## EMPLOYEE PAYROLL REIMBURSEMENTS-FOR EXPENSES INCURRED IN THE SERVICE OF THE STATE OF CONNECTICUT CO-17XP-PR REV. 12-03 800-02

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ATTA	ATTACH ADDITIONAL FORM(S) AS NEEDED													EMPLOYEE NUMBER				
MPLOYE	E NAME AI	ND ADDRES	8															
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ARNING	CODE DE	FINITION																
		CLN = CLO HOM = HO UNF = UN	FETY SHOE DTHING & CLE ME OFFICE IFORM ILY AUTO USA				GRA = GRA MOV = MOV ATT = ATTE	GRANT PAYMENTS TU MOVING EXPENSES TU ATTENDANCE AWARDS NR CHILD CARE NR				IIL = REPORTABLE MILEAGE J1 = NON-REPORTABLE TUITION J2 = REPORTABLE TUITION R1 = NON-REPORTABLE IN-STATE REIMBURSEMENT R0 = NON-REPORTABLE OUT-OF-STATE REIMBURSEMEN RM = NON-REPORTABLE MILEAGE						
ERN/CD	AM	IOUNT	DEPARTME	NT F	UND	SID	PROGR	RAM	ACCOUNT		PROJECT/ GRANT	CHARTI 1	IELD CHARTFI			BUDGET REFERENC		
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					S SIGNAT	UNL												
							PAY	EE CERTIFIC										
affirm	he reimbu	ursements c	laimed herew	ith are jus	st and that	the indic				her affirr	n that all ap	plicable obliga	ations inc	urred by the	e State o	on my beh		
	family trav		ociated expension	ses have	been repa	id by me	in full.		-			DATE				-		
ILL 5 C	IGNATOR	-										DATE						
PERVIS	OR'S SIGN	ATURE										DATE						
<u> </u>	тр/	TRAVEL TIME TRAVEL BY AUTOMOBILE (CHE										MEALS B/BRKFST MISC. F			C. P/TELE.			
ATE	110/						PERS. VEHIC		B/BL	JS R/RAIL 3 O/OTHER	LODGING	L/LUNCH D/DINNER		W/W	W/WIRE T/TIPS O/EXPLAIN			
MO/ DAY	FROM	то	DEPART.	ARRIVE	MISC. EXP: PRKNG., TOLLS, GAS, OIL, ETC.		AMT.	NUMBER OF MILES	AMT AT MILES	CODE	AMT.		CODE	AMT.	CODE	AMT.		
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ISTRIB	UTION:	ORIGINA	L - DEPARTN		РНОТС	COPY -	EMPLOYEE					FY-2	2020					