<div align="center">

GUIDELINES FOR COMPLETION OF
EMPLOYEE PAYROLL REIMBURSEMENT FORM (C0-17XP-PR-REV. 4/6/17)
For Expenses Incurred in **Out of State Travel** in the Service of the State of Connecticut
(See Attachment)

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Box No:

1. **EMPLOYEE NUMBER**—Employee identification number (found on your payroll check stub) and used on your time card.

2. **EMPLOYEE NAME**—Please enter complete name

3. **EMPLOYEE ADDRESS**—Enter home mailing address--including zip code.

4. **BANNER CODING**—Indicate Fund, Organization, Account, & Program to specify where expenses are being charged. Professional Development Fund Coding—Fund: EA2000; Org: E713; Program: 47; (leave Account blank).

5. **DATE**—Enter date and month of travel to event or course. Also, enter date and month of return.

6. **TRAVEL**—Indicate towns from which and to which employee traveled. For example, if the employee traveled from Bridgeport to Boston and back to Bridgeport, enter Bridgeport, to Boston, MA on first line and Boston, MA to Bridgeport on second line.

7. **TIME**—For out-of-state trips, indicate time of departure & arrival for both the departure date and the return date.

8. **TRAVEL BY AUTOMOBILE**

   a. Check state vehicle or personal vehicle if applicable.
   b. Itemize miscellaneous expense(s) such as parking, tolls, etc.
   c. Enter amount of above miscellaneous expense(s) to be reimbursed and attach receipts.
   d. Indicate number of miles traveled if travel by personal vehicle is included.
   e. Multiply the mileage reimbursement rate (current rate is $.535/mile—as of 1/4/17) by the number of miles traveled and enter the amount in the box below "amt at miles."
   f. Deduct your normal round-trip commute mileage from the total if you **did not** make your normal commute on those dates (if you did not leave from HCC and return to HCC).
   g. Enter amount(s) in subtotal box or boxes.

9. **OTHER TRAVEL**—(B=Bus, R=Rail, C=Cab, O=Other)
   Enter code and amount. Enter combined amount in subtotal box.

10. **LODGING**—Amount of hotel/motel bill. Also, enter amount in subtotal box.

11. **MEALS**—(B=Breakfast, L=Lunch, D=Dinner)
    Indicate code(s) and amount(s) for each day of trip. Enter combined amount in subtotal box.

12. **MISC-**-Miscellaneous Expenses (P=Telephone, W=Wire, T=Tips, O=Other (Explain).
    Put in code and amount and complete subtotal box. On the back of the form explain the expense(s) coded as "O."

13. **GRAND TOTAL**—In Grand Total box, put the total of all the expenses you itemized in boxes 8 through 12.

14. **DEPARTMENT--** Enter "Housatonic Community College".

15. **T.A. NO**.—Skip. Travel Authorization Number is assigned by the Business Office.

16. **PERIOD COVERED**—Indicate 1st date of travel or course and last date of travel or course.

17. **PAYEE'S SIGNATURE—**Employee's signature and date.

18. **SUPERVISOR'S SIGNATURE**—Supervisor's signature and date.

19. **DEAN'S SIGNATURE**—Signature of Dean or President, and date

20. **DATE APPROVED**—Date signed by Dean of Administration.

21. **AMOUNT APPROVED**—Leave blank. Dean of Administration will fill this in.

22. **SIGNATURE**—Signature of Dean of Administration and Institutional Effectiveness.

****THESE ARE INDIVIDUAL REIMBURSEMENTS****
**CHARGES PAID ON BEHALF OF OTHER EMPLOYEES/INDIVIDUALS
WILL NOT BE REIMBURSED.**

**ALSO, ON BACK OF FORM, INDICATE NATURE/PURPOSE OF TRIP AND
ATTACH SUPPORTING DOCUMENTATION**.

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)

Attachment
For out-of-state travel expenses

Employee #:	(1)

Employee Name:	(2)
Employee Address:	(3)

FUNDING SOURCE(S)

		AMOUNT	FUND	ORG	ACCOUNT	PROGRAM	
(4)	$	687.57	EA2000	E713		47	
	$						
	$						
	$						

EMPLOYEE EXPENDITURES

DATE (5)	TRAVEL (6)		TIME (7)		TRAVEL BY AUTOMOBILE (CHECK ONE) (8) ☐ STATE VEHICLE (a) ☐ PERS. VEHICLE				OTHER TRAV. (9) B/BUS R/RAIL C/CAB O/OTHER		LODGING (10)	MEALS (11) B/BRKFST L/LUNCH D/DINNER		MISC. (12) P/TELE. W/WIRE T/TIPS O/EXPLAIN	
MO/DAY	FROM	TO	DEPART	ARRIVE	PKNG., (b) TOLLS, GAS, ETC.	AMT. (e)	# OF MILES* (c)	AMT (d) #x Rate	CODE	AMT.	AMT.	CODE	AMT.	CODE	AMT.
														**	
(f) SUB-TOTAL:															
LESS: PREPAID BY PUR. REQ./PCARD:															

*Deduct normal commute (3 miles each way)

	(13) GRAND TOTAL	$

DEPARTMENT	T.A. NO. (IF APPLICABLE)	PERIOD COVERED (FROM/TO) (MO/DA/YR)
Housatonic Community College	(14)	(15)

PAYEE CERTIFICATION

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 (16)	DATE
SUPERVISOR'S SIGNATURE (17)	DATE
DEAN'S SIGNATURE (18)	DATE

ATTACH ORIGINAL RECEIPTS AND/OR PROOF OF ATTENDANCE

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 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 (19)	AMOUNT APPROVED (20)	SIGNATURE - DEAN OF ADMINISTRATION & INSTITUTIONAL EFFECTIVENESS (21)

** On back of form indicate the reason for this trip and any expense coded as "O" under Misc (12)