SOUTHERN CONNECTICUT STATE UNIVERSITY
EMPLOYEE VOUCHER - TRAVEL AND OTHER
FOR EXPENSES INCURRED IN THE SERVICE
OF THE STATE OF CONNECTICUT
CO-17XP REV. 10/22/07 (Electronic Version)

Instructions

DOCUMENT DATE	DOCUMENT #	DOCUMENT AMOUNT $0.00
PERIOD OF TRAVEL	TA # (IF APPLICABLE)	BANNER ID (*DO NOT ENTER SS#*)
PAYEE NAME AND ADDRESS	PAYEE'S STATUS – SELECT ONE (EX: FT FAC, PT FAC)	

REASON FOR EXPENDITURE

FUND	ORG	ACCT	PRGM	AMOUNT

EMPLOYEE EXPENDITURES

	TRAVEL		TRAVEL BY AUTOMOBILE ☐ STATE VEHICLE ☑ PERS. VEHICLE				CARRIER (AIR, RAIL, BUS)	REG	LODGING	MEALS	MISC. TELE INTERNET, OTHER
DATE	FROM	TO	MISC. EXP PARKING, TOLLS	AMT.	NO OF MILES	AMT AT $0.550	AMT	AMT	AMT	AMT.	AMT.
						$0.00					
						$0.00					
						$0.00					
						$0.00					
						$0.00					
						$0.00					
SUBTOTALS				$0.00		$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
LESS: PREPAID BY SCSU/PCARD											

I CERTIFY THAT THE AMOUNT STATED HERE WAS GIVEN TO ME AS AN ADVANCE AGAINST THE AMOUNT OF TRAVEL AND OTHER EXPENSES SHOWN HEREIN AS DUE TO ME.	LESS: AMOUNT OF ADVANCE (IF APPLICABLE)	TOTAL PG 2 (IF APPLICABLE)	**GRAND TOTAL** $0.00

PAYEE CERTIFICATION & APPROVALS

I AFFIRM THE REIMBURSEMENT CLAIMS HEREWITH ARE JUST AND THE TRAVEL 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. I CERTIFY THAT THE SERVICES HAVE BEEN PERFORMED AND THE EXPENSES INCURRED AS STATED ABOVE.

DATE	PAYEE'S SIGNATURE	
DATE APPROVED	AMOUNT APPROVED	SIGNATURE – ORG FIN MGR /EMPLOYEE SUPERVISOR

ACCOUNTS PAYABLE USE ONLY

INV#	PAY DATE:
CHECK #	CHECK DATE: