

**GUIDELINES FOR COMPLETION OF
EMPLOYEE PAYROLL REIMBURSEMENT FORM (C0-17XP-PR-REV. 12/05/16)**

*For in-state mileage with no additional expenses or with travel related expenses refer to Attachment 1
and for miscellaneous small out of pocket expenses \$25.00 or less refer to Attachment 2*

Box No:

1. **EMPLOYEE NUMBER**—Employee identification number (found on your payroll check stub) and used on your time card. (**This is not your Banner number.**)
2. **EMPLOYEE NAME**—Enter your complete name
3. **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).**

****If employee is only requesting reimbursement for miscellaneous small purchases, skip to box #12 (MISC.) on the form. If the employee is requesting travel reimbursement, continue to box #5.**
5. **DATE**—Enter date and month of each in-state trip.
6. **TRAVEL**—Indicate towns from which and to which employee traveled. For example, if the employee traveled from Stratford to Hartford and back to Stratford, enter Stratford to Hartford on first line and Hartford to Stratford on second line.
7. **TIME**-- Skip
8. **TRAVEL BY AUTOMOBILE**
 - a) Check state vehicle or personal vehicle if applicable.
 - b) Enter amount of miscellaneous expense(s) (parking, tolls, etc.). Gasoline expenses can only be reimbursed if one drives a state car. Attach receipt(s) to form.
 - c) Indicate number of miles traveled if travel by personal vehicle is included.
 - d) 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.”
 - e) Deduct your normal round-trip commute mileage from the total if you did not make your normal commute that day. If you did make your normal daily commute, (came in to HCC, traveled to another destination, came back to HCC, and then went home) no deduction is necessary, and you would indicate “BPT –(DESTINATION)-BPT” for #6 above and note on your reimbursement form that normal commute was made.
 - f) Enter amount(s) in subtotal box or boxes.
9. through 11. Skip
12. **MISC**-For reimbursement of small out of pocket expenses, indicate purchased items using “O” for “other” and putting the cost in the “AMT” (amount) column. No out of pocket reimbursements can exceed \$25.00. All claims must be supported by receipts. The college does not reimburse employees for any tax charged on small out of pocket reimbursements. This process of reimbursement should not be used to circumvent State purchasing policies/procedures. The splitting of reimbursements to circumvent the \$25.00 maximum limit is illegal and all such claims will be returned to the originator unprocessed.

13. **GRAND TOTAL**—In Grand Total box, put the amount for which you are requesting reimbursement.
14. **T.A. NO.**—Skip
15. **PERIOD COVERED**—Depending on circumstances, indicate 1st date of travel and last day of travel or 1st date of purchase(s) and last date of purchase(s).
16. **PAYEE’S SIGNATURE**—Signature of payee (employee) and date.
17. **SUPERVISOR’S SIGNATURE**—Signature of Supervisor and date.
18. **DEAN’S SIGNATURE**—Signature of Dean or President (in the case of a Dean or in the case of an employee reporting directly to the President) and date.
19. **DATE APPROVED**—Leave blank. Dean of Administration & Institutional Effectiveness will fill in the date when it is approved.
20. **AMOUNT APPROVED**—Leave blank. Director of Administration & Institutional Effectiveness will fill this in.
21. **SIGNATURE-HEAD OF EXPENDING DEPARTMENT**—Signature of Dean of Administration & 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; IN THE CASE OF SMALL OUT OF POCKET EXPENSES, INDICATE WHY SUPPLIES WERE PURCHASED. ATTACH RECEIPT(S).

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 #1
 In-state travel with mileage and no additional expenses or with travel-related expenses

Employee #: (1)

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

		FUNDING SOURCE(S)			
(4)	AMOUNT	FUND	ORG	ACCOUNT	PROGRAM
	\$ 37.00	EA2000	E713		47
	\$				
	\$				
	\$				

EMPLOYEE EXPENDITURES																
(5)	(6)		(7)		(8)				(9)		(10)	(11)		(12)		
					TRAVEL BY AUTOMOBILE (CHECK ONE)				OTHER TRAV.			MEALS		MISC.		
MO/DAY	FROM	TO	DEPART	ARRIVE	<input type="checkbox"/> STATE VEHICLE (a) <input type="checkbox"/> PERS. VEHICLE PKNG. (b) (e) # OF (c) (d) TOLLS, AMT. # OF AMT GAS, ETC. MILES* # x Rate				CODE	AMT.	AMT.	CODE	AMT.	CODE	AMT.	
					P	12.00	53									
							53									
							-6	normal commute								
							100	53.50								
(f) SUB-TOTAL:						12.00		53.50								25.00
<i>LESS: PREPAID BY PUR. REQ./PCARD:</i>																
*Deduct normal commute (3 miles each way)																
										(13) GRAND TOTAL		\$ 90.50				
DEPARTMENT Housatonic Community College									T.A. NO. (IF APPLICABLE) (14)		PERIOD COVERED (FROM/TO) (MO/DA/YR) (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)

HOUSATONIC COMMUNITY COLLEGE
EMPLOYEE PAYROLL REIMBURSEMENTS – TRAVEL AND OTHER
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 FORM CO-17XP REV. 12/05/2016 (HCC)

Attachment #2
 For small out-of-pocket expenses-\$25.00 or less

Employee #: 999999 (1)

Employee Name: John Doe (2)
 Employee Address: 123 East Lane, Bridgeport, CT 06606 (3)

FUNDING SOURCE(S)				
(4)	AMOUNT	FUND	ORG	ACCOUNT
	\$ 37.00	EA2000	E713	47
	\$			
	\$			
	\$			

EMPLOYEE EXPENDITURES																	
(5)	TRAVEL (6)		TIME (7)		(8) TRAVEL BY AUTOMOBILE (CHECK ONE)				(9) OTHER TRAV.		LODGING (10)	(11) MEALS		(12) MISC.			
					<input type="checkbox"/> STATE VEHICLE (a) <input type="checkbox"/> PERS. VEHICLE PKNG. (b) (e) # OF (c) (d) AMT. TOLLS, GAS, ETC. AMT. MILES* # x Rate				B/BUS R/RAIL	C/CAB O/OTHER		B/BRKFST L/LUNCH	D/DINNER	P/TELE. W/WIRE	T/TIPS O/EXPLAIN		
MO/DAY	FROM	TO	DEPART	ARRIVE					CODE	AMT.	AMT.	CODE	AMT.	CODE	AMT.		
11/12															O *	6.00	
11/12															O *	18.76	
					(f) SUB-TOTAL:												
					LESS: PREPAID BY PUR. REQ./PCARD:												
*Deduct normal commute										(13) GRAND TOTAL		\$ 24.76					
DEPARTMENT Housatonic Community College								T.A. NO. (IF APPLICABLE) (14)		PERIOD COVERED (FROM/TO) (MO/DA/YR) 11/12/16 11/12/16 (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 nature & cost of supply or supplies.**