity College	
											AMOUNT				
											NO Miles	PRS VEHICLE	3ILE	7708	(3)AGENCY NO.
								·			АМТ	ICLE			Y NO.
											CDE	B/R/C/0	(10) OT		(4)BATC
											АМТ		(10) OTHER TRAVEL		(4)BATCH NUMBER
												(11)LODGING			
GRAND TOTAL											CDE	B/L/D	(12)MEALS		
07^1											АМТ				
											CDE	O/T/W/d	(13) MISC		(5)PAGE
											АМТ		MISC))	