HOUSATONIC COMMUNITY COLLEGE

EMPLOYEE PAYROLL REIMBURSEMENTS – TRAVEL AND OTHER

FOR EXPENSES INCURRED IN THE SERVICE OF THE STATE OF CONNECTICUT FORM CO-17XP REV. 12/05/2016 (HCC)

Employe	ee Name:															
Employe	ee Address:															
			****				FUND	ING SOU								
		AMOUNT			FUND			ORG			ACCOUNT		PROGRAM		_	
		\$														
		\$														
		\$														
	•	\$														
							EMPLOY	EE EXPEN	NDITURES							
DATE		TRAVEL		TIME		TRAVEL BY AUTOMOBII			LE (CHECK ONE) PERS. VEHICLE		R TRAV. IS R/RAIL O/OTHER	LODGING	G MEALS B/BRKFST L/LUNCH D/DINNER		MISC. P/TELE. W/WIRE T/TIPS O/EXPLAIN	
MO/DAY	FROM		то	DEPART	ARRIVE	PKNG., TOLLS, GAS, ETC.	AMT.	# OF MILES*	AMT #x Rate	CODE	AMT.	AMT.	CODE	AMT.	CODE	AMT.
					SUB-	-TOTAL:										
LESS: PREPAID BY PUR. REQ./PCARD:																
*Deduct normal commute													GRANI	D TOTAL	\$	
DEPARTMENT								T.A.	T.A. NO. (IF APPLICABLE) PERIOD COVERED (FROM/TO) (MC					-	Ψ	
	Hou	ısato	nic Comn	nunity	Colleg	e										
								CERTIFIC								
			aimed herewith expenses have l				s officially	necessary	. I further a	affirm that	all applica	ble obligation	s incurred	by the State	on my be	half, such
PAYEE'S SIGNATURE							DAT	DATE								
SUPERVISOR'S SIGNATURE							DAT	DATE								
DEAN'S SIGNATURE							DAT	DATE								
				ATTAC	H ORIG	INAL RI	ECEIPT	S AND	/OR PR	OOF)F ATTF	NDANCE				

Employee #:

PLEASE FORWARD SIGNED FORM TO BUSINESS OFFICE FOR APPROVAL.

PLEASE DO NOT WRITE IN THE SPACE BELOW.

		DEPARTMENT CERTIFICATION	
I CERTIFY THAT THE SERVICES HAVE BEEN AND THAT THE AMOUNTS CLAIMED ARE JU		· · · · · · · · · · · · · · · · · · ·	CCEPT AS NOTED AND THAT THEY WERE NECESSARY AND PROPER;
DATE APPROVED	AMOUNT APPROVED	SIGNATURE - DEAN OF ADMINISTRA	TION & INSTITUTIONAL EFFECTIVENESS